



LANDKEY COMMUNITY PRIMARY ACADEMY

STRIVING FOR EXCELLENCE - CARING FOR ALL

First Aid Policy Including the Administration of Medicines

Date Adopted:	November 2022
Reviewed:	September 2024
Next Anticipated Review:	September 2025

Duties of the Head Teacher

The Head Teacher has day to day responsibility for the health & safety of pupils and takes all reasonable practicable steps to ensure the safety and well-being of students and staff.

In particular, the Head Teacher will:

- ensure the policy and other appropriate information is communicated to all relevant people
- where appropriate, delegate tasks to others and authorise others to undertake duties on their behalf
- report to the Board of Trustees on the effectiveness of this policy
- monitor, take action and report accident data to the Trustees
- report more serious accidents on Parago/Trust/RIDDOR and to the Board of Trustees
- identify the training needs of staff, ensuring that they are competent to carry out their roles and are provided with adequate information, instruction and training
- promote a positive culture towards pupils with medical needs by leading by example
- monitor weekly/termly/yearly observations of trends in accident log
- ensure that first aid provision for trips and residential is provided to staff

Duties of the School Business Manager

The School Business Manager will:

- organise for relevant training to be provided for all staff, in co-ordination with school leaders
- ensure records are kept of medical and first aid training
- ensure that visitors to the site are aware of first aid procedures
- ensure that accident logs are in place and location known to all staff
- ensure that first aid resources are kept fully equipped through a weekly check
- be responsible for the day to day first aid needs of children, employees and visitors

Staff Members & First Aiders will

- ensure that accidents/first aid incidents are dealt with in accordance with the First Aid Procedures (Annex A) and recorded in the accident book/first aid folder

- report head bumps to parents via a 'Head Bump Letter' (Annex C)

Every member of staff, so far as is reasonably practicable, is responsible at all times and in varying degrees, for the medical needs of all persons (including employees, students, visitors, volunteers, temporary staff, contractors and the general public) within their area of responsibility or control.

Each must be aware of and comply with relevant academy policies as well as the guidance applying to their specific work activities.

All members of staff will:

- apply the Academy's First Aid Policy to their own area of work;
- be directly responsible to the Head Teacher for the application of said policy, including record keeping of first aid carried out and reporting of accidents;
- liaise with the Senior Leadership Team on any matters related to medical needs or first aid highlighted by staff, parents/carers, visitors and pupils.

Duties of Pupils

Pupils, in accordance with their age and aptitude, are expected to exercise personal responsibility to observe all the rules of the academy relating to medicines and first aid, and in particular, the instructions of staff given in an emergency. These duties will be communicated to pupils by staff members in a range of ways, including through individual conversations, classroom lessons and assemblies.

Recording of Accidents – Pupils (See Annex A for First Aid Procedure)

All accidents must be recorded in the accident book/first aid folder. Information to be recorded:

- Date
- Name of pupil
- Description of accident
- First Aid administered

In the event of a child hurting their head:

- they will receive a 'bumped head' slip to take home that shows the location of the bump
- they will receive a wristband to wear

In the event of large scrapes/cuts

- Teacher will inform parents of how any substantial injury has happened

In the event of more serious accidents:

- If a child has an accident that the first aider or SLT member identifies that the children requires further medical attention:
 - a member of staff will call parent and explain and advise further medical attention;
or
 - a member of staff will dial 999 if required in an emergency.

Accidents which result in a pupil going absent from school will be recorded on Parago by the School Business Manager.

Accidents that result in treatment from a GP/Hospital/Dentist or serious near misses will be recorded, investigate and reported in line with RIDDOR.

Staff and Visitors – Recording of Work Place Accidents

Staff and Visitors must report the accident as soon as possible by completing a form which is available from the school office (Annex D).

These forms are given to the School Business Manager who will:

- record on Parago and report as necessary;
- conduct an investigation with the Head Teacher and review relevant Risk Assessments to ensure that appropriate control measures are in place to avoid a similar occurrence;
- with the Head Teacher, provide support to employee or visitor as needed.

Accidents that result in treatment from a GP/Hospital/Dentist or serious near misses will be recorded, investigate and reported in line with RIDDOR.

Delivery of First Aid and contents of First Aid boxes

All staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

First aid boxes, marked with a white cross on a green background are located:

- in the staff room

- in the KS1 Corridor
- in the KS2 Corridor

Additional First Aid Guidance:

- Plastic gloves are to be used when carrying out first aid. These and other waste will be put in a plastic bag and disposed of in the appropriate bin.
- Injuries should be recorded in the school accident book as soon as possible following the incident
- Thermometers kept in the staff room
- The teacher on duty, Head Teacher or School Business Manager must be informed of all injuries causing concern.
- More serious injuries and near miss accidents will be reported to the Head Teacher. These will be investigated by the Head Teacher, any additional precautions taken and the relevant paperwork completed.
- Details of children with medical conditions such as epilepsy, diabetes and conditions which require the use of emergency drugs, such as an Adrenaline Auto Injector, will have their details included on the staff room noticeboard and in the lunch hall/Wraparound Care area.
- Paper towels or cotton wool should not be used on open wounds.
- Ice packs are kept in the freezer to treat bumps – wrap before use.

Trips and Residential Visits

Trip and residential kits and vomit bags are kept in the staff room.

On school visits designated staff will carry a basic first aid kit and an accident book for off-site trips.

In the event of a child hurting their head:

- they will receive a 'bumped head' letter to take home
- they will receive a wristband to wear

Automated External Defibrillator (AED)

Relevant staff will receive training in cardiopulmonary resuscitation (CPR) and the use of the AED during initial or refresher training in First Aid. Staff will call 999 for advice if they are concerned that CPR is needed and they are unsure what to do.

An automated external defibrillator (AED) is a machine used to give an electric shock when a person is in cardiac arrest, i.e., when the heart stops beating normally.

Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life. If cardiac arrest is suspected, it is essential for effective CPR to be initiated as soon as possible; only dialling 999 should take precedence. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the AED, usually before it delivers a shock. If possible, somebody else should attach the pads to the patient while CPR continues.

The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised.

There is an AED located in the School Office. The School Business Manager is responsible for carrying out the relevant checks to ensure the AED is functioning.

Administration of Medicines

While there is no legal or contractual duty on staff to administer medicines or supervise pupils taking their medicines, the Academy wishes to support our pupils where we can. Pupils with special medical needs have the same right of admission to school as other children and cannot be excluded from school on medical grounds alone.

Supporting pupils at school with medical conditions (December 2015) is the guidance recommended by the Department of Education. This document sets out the legal framework for mainstream schools and is designed to help develop effective management systems to support individual children with medical needs who require access to their medicines whilst in school.

The prime responsibility for a pupil's health lies with the parent or carer who is responsible for the pupil's medication and should supply the school with any relevant information.

Landkey Community Primary Academy will not enter into any agreement to administer non-prescribed medicines, unless under exceptional circumstances. The exception to this is paracetamol and anti-allergy medicine, which will be administered on completion by parents/carers of the relevant form found on the school website (e.g. for pain relief). This includes information on when the previous dose was taken. A child will not be given medicines containing aspirin unless prescribed by a doctor.

Where Landkey Community Primary Academy agrees to administer medication:

1. Medicines will only be accepted in their original container and if clearly labelled with:
 - Name of child

- Name and dose of medicine
 - Frequency of administration
 - Name of prescriber
 - The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
2. Medicines will only be administered in school where it would be detrimental to the child's health not to do so
 3. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
 4. Parents/carers must complete the relevant parental agreement form which can be found on the Academy's website or available from the School Office. All forms related to the recording of administration of medicines, and first aid recording and reporting are maintained by the School Business Manager and the Administrative Assistant. All forms for completion by parents/carers are downloadable from the school website at: <http://www.landkey-primary.devon.sch.uk/downloads>
 5. The dose of medication can only be altered by the prescriber. Alterations will not be accepted from the parent/carer
 6. Medicines of more than seven days' duration will usually have a supporting Healthcare Plan
 7. All drugs included within Schedule 2 and 3 of the Classification of Drugs and Medicines under the Misuse of Drugs Regulations 2001 are to be kept in safe custody, separately from other medicines, and recorded in drugs registers: this means that medicines must be kept in an approved, lockable receptacle housed in a room or building which is alarm protected. This must be kept locked at all times except when being accessed for the storage of medication or the administration to the named recipient. The locked receptacle must be:
 - of robust construction
 - made of steel
 - securely bolted to the floor or wall
 - locked by a key or a key and combination lock
 - keys should be kept to a minimum

- keys should be held only by those individuals who have legitimate authority to access the medicine cabinet.
8. Other medicines will be stored centrally and administered by named persons only. All emergency medicines, such as asthma inhalers and adrenaline auto-injector pens will be readily available to those children to whom they are prescribed and will not be locked away.
 9. Medicines will be regularly reviewed and any left-over will be handed back to the parent/carer. If the parent/carer does not collect the medication it will be destroyed appropriately by the school within 2 weeks of a letter of notification.
 10. If a child refuses to take medicine, staff will never attempt to force them to do so, but will note this in their records and follow agreed procedures. Parents/carers will be informed of the refusal on the same day. If a refusal results in an emergency, then the school's emergency procedures will be followed.

Record keeping of medicines administered to pupils at school and confidentiality

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carers should be informed if their child has been unwell at school.

The Head Teacher and staff will treat medical information confidentially. The Head will agree with the child/parent who else should have access to the records. If information is withheld from staff, they will not be held responsible if they act incorrectly but otherwise in good faith in giving medical assistance.

Entries will:

- Be made in chronological order and at the time onto the relevant document
- Show the date the medication was obtained or supplied
- Show the name of the person for whom the medication was prescribed
- Show the amount of medication supplied
- Show the form in which it was supplied

The Drugs Register for Schedule 2 Controlled Drugs

This will show:

- Drugs/medication provided and
- Drugs/medication administered

There will be a separate prescription sheet for each person's medication and each page will detail:

- The name of the person for whom they were supplied
- The name of the medication/drug supplied
- The quantity or amount supplied
- The amount administered each time
- Expiry date

Health Care Plans will support the above protocol and will be formulated by the school and the parent. Copies of these will be stored in the staffroom and on the school database.

Allergies, including those causing anaphylaxis

Where pupils in school are known to have allergies, this information will be included in the Medical Conditions Lists (available to all staff), kept in the school kitchen, displayed on the noticeboard in the staff room and in the Wraparound Care area of the school hall.

Anaphylaxis is an acute severe allergic reaction in a susceptible person. An attack can start within one - five minutes OR can take up to two hours in some cases. All staff are required to make themselves aware of children at risk of anaphylaxis, and these pupils will have a Health Care Plan (available in the School Office).

Emergency Adrenaline Auto-Injectors (AAIs)

Parents of pupils at risk of anaphylaxis are required by the school to provide two AAIs to be kept in school for use in case of a severe reaction. These are kept in the school office and with their belongings in their classroom. Staff refer to the guidance recommended by the Department of Health, 'Guidance on the use of adrenaline auto-injectors in school' (Department of Health, 2017).

Staff will take the children's prescribed AAIs, on any off site visit, trip or activity, and the same emergency procedures outlined below would apply.

In the event of a possible severe allergic reaction in a **pupil who does not meet these criteria**, emergency services (999) should be contacted.

HOW TO RECOGNISE AN ALLERGIC REACTION

SIGNS AND SYMPTOMS of mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth

- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ALLERGIC REACTION PROCEDURE

ACTION in the case of an allergic reaction:

- Stay with the child and keep them calm, call for help if necessary
- Follow the Health Care Plan for the child
- Locate adrenaline auto injector(s)
- Give antihistamine according to the child's Health Care Plan
- Phone parent/emergency contact

WATCH FOR SIGNS OF ANAPHYLAXIS (life-threatening allergic reaction):

Airway:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue

Breathing:

- Difficult or noisy breathing
- Wheeze or persistent cough

Consciousness:

- Persistent dizziness
- Becoming pale or floppy
- Sudden sleepiness, collapse and/or unconsciousness

IF ANY ONE (or more) of these signs are present:

- Lie child flat with legs raised (if breathing is difficult, allow child to sit)

- Use Adrenaline auto injector without delay, noting the time administered
- Dial 999 to request ambulance and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)



***** IF IN DOUBT, GIVE ADRENALINE. DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, do NOT stand child up
- If unconscious, turn to the recovery position making sure the airway is secure by extending the neck
- Commence CPR if there are no signs of life
- Arrange for parent/emergency contact to be called
- If no improvement after 5 minutes, give a further dose of adrenaline using another auto injector device, if available, noting the time administered.
- After a second dose has been given, make a second call to the emergency services to confirm that an ambulance has been dispatched.

Severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs and/or an AAI is used.

Seizures, including those related to epilepsy

If a pupil in school is known to have seizures, this information will be included in the Medical Conditions List and the child will have a Health Care Plan.

EMERGENCY PROCEDURE FOR SEIZURES

KEEP CALM

Allow the pupil to have the seizure unrestricted – but safely, i.e.

- Protect from injury against chair legs, wall etc.

- Loosen tight clothing around the neck.
- Keep the airway clear and turn the pupil onto their side and into the
- recovery position as soon as possible.
- Follow the health care plan for the child if relevant

When the fit has stopped, the pupil may be drowsy, so should be allowed to rest. Always inform the parents if a child has a fit at school.

Call for medical help:

- IF A FIT CONTINUES FOR FIVE MINUTES OR MORE
- IF IT IS A PUPIL NOT KNOWN TO HAVE HAD A FIT BEFORE
- IF YOU ARE IN ANY WAY WORRIED ABOUT THE CHILD

Remember: The Ambulance Service would much prefer several good intentioned false alarms than a late call.

Annex A – First Aid Procedures

Minor Injuries

- Can be dealt with by any staff member. Best practice for break-time and lunchtime incidents is for the child is to be accompanied by another child (preferably from Year 6) to the staff room to be seen by a first aider. The same applies if the incident occurs in class or in an outdoor PE / Learning session if a first aider is not available at the scene.
- All incidents MUST be recorded in the accident book in the staff room

The records are to include : Date

Time

Child

Nature of incident

Treatment given

Name of person treating incident

Whether a letter has been sent home

- If in doubt, or in the case of a more serious incident, contact a First Aider for further treatment / advice. See posters in school for details of current First Aiders.

Serious Injuries and any Head Injuries

- These must always be dealt with by a First Aider and recorded in the Accident book (in the staff room)
- If an AMBULANCE is required telephones are located in the School Office
- Dial 999, ask for Ambulance and state clearly Landkey School, Bakery Way, Landkey, EX32 0LJ
- Inform the Head, Deputy Head or School Business Manager that an ambulance is on its way
- If necessary, ask someone to get the school defibrillator and child pads from the school office.
- Admin Team/Head Teacher/Deputy Head to print child's emergency information for Ambulance Service from Bromcom.
- ALL head bumps and serious injuries MUST be dealt with by a qualified First Aider. A head

bump letter should be issued and a head bump wrist band. Any head bump letters should be passed directly to the class teacher to give to the child's parents/carers at the end of the day.

- If the child is due to walk home alone, a parent must be contacted to discuss the injury and for them to decide whether the child can walk home or should be collected. The parent may be contacted telephone or email and a response must be received from them before the child leaves school.
- Serious injuries and head injuries must be reported to the parent by telephone if necessary and in person at the end of the day. It is the class teacher's responsibility to ensure that the parent receives the notification of the injury (completed by the First Aider) at the end of the day. If the child attends the After School Club, then the teacher must pass the information to the club leader who will then take over the reporting responsibility.
- All serious injuries to the head, eyes, teeth / mouth and ears must also be reported immediately via the telephone to the parent concerned.
- If in any doubt about the seriousness of the injury, contact the parent asap and if necessary call 999 for an ambulance – this is essential in all cases where consciousness has been lost.
- In the event of a serious injury, do not attempt to move the child. Send a runner / messenger to bring a First Aider to the scene of the incident.
- Accidents which result in a pupil going absent from school will be recorded on Parago by the School Business Manager and the member of staff who dealt with the incident.
- Injuries which have been caused through mis-use of equipment, faulty equipment, Health and Safety Hazards etc, must be reported to the Head Teacher/Deputy Head Teacher/School Business Manager.

Annex B – Basic First Aid Kit Contents

- Plasters in a variety of different sizes and shapes
- Small, medium and large sterile gauze dressings
- 2 sterile eye dressings
- Triangular bandages
- Disposable sterile gloves
- Round safety scissors
- Microporous tape
- Sterile water for cleaning wounds and washing eyes
- Ice Pack
- Resuscitation face shield

Annex C – Head Bump Letter



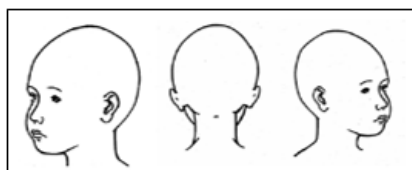
LANDKEY COMMUNITY PRIMARY ACADEMY

STRIVING FOR EXCELLENCE - CARING FOR ALL

Name of child: _____ Class: _____

Date of injury: _____ Time of injury: _____

Site of injury:



Your child has bumped their:

head		lip	
ear		cheek	
neck		chin	
nose			

Dear Parent/Carer,

Your child has had a bump today, the details of which you will find above. It has been noted in the Accident Report Book and their teacher was informed so that they could be monitored effectively.

Although we have not identified anything that caused concern prior to going home, if your child shows signs of dizziness, headaches or sickness you may need to seek medical advice.

For the next few days, please seek urgent medical advice if your child suffers from: worsening headache, nausea, vomiting, increased drowsiness, weakness in an arm or leg, speech problems, dizziness, bleeding or fluid from an ear or a nose, visual problems, unequal pupil size, seizures or confusion.

Yours sincerely,

Georgie Gratton
Head Teacher

Report: Accident Report

Step: 1 - 1

Form: ACCIDENT, INCIDENT OR ACT OF VIOLENCE OR AGGRESSION (Including work related ill-health/near miss/road traffic accident/disease/dangerous occurrence)

The information which you provide on this form will be held by Tarka Learning Partnership.

This information will be used for the purpose(s) of providing a record of the incident and subsequent action.

The information may be disclosed to external H&S consultants and legal teams for the purposes of investigation and follow-up or litigation.

Where disclosure of information to other agencies or organisations may be requested, relevant clearance will be sought.

All information will be held securely for 6 years, or in the case of a minor until they reach the age of 21, and on expiry of the retention period destroyed in a secure manner.

Table: SECTION A – INCIDENT DETAILS

Date	<input type="text"/>
Time	<input type="text"/>
Location incident occurred	<input type="checkbox"/> At school <input type="checkbox"/> Elsewhere <input type="checkbox"/> Other school premises <input type="checkbox"/> In a public place
Location - school name, address & postcode	<input type="text"/>
Room, place or site of incident	<input type="text"/>

Table: SECTION B – DETAILS OF PERSON INVOLVED IN INCIDENT

Person's role	<input type="text"/>
Title	<input type="text"/>
Forename	<input type="text"/>
Surname	<input type="text"/>
Home address & postcode	<input type="text"/>
Home telephone number	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="text"/>
If incident involved employee - Job title	<input type="text"/>

Table: SECTION C – DETAILS OF INJURY

Injury detail	
<input type="checkbox"/> Amputation - Full	<input type="checkbox"/>
<input type="checkbox"/> Amputation - Partial	<input type="checkbox"/>
<input type="checkbox"/> Arc Eye	<input type="checkbox"/>
<input type="checkbox"/> Bite - Animal	<input type="checkbox"/>
<input type="checkbox"/> Bite - Human	<input type="checkbox"/>
<input type="checkbox"/> Black Eye	<input type="checkbox"/>
<input type="checkbox"/> Blister	<input type="checkbox"/>
<input type="checkbox"/> Broken/Damaged Teeth	<input type="checkbox"/>
<input type="checkbox"/> Bruise	<input type="checkbox"/>
<input type="checkbox"/> Bump/Swelling	<input type="checkbox"/>
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/>
<input type="checkbox"/> Concussion	<input type="checkbox"/>
<input type="checkbox"/> Cut	<input type="checkbox"/>
<input type="checkbox"/> Dislocation	<input type="checkbox"/>
<input type="checkbox"/> Electric Shock	<input type="checkbox"/>
<input type="checkbox"/> Faint/Dizzy	<input type="checkbox"/>
<input type="checkbox"/> Foreign Body	<input type="checkbox"/>
<input type="checkbox"/> Fracture	<input type="checkbox"/>
<input type="checkbox"/> Graze/Abrasion	<input type="checkbox"/>
<input type="checkbox"/> Hearing Damage	<input type="checkbox"/>
<input type="checkbox"/> Heat Stress	<input type="checkbox"/>
<input type="checkbox"/> Ingestion	<input type="checkbox"/>
<input type="checkbox"/> Inhalation	<input type="checkbox"/>
<input type="checkbox"/> Internal Bleed	<input type="checkbox"/>
<input type="checkbox"/> No Apparent/Visible Injury	<input type="checkbox"/>
<input type="checkbox"/> No Injury - Near Miss	<input type="checkbox"/>
<input type="checkbox"/> No Injury - Physical Assault	<input type="checkbox"/>
<input type="checkbox"/> No Injury - Verbal Abuse	<input type="checkbox"/>
<input type="checkbox"/> Nose Bleed	<input type="checkbox"/>
<input type="checkbox"/> Puncture/Needlestick	<input type="checkbox"/>
<input type="checkbox"/> Red Mark	<input type="checkbox"/>
<input type="checkbox"/> Shock	<input type="checkbox"/>
<input type="checkbox"/> Skin Irritation	<input type="checkbox"/>
<input type="checkbox"/> Skin Tear/Flap	<input type="checkbox"/>
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/>
<input type="checkbox"/> Sting	<input type="checkbox"/>
<input type="checkbox"/> Whiplash	<input type="checkbox"/>
<input type="checkbox"/> Multiple Injuries	<input type="checkbox"/>
<input type="checkbox"/> No injury	<input type="checkbox"/>
<input type="checkbox"/> SEMH	<input type="checkbox"/>

Table: Please indicate ALL parts of the body affected and where applicable, left or right

Part(s) of body affected LEFT side

Abdomen
 Ankle
 Arm-lower
 Arm-upper
 Back-lower
 Back-upper
 Breast
 Buttocks
 Chest
 Collarbone
 Ear
 Elbow
 Eye
 Face
 Finger(s)/Thumb(s)
 Foot
 Genitals
 Groin
 Hand
 Head
 Hip
 Internal
 Jaw
 Knee
 Leg-lower
 Leg-upper
 Mouth
 Neck
 Nose
 Pelvis
 Rib
 Shoulder
 Teeth
 Toe(s)
 Wrist

Part(s) of body affected RIGHT side

Abdomen
 Ankle
 Arm-lower
 Arm-upper
 Back-lower
 Back-upper
 Breast
 Buttocks
 Chest
 Collarbone
 Ear
 Elbow
 Eye
 Face
 Finger(s)/Thumb(s)
 Foot
 Genitals
 Groin
 Hand
 Head
 Hip
 Internal
 Jaw
 Knee
 Leg-lower
 Leg-upper
 Mouth
 Neck
 Nose
 Pelvis
 Rib
 Shoulder
 Teeth
 Toe(s)
 Wrist

None of the above - Other (please state)

Did the incident result in -

A fatality
 Person taken to hospital
 A minor injury
 Verbal abuse
 No injury

Did the person go absent

Date absence started

Date absence finished

For non-employees did the incident occur during an organised activity?

Or was it attributable to either? -

The condition of the premises
 facilities or equipment
 The quality or suitability of the supervision or instruction
 Misbehaviour

Did the injured person (please indicate all outcomes)

Become unconscious
 Need resuscitation
 Remain in hospital for 24hrs
 None of these

Any other outcome - please state

Table: SECTION D – CAUSE OF OR REASON FOR INCIDENT (please indicate only ONE)

Cause or reason

Animal/insect related
 Contact with electricity
 Contact with hot surface or liquid
 Contact with moving machinery or material being machined
 Drowning/Asphyxiation
 Exposed to explosion
 Exposed to asbestos
 Exposed to fire
 Exposed to harmful substances
 Fall from bed
 Fall from height
 Found on floor
 Harassment-racial
 Harassment-sexual
 Harassment-other
 Hit by moving vehicle
 Hit by falling/flying object
 Injured assisting a client
 Injured while handling
 Lifting or carrying
 Injury not related to specific event(s)
 Medication error
 Repetitive strain injury or upper limb disorder
 Road traffic accident
 Slipped
 Tripped or fell on same level
 Sporting activity
 Stepping on/striking against fixed object
 Trapped or crushed by collapse
 Use of hand tools
 Work related non accidental illness
 Work related illness-stress
 Violence
 Control & restraint
 Physical assault accidental
 Physical assault deliberate
 Threatening incident
 Verbal abuse

Table: If incident involved violence please indicate, where known:-

Name of alleged assailant

Status of alleged assailant

Were the Police were informed

Was a crime number issued

Crime number (if known)

Description of incident – give as much detail as possible e.g. name of substance, name/type of machine involved, events leading to incident, parts played by people and continue on a separate sheet if necessary

Table: SECTION E – WITNESSES

Name	Address	Job title/status
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Table: SECTION F – FOLLOWING INCIDENT (please indicate ALL actions taken)

Date responsible person informed of incident

Action followed

No further action
 First aid
 Returned to work
 Seen by GP
 Returned to lesson
 Seen by paramedic

Name of doctor

Taken to hospital

Admitted to hospital

Name & address of hospital



Name of first aider

Any follow up actions - Please state

Table: SECTION - G PERSON COMPLETING FORM DETAILS

Full name (block capitals)

Job Title

Date	<input type="text"/>	
Signature of carer/parent (where required)	<input type="text"/>	
Date	<input type="text"/>	

This incident form will be reviewed to ascertain severity and the need for further action

Notify an additional person:

Select user list... 

* Indicates mandatory field