



Owner	Health & Safety Manager
Author	Karl Rooke
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FIRST AID POLICY

1.0 Introduction

- 1.1 The purpose and scope of this Policy is to inform staff about their responsibilities in relation to first aid across Warwick Schools Foundation (“WSF”), including with regard to Early Years Foundation Stage (EYFS) education. WSF comprises Warwick School/Warwick Junior School and King’s High School/ Warwick Preparatory School (“the Schools”).
- 1.2 The Governors have appointed a Health & Safety Manager (HSM) to assist them with their duties in regard to First Aid.
- 1.3 This Policy will be reviewed annually by the Health & Safety Manager.

2.0 The Basics

What’s included in this Policy	<ul style="list-style-type: none"> • General information on first aid arrangements for all schools • Asthma guidance (Appendix 1) • Anaphylaxis/Adrenaline Auto-Injector guidance (Appendix 2) • Epilepsy/Seizure guidance (Appendix 3) • Diabetes Guidance (Appendix 4) • How to clean up bodily fluids safely (Appendix 5) • RIDDOR guidance (Appendix 6)
Other Policies you might need to refer to	<ul style="list-style-type: none"> • Medication Storage and Use • Accident/ Near Miss Reporting • Risk Assessment • Educational Visits • Communicable Disease Control

3.0 Who this Policy applies to

Person(s) Responsible:	Responsible for:
Foundation Governors	Reviewing the policy annually and providing sufficient resources for the provision of first aid. To review accident report statistics.
School Heads/ Foundation Bursar, Director of Facilities, Facilities Manager	Ensuring the policy is implemented by the medical staff, first aiders and others who may be required to give medical assistance. To maintain suitable numbers of trained staff as required.

Health & Safety Manager, Head of Food Operations Head of Boarding	
Medical staff	To follow the policy and advise of any issues.
Medical staff's Line Manager	Meeting with medical staff & discuss any issues.
School H&S Committees	To receive reports from medical staff.
All Staff	Reporting accidents/injuries/illnesses/near misses and assisting where appropriate.
EYFS Staff	Ensuring statutory requirements for EYFS children requiring medication in school are met.
Health & Safety Department	Arranging training as required, and keeping records up to date. Officially reporting WSF RIDDOR reports.

4.0 General Overview

- 4.1 WSF is committed to ensuring the health, safety and welfare of its employees, pupils (including EFYS), contractors and visitors. WSF recognises its responsibility to comply with relevant legislation and will ensure sufficient information, training and budget is available.
- 4.2 WSF recognises that schools have a responsibility and duty of care to pupils under the common law doctrine *in loco parentis*.
- 4.3 WSF ensures there are members of staff who have completed the three-day First Aid at Work course, the two-day Paediatric First Aid course, the two-day Outdoor First Aid course, the one-day Emergency First Aid at Work course and the one-day Emergency Paediatric First Aid course. These should be renewed every three years. A number of staff also complete an online course in Administration of Medication in an Educational Setting; this is renewed every two years.
- 4.4 The Schools are responsible for ensuring there are sufficient numbers of trained first aiders on duty, with a minimum of at least one person at all times when pupils are on site. For Warwick Preparatory School, Warwick Junior School and Warwick School Holiday Action, at least one member of staff will hold a Paediatric First Aid Certificate when on outings.

5.0 Emergency First Aid Response

- 5.1 In the event of a first aid emergency, a member of staff will remain with the injured/ill party until assistance arrives from other staff, emergency services or, in the case of a pupil, until their parent or guardian arrives.
- 5.2 In the event of a life-threatening situation, an ambulance will be summoned without delay and the School Office and School Nurse notified. If required, the Estates office or duty caretaker is notified to assist with ambulance access and giving directions as necessary. All school reception offices have the What3Words reference for their area to assist emergency services in finding the precise location of the person who is requiring emergency treatment.

The decision to call an ambulance usually lies with the School's medical staff. However, if these persons are not immediately available, all members of staff are responsible for ensuring the child, employee, contractor or visitor to the school site receives the medical attention required and will call an ambulance if necessary.

If a pupil requires to be transported to hospital, a member of staff will remain with the pupil until a parent or guardian arrives and takes over responsibility.

6.0 Training

6.1 The HSM will arrange for first aid training to be completed at the required intervals to ensure first aid commitment levels are maintained and will retain records for those who have completed the training.

6.2 Other training is arranged as required, such as use of a defibrillator, asthma medication, use of Adrenaline Auto-Injector (AAI) and allergens, epilepsy, diabetes, or training for other specific medical needs.

7.0 Accommodation

7.1 Medical accommodation with trained qualified nurses is available in each of the schools. The facilities meet the requirements of appropriate legislation and guidance.

8.0 Signage & First Aid Boxes

8.1 Regularly updated first aid notices are displayed in various locations throughout the schools detailing current first aiders and where the Automated External Defibrillators are located (see section 9.0).

8.2 First aid kits are also located throughout the schools. The medical staff have agreed procedures to replenish them, either doing so themselves or delegating the task to designated people. Replenishment stocks are available from the medical centres on request. No medication is kept in first aid kits, apart from emergency inhalers which are kept in Warwick Prep first aid kits.

8.3 Each School minibus contains a first aid kit for use in the minibus and, in addition, the lead/nominated first aider accompanying each minibus journey will take a first aid kit with them for use at the event.

8.4 Medibags are taken to all external fixtures by the member of staff in charge. Staff are also advised to take a Medibag to on-site practices.

8.5 First aid information, including how to obtain help, is provided to all visitors when they sign in at the School Reception areas.

9.0 Automated External Defibrillators (AEDs)

9.1 There are fourteen AED machines sited across the schools. The locations are:-

- Warwick School
Senior School Reception
Junior School Reception
Sports Centre office
Bridge House Theatre box office
Warwick Hall
Combined Cadet Force Hut
School House Boarding House
- Warwick Preparatory School
Outside Main School Office
Prep Nursery Office
- King's High School
Inside School Office
Bridge Sports Centre
Way House Boarding House
- Warwick School Pitches
White Cricket Pavilion – stored in outdoor cabinet, code C159X
- King's High School Pitches
King's High Pavilion – stored in outdoor cabinet, code C159X

9.2 Each machine is checked weekly by a competent dedicated person within the school, and a checklist is completed. Records of these checks are kept and are available. Expiry dates for each AED Battery and Padpak are included in the checks, and items replaced as required.

9.3 Adult Padpaks (grey) are installed in each AED. In addition, the devices at Warwick Prep School and Bridge Sports Centre include a Child Padpak (pink) which is located with the AED.

9.4 The AED machines stored in outdoor cabinets are dual-purpose, just requiring a switch to be moved from Adult to Paediatric mode.

10.0 Recording and Reporting Accidents

10.1 There is a legal responsibility to record all accidents, injuries and details of any medication administered.

10.2 For pupil injuries or illnesses, details are recorded by the School Nurse onto the pupil iSAMS record. For members of staff, contractors and visitors on site, hard copy Accident Report Forms and Near Miss Report Forms are held in the Schools' medical centres. They are also available electronically on the WSF Foundation Hub, and a copy is appended to the WSF Accident Reporting Policy. WSF does not use accident books but only the standard forms.

10.3 Records are kept of any medication administered; please see the Medication Storage and Use Policy for further guidance. Documentation relating to medication is kept until the pupil reaches the age of 25 years. For employees or visitors, this information is kept for a period of five years.

- 10.4 Accident reports and investigation records are kept for a period of five years from the date of the accident or, in the case of under 18's, until the injured party reaches the age of 25.
- 10.5 Head injuries – at Warwick School, pupils who have sustained a blow to the head during the school day are given a note to take home to advise their parents/guardians; for pupils at King's High School, parents/guardians will be notified direct by the School Nurse. For more serious head injuries, parents/guardians of pupils at all schools will be contacted by telephone. Concussion alert messages are sent regularly to school staff by the school medical centre
- 10.6 Head injuries – at Warwick Prep School, a green medical bracelet is used to identify serious head bumps (not serious enough to be sent home). This details the injury and ensures parents see it (unlike a note home it cannot be forgotten). The bracelet has the details of the injury written directly on it. Children with minor head injuries will have a note sent home/handed to a parent/guardian on collection. Parents/guardians may be contacted by phone or text if deemed necessary.
- 10.7 Serious incident or injury – At all the Schools, parents/guardians of pupils, the HSM, the Head and (normally) the Deputy Head are advised immediately of any serious incident or injury happening to a pupil, member of staff or visitor to the site.

11.0 Recording and Reporting Near Misses

- 11.1 Near Misses should be reported without delay to the relevant HoD/Line Manager and the HSM, by completing a Near Miss Form which is appended to the Accident/Incident/Near Miss Reporting Policy and can also be found on the WSF Foundation Hub or obtained via the School Office.

12.0 RIDDOR

- 12.1 WSF has a duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- 12.2 Any RIDDOR reportable accidents will be reported by the HHS electronically (Form F2508) on the HSE website. In the event of fatal or major injuries, a report will be made by telephone to the HSE incident control centre or Duty Out of Hours Officer by the HSM at the earliest opportunity.
- 12.3 The RIDDOR reference number is noted on the Accident Report Form with the relevant entry.
- 12.4 All RIDDOR reportable and significant accidents are discussed at the next meeting of the relevant School's Health & Safety Committee and then presented for information to the next Foundation Health & Safety Committee. Information and findings are also reported to the Governors, either at the next appropriate meeting or electronically.

12.5 A short guide of what constitutes reportable accidents, occupational diseases and dangerous occurrences is available as Appendix 5 of this policy. A full list of can be found on the HSE's RIDDOR website.

13.0 Accident Investigation

13.1 Any serious accident or injury to any pupil, employee, contractor or visitor to the Schools is investigated. The initial accident investigation will be carried out as soon as practical after the incident by the relevant Head of Department (HoD), supported by the HSM as required. The aim is to find the root cause and, as a result, policies, procedures and Risk Assessments in the Schools may be reviewed and changed appropriately, ensuring that they are suitable and sufficient, in order to prevent any recurrence.

13.2 Following the accident investigation, a formal report is written as required and submitted to the next meeting of the Foundation Health & Safety Committee. Where necessary, Risk Assessments should be reviewed.

14.0 First Aid on Educational Visits

14.1 It is desirable for a qualified First Aider to accompany each Educational Visit. Where this is not possible, this must be covered by the Educational Visit Risk Assessment and an alternative provision made for dealing with first aid and emergency situations. As a minimum, a first aid bag should be taken on every trip and a person nominated as first aider for the trip. Further details are included in the WSF Educational Visits Policy.

15.0 Specific Employee/Pupil Risk Assessments/Situations

15.1 It may become necessary from time to time to carry out individual Risk Assessments and make reasonable adjustments for employees and pupils with a particular medical condition or illness/injury in order to accommodate them. In this event, the Risk Assessment will be carried out by relevant staff, including (but not limited to) the HSM, Deputy Head, Matron/School Nurse or HoD/Line Manager or, for an Educational Visit, the Trip Leader. Where this is required for a boarder, the Boarding House Parents or guardians will also be involved. Additionally, a PEEP / GEEP (Personal Emergency Evacuation Plan / General Emergency Evacuation Plan) will be created for the needs of each individual (whether pupil or member of staff) and shared with staff in their area; support is available from WSF HR and WSF Health & Safety as required. This should be regularly reviewed with the individual and their Head of Department/Line Manager.

16.0 Spillage of Bodily Fluids

16.1 It may be necessary from time to time to clear up bodily fluids. Those clearing up such fluid are advised to avoid direct contact with the fluids, as any such substance has the potential to spread microorganisms capable of spreading illness. In vomit and diarrhoea, these microorganisms can be air borne so it is imperative to clear it up as soon as possible.

- 16.2 Spill kits are provided to the Estates & Operations department which include gloves, apron, disposal bag and absorbent powder which makes it easier to clean up spillages and avoid cross-contamination.
- 16.3 Cleaning and Caretaking staff have a specific Risk Assessment for dealing with bodily fluids; guidance on the procedure for clearing up a bodily fluid spillage is attached as Appendix 4.
- 16.4 Bodily Fluid Spillage kits are also provided in each school's Medical Centre and also in the Warwick School Sports Centre/Swimming Pool Office.
- 16.5 The covering of all wounds with an appropriate waterproof dressing is vital to prevent the spread of infections, protecting both the individual and the school community by minimising exposure to harmful bacteria and viruses.

17.0 First Aid Manual/Procedures for Medical Situations

17.1 Information on how to deal with specific medical situations can be found in the First Aid Manual displayed in the following locations:-

- Warwick School Medical Centre and School Reception
- Warwick Junior School School Reception
- King's High School School Office and Nurse's office
- Warwick Prep School School Office and Nurse's room
- Warwick Prep Nursery Staff Room

18.0 First Aid Arrangements for School Events and External Hires

18.1 *Warwick School Sports Centre/ Swimming Pool and Halse Pavilion*

- The Warwick School Sports Centre and swimming pool is always supervised by members of the Sports Centre staff, all of whom have first aid training and water rescue training.
- A first aid kit and an AED are located by the Sports Centre Reception Desk. Additional first aid kits are located in the Swimming Pool Office.
- An additional AED is located in an outdoor cabinet on the White Cricket Pavilion; the code to access is C159X.

18.2 *Bridge Sports Centre (BSC)*

- The Bridge Sports Centre will normally be staffed when it is let. On occasions where a member of staff is not on the premises, a telephone is available in the Entrance Hall and one person from the visiting group is nominated as the Responsible Person and advised how to contact the Warwick School Sports Centre staff in case of emergency.
- The Warwick School Sports Centre Office is available to provide general first aid provision.
- The BSC notice board provides the Warwick School Sports Office telephone number, the postcode for the building, and the What3Words.com reference to assist with location for the emergency service access.

- An AED is located on the wall in the main foyer of the BSC; other AEDs are located at Warwick Prep School Office, in Warwick Hall, in the Bridge House Theatre Box Office and at Warwick School Main Reception.

18.3 ***Bridge House Theatre (BHT), Warwick Hall, King's Prep Music School, Warwick Prep School Hall***

- For school events held in these venues, the person in charge of the event is expected to arrange for at least one person present to hold a first aid qualification, and this will be noted in their Event Risk Assessment.
- Bridge House Theatre - a first aid kit is available in the Box Office and also an AED.
- Warwick Hall – a first aid kit is available in the bar area, and an AED is located in the foyer.
- For events held in King's Prep Music and Warwick Prep School Hall, the nearest AED is outside the Prep School Office or in the Bridge Sports Centre.

18.4 ***External Hires at WSF booked through WSF Events Team)***

For external hire events, excluding those which are self-managed by the hirer, First Aid provision will be available via WSF First Aid trained staff. Information on arrangements will be included in the Event Risk Assessment. For self-managed events, the WSEL Events Manager will advise the hirer at the time of booking that:

- The hirer is expected to have their own first aid arrangements in place, details of which should be documented in the Event Risk Assessment supplied by the hirer.
- Where any injuries/accidents do occur, hirers must provide WSF with a copy of the details for its records.
- Access to the AEDs is available to hirers depending on which area of the school they are using.
- In the event of any emergency, hirers may call the Duty Caretaker on 07774 842891 to assist.

19.0 **Injuries in School**

19.1 For the purposes of RIDDOR reporting, pupils are regarded as members of the public as they are not undertaking paid or voluntary work. The exception is if they are on work experience when they are legally regarded as employees.

19.2 Some injuries that may have previously been reported under RIDDOR, particularly sporting injuries, are no longer reportable.

For example, there is only a need to report if the pupil is killed or taken to hospital for treatment and the accident was as a result of poor organisation or supervision arrangements, or the equipment and/or condition of the premises was at fault.

- 19.3 If a pupil was taken to hospital with a suspected injury that would come under RIDDOR regulation, it only becomes reportable if the injury is confirmed and the pupil is treated.
- 19.4 Injuries to pupils sustained whilst travelling on school business or whilst abroad on school trips are not reportable under RIDDOR. However, in all cases an accident report form (and investigation if required) will be completed and forwarded to the HoD, Senior Dep Head and HSM in the normal way.

20.0 Sickness

20.1 *Illness in School*

- Pupils or staff who feel ill in school are expected to go to the medical office at the School where they are located at the time.
- If the medical staff deems a pupil is not well enough to remain in school, they will contact the parents/guardians and ask for the pupil to be collected.
- Communicable Diseases – please refer to the WSF Communicable Disease Control Policy (found on the Foundation Hub).

20.2 *Exclusion following Illness*

- Pupils and staff are expected not come to school if they feel unwell or have a raised temperature.
- If the pupil or staff member has had diarrhoea and/or vomiting, it is essential that the school community is protected from communicable illnesses to protect those who are susceptible to infections. Therefore, the guidance of NHS England will be followed and, as such, WSF must stipulate that pupils / staff do not return to school until 48 hours have passed since the last episode of sickness or diarrhoea.
- For children with a pre-existing condition or allergy that causes them to vomit or have diarrhoea, WSF invite all parents to bring in a medical note from their GP or hospital Doctor, so the WSF Nurses can add any side effect to the pupil's medical notes that are kept within the Foundation. This will ensure that parents or guardians can have a conversation with the Foundation Nurse to ensure children can return to school sooner than is otherwise expected
- If any child is sent into school before the required 48 hrs period, they will not be able to join their class and parents will be contacted to collect their child , this is for the protection of the whole school community.
- It is also key to note that the school nurses or staff are not put into a compromising position by returning the child / children before the 48-hour period has elapsed.

20.3 *Medical Conditions*

WSF parents/guardians must inform the School about any medical condition that may affect emergency or first aid treatment that may have to be administered to a pupil during the school day or on a school trip.

20.4 **Medication for Pupils**

- Medication may not be brought into school unless the school office/medical staff have been informed of a medical condition.
- Where it is necessary for pupils to bring medication into school, this should be given to the Medical Centre for safekeeping except for inhalers and Adrenaline Auto-Injector (AAI)* which pupils may keep with them, on the expectation that they will keep them secure, use them as instructed and not share them with anyone else.
- Medication is kept secure by the School Nurse with an appropriate consent form signed by parents/guardians.
- Medication should be clearly labelled with name, instructions for time and dosage.
- The schools regularly request consent from parents/guardians for the administration of Paracetamol, Ibuprofen, Antihistamines, other over-the-counter medications and remedies, and First Aid and Emergency Medical Treatment to pupils by the School Nurse.
- All medicines administered at school will be recorded on the pupil's iSAMS record.

* An AAI for each pupil is also kept by the School Nurse with an appropriate consent form signed by parents/guardians, and stored in a marked cupboard in the Medical Centre in order to ensure they are immediately accessible if required. Some pupils may self-medicate for asthma so retain their inhalers.

For further details, please refer to WSF Medication Storage and Use Policy available on the WSF Foundation Hub.

20.5 **Asthma**

An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. From October 2014, the law changed to allow schools to choose, if they wish, to hold an emergency Salbutamol reliever inhaler.

At all WSF schools, the importance of children bringing their inhalers/medication to school, holiday activities and school trips is emphasised to parents.

Regular training is delivered internally by medical staff on the use of the Emergency inhaler and spacer for anyone who may be required to assist with their use, e.g. extra-curricular activity providers, school trip leaders etc. Every Emergency inhaler is stored with instructions on how and when to use it.

Emergency medication can ONLY be given to children to whom inhalers are prescribed if parents have given consent. A record of all consents is held by medical staff within each school. The relevant consent forms are provided to

parents either with a specific letter (see Appendix 2 for sample letter) or by being included in the 'medical conditions and information forms' sent to the parents of students before the start of the school year.

An emergency inhaler is held in the following locations:

- King's High School Medical Centre
 Bridge Sports Hall
 School Office
 King's High Pavilion (Gallows Hill)
- Warwick Preparatory School all first aid kits
 Medical Room
 (inhalers and spacers in each case)
- Warwick School/Junior School Medical Centre
 Holiday Activities office

Whenever any Emergency Asthma Medication is given during school activities, whether on site or elsewhere (e.g. school trips), a record is kept. A copy of this record will be sent home for parents.

The emergency inhalers will be checked for expiry date and working order at least monthly. They will be replaced as necessary by Medical Staff/ School Nurses.

Information on dealing with a suspected asthma attack is attached to this Policy as Appendix 1.

20.6 Allergic Reaction/Anaphylaxis and Use of Adrenaline Auto-Injectors

Anaphylaxis is the term for a potentially life-threatening allergic reaction. An anaphylactic reaction always requires an emergency response.

Arrangements for Pupils

Pupils - Pupils who are at risk of Anaphylaxis (life-threatening allergic reaction) may keep a named prescribed AAI (such as Epipen or Jext) with them in school or on trips/fixtures, on the expectation that they will keep it secure, use it as instructed and not share it with anyone else.

In addition, parents are asked to provide a spare named AAI to the School Medical Centre for use if required, and replaced when beyond the stated expiry date. Parents/guardians should complete the consent paperwork as requested by the school and should also provide an up-to-date Allergy Action Plan along with any prescribed Antihistamine to store alongside the pupil's AAI in the Medical Centre. Details of the medication and action plan will be uploaded to the pupil's iSAMS record by the medical staff.

Food allergens - It is the responsibility of the Head of Food Operations to ensure that all allergen ingredients' information is displayed in accordance with the Food Information Regulations 2014

Emergency Adrenaline Auto-Injector Devices for Pupils

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows schools to buy AAI devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Each WSF School has a stock (un-named) AAI for emergency use which is kept in the school's Medical Centre. This emergency AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The emergency AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Further guidance is available here:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

An emergency Adrenaline Auto-Injector is held in the following locations:

- King's High School
Medical Centre
School Office
PE Office
King's High Pavilion (Gallows Hill)
- Warwick Preparatory School
Medical Room
- Warwick School/Junior School
Medical Centre
Bee Apiary (also used by King's +
Prep pupils and staff)

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or an emergency AAI.

Guidance on recognising and managing an Allergic Reaction / Anaphylaxis is attached to this Policy as Appendix 2.

20.7 Epilepsy / Seizures

Epilepsy is described by the World Health Organisation as an interruption or build up of electrical signals in the brain which can cause a seizure (sometimes called an 'attack'). The causes can be many and can affect people of all ages.

Epilepsy most commonly presents itself in two ways:-

1. Absence seizures. This is perhaps best described as appearing as day dreaming. In itself relatively harmless, but in those moments when an absence happens you are unaware of what is happening around you. This can cause major difficulties, for example in school keeping track of a lesson or walking down steps or crossing a road.
2. Tonic Clonic Seizures. This is what most people often refer to as a classic seizure.

Warwick Schools Foundation recognises epilepsy as a common condition among children and adults and welcomes those affected to our school community.

WSF aims to support those with epilepsy to help encourage children to reach their full potential. This guidance aims to ensure that relevant members of staff have the correct training, knowledge and ability to support those with epilepsy at WSF.

Arrangements for Pupils

When a pupil joins WSF or is a current pupil who has been diagnosed with epilepsy, the School Nurse or Deputy Head will contact parents/ guardians and arrange a meeting to establish how the pupil's epilepsy may impact their school life.

An Individual Health Plan (IHP) will be drawn up to include taking part in certain aspects of learning, playing and social development activities and any special arrangements or learning support the pupil may require, and this will be noted on the pupil's record. The IHP will be shared with the appropriate members of staff as required. Pupils with epilepsy are encouraged to have a buddy system in place.

If the pupil requires emergency medicine, the school will follow the WSF Medicines Administration Policy (available on the Foundation Hub) and record each time medicine is administered to a pupil.

First aid information for tonic clonic seizures will be accessible from the school nurse and is attached to this Policy as Appendix 3.

Further advice and guidance is available from the World Health Organisation and from Epilepsy UK.

20.8 **Diabetes**

Guidance on managing diabetes for students and staff/visitors is attached to this Policy as Appendix 4

20.9 **Medication for Staff and Visitors**

- Where staff are on medication which may affect their ability to care for children, medical advice will be sought.
- Staff are advised that any medication brought onto the premises must be securely stored, out of the reach of children at all times.
- Staff are encouraged to advise their Line Manager/Head of Department of any medical condition which may require first aid support. WSF HR are also available to support staff.
- Staff must keep their prescribed medication secure and, if required, with them at all times. Personal medication should not be administered to others.
 - The guidance within this policy is directed mainly towards dealing with children who attend the Foundation Schools, however it is also relevant to Foundation staff and visitors to our site.

- All visitors to WSF site are advised (via the Visitor Leaflet at each School Reception) to inform a member of staff upon arrival if they have a medical condition in order that help can be given should it be necessary.

20.10 **Specific Medical Treatment Consent** (Educational Visits) – all parents/guardians are asked to sign a general consent form stating that, in the case of an emergency and a member of school staff being unable to contact a parent/guardian, they agree to the pupil receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. See WSF Educational Visits Policy.

20.11 **Suspected Contagious Diseases** – Parents/guardians who are concerned that their child has been in contact with a suspected contagious disease, e.g. Chicken Pox, Scarlet Fever etc, are directed to the Public Health England guidelines but can also contact the School Nurse for advice. They are expected to inform the School of any suspected or confirmed contagious disease. see Communicable Disease Control Policy

20.12 **Covid-19** (Coronavirus) – Detailed information for staff and pupils is available in the WSF Communicable Disease Control Policy which is available on the WSF Foundation Hub. Information for visitors is available at each School Reception and is regularly updated.

21.0 Mental Health Engagement

21.1 WSF recognises that mental health challenges affect many people, and most schools will have pupils and staff who need mental health support. Measures are put in place to support the mental health and wellbeing of all pupils and staff across the Foundation.

21.2 Pupils – Senior Leadership Teams promote mental health awareness and provide support to pupils by developing whole-school approaches tailored to their particular needs, as well as considering the needs of individual pupils.

These measures:-

- set out our schools' roles and responsibilities in relation to mental health and behaviour, within our existing duties;
- outline how schools can identify whether a child or young person's behaviour – disruptive, withdrawn, anxious, depressed or otherwise – may be related to a mental health issue, and how to support them in these circumstances;
- include advice and guidance on working with other professionals and external agencies where appropriate;
- provide a comprehensive training programme for mental health leaders and staff across the Foundation.

21.3 Staff – Measures are taken to acknowledge and support employees who are struggling with their mental health and wellbeing, including:

- Ensuring senior leadership teams treat mental health problems seriously;
- Identifying issues and working with staff to resolve them;

- Supporting all staff faced with mental health issues;
- Maintaining a healthy environment where staff feel comfortable, safe and are happy to work.

Resources available to staff include:

- A dedicated HR team offering support to all employees, with access to local and national support services.
- Employee Assistance Programme (details available through WSF HR department (hr@warwickshools.co.uk))
- Stress Management Policy and Risk Assessment.

Legislation and Definitions that apply to this Policy

Legislation/guidance applying to this policy	<ul style="list-style-type: none"> • The Health and Safety (First Aid) Regulations 1981 (as amended 2013) • Education (School Premises) Regulations 2012 • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 • Incident Reporting in Schools (2013) Education Information Sheet No 1 (Revision 3) – free information sheet • Department for Education & Employment – Guidance on First Aid For Schools
Definitions	<ul style="list-style-type: none"> • <i>First aid</i> is help given to a sick or injured person until full medical treatment is available • Workplaces must assess first aid requirements and provide suitable resources including trained staff and equipment

Summary of Changes to this Policy Version 3.6 from previous Version 3.5

<u>Location</u>	<u>Change/Process</u>	<u>Reason</u>	<u>When Implemented</u>	<u>Reviewed by</u>
20.3	Clarification of arrangements following diarrhoea and vomiting exclusion times	Clarification of school policy and procedures	FHSC May 24	KR
21.0	Addition of New Section on Mental Health	New section required	FHSC May 24	KR
Appendix 3	Remove the term 'fit' from Epilepsy guidance	Update of terminology	FHSC May 24	KR
Appendix 4	Addition of guidance on - Diabetes (Appendix 4)	Guidance for all staff and pupils	FHSC May 24	KR

How to Recognise an Asthma Attack

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Ask someone to call for the School Nurse or a First Aider. If the patient has an inhaler, ask them to take 1 puff every 30-60 seconds up to 10 puffs, following current nhs guidance

<https://www.nhs.uk/conditions/asthma/asthma-attack/>

If the patient is not feeling better after 10 puffs, call an ambulance by dialling 999. Repeat the sequence for a 2nd time, then call 999 again for further guidance.

Call an ambulance immediately (dial 999) and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

What to do in the Event of an Asthma Attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of Salbutamol via the spacer
- A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to Salbutamol (such as Terbutaline). The Salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life
- If there is no immediate improvement, continue to give two puffs every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 for an ambulance. Tell them that we have a child with a severe asthma attack who is not responding to the emergency Salbutamol inhaler, so the call can be given a high priority
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Ensure details of medication given is recorded and parents informed

Guidance on Recognising and Managing an Allergic Reaction / Anaphylaxis

Signs and symptoms include:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment 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 Suddenly sleepy, collapse, unconscious

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

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. Use Adrenaline Auto-Injector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS
4. If known, advise the time the AAI was given



***** IF IN DOUBT, USE THE AAI *****

After giving the Adrenaline Auto-Injector:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with a known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

The guidance in this document has been developed in conjunction with representatives of the following organisations:

- British Society for Allergy & Clinical Immunology (Paediatric Allergy Group)
- British Paediatric Allergy, Immunity and Infection Group
- Royal College of Paediatrics and Child Health
- Allergy UK
- Anaphylaxis Campaign.

1. WHAT TO DO IF SOMEONE HAS A SEIZURE

- Stay calm.
- If the child is convulsing, then put something soft under their head.
- Protect the child from injury (remove harmful objects from nearby).
- NEVER try to put anything in their mouth or between their teeth.
- Try to time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
- When the child finishes their seizure stay with them and reassure them.
- Do not try to move the child unless they are in danger.
- Do not try to restrain the child.
- Do not give them food or drink until they have fully recovered from the seizure.
- Aid breathing by gently placing the child in the recovery position once the seizure has finished.
- Sometimes a child may become incontinent during their seizure. If this happens, try to put a blanket around them when their seizure is finished to avoid potential embarrassment.

If the person is in a wheelchair, put the brakes on and leave any seatbelt or harness on. Support them gently and cushion their head, but do not try to move them.

Do not put anything in their mouth, including your fingers. They should not have any food or drink until they have fully recovered.

2. WHEN TO CALL AN AMBULANCE

Call 999 and ask for an ambulance if:

- it's the first time someone has had a seizure
- the seizure lasts longer than is usual for them
- the seizure lasts more than 5 minutes, if you do not know how long their seizures usually last
- the person does not regain full consciousness, or has several seizures without regaining consciousness
- the person is seriously injured during the seizure

People with epilepsy do not always need an ambulance or to go to hospital every time they have a seizure.

They usually have a care plan agreed with doctors and their family or carers that says what to do when they have a seizure, such as giving emergency medicine. If you know what to do and have been trained then you can follow their care plan.

Some people with [epilepsy](#) wear a special bracelet or carry a card to let medical professionals and anyone witnessing a seizure know they have epilepsy.

Epilepsy Action has more information about [seizures that last longer than 5 minutes](#).

3. MAKE A NOTE OF ANY USEFUL INFORMATION

If you see someone having a seizure, you may notice things that could be useful for the person or their doctor to know:

- What were they doing before the seizure?
- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure happen without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did they become pale, flushed or blue? If so, where – the face, lips or hands?
- Did any parts of their body stiffen, jerk or twitch? If so, which parts?
- Did the person's breathing change?
- Did they perform any actions, such as mumble, wander about or fumble with clothing?
- How long did the seizure last?
- Did the person lose control of their bladder or bowel?
- Did they bite their tongue?
- How were they after the seizure?
- Did they need to sleep? If so, for how long?

INTRODUCTION

Diabetes is a chronic condition characterised by the body's inability to regulate blood sugar levels effectively. It is crucial for school staff to be well-informed and prepared to manage diabetic emergencies that may arise among staff & visitors with diabetes. This appendix provides guidelines and procedures for handling such situations in alignment with the school's first aid policy.

There are two primary types of Diabetes

- Type 1 Diabetes – usually diagnosed in childhood or adolescence, characterised by the pancreas producing little to no insulin, also known as insulin dependent diabetes.
- Type 2 Diabetes – often develops in adulthood, characterised by the body's ineffective use of insulin. Far more common than type 1, in the UK around 90% of all adults with diabetes have type 2.

Common Diabetic Emergencies:

1. Hypoglycaemia (Low Blood Sugar): This occurs when blood sugar levels **drop too low**, leading to symptoms such as dizziness, sweating, confusion, and weakness.
2. Hyperglycaemia (High Blood Sugar): This occurs when blood sugar levels **are too high**, leading to symptoms such as excessive thirst, frequent urination, fatigue, and nausea.

Hypoglycaemic signs

Symptoms of low blood sugar are:

- Looking pale and sweating
- Shakiness / wobbly legs
- Butterflies in your tummy
- Have a headache
- Feel dizzy
- Feel sleepy
- Feeling very hungry

Action to be taken

1. Take sugar or food containing sugar straight away followed by a biscuit or a sandwich. If the "hypo is just before a meal or snack, take the sugar and have your meal as soon as possible
2. Alternatively, if drowsy but still able to swallow, HYPO STOP* can be used. This is a sugary gel that can be rubbed onto your lips and gums
3. If HYPO STOP" does not work or you are unconscious, you may be given an injection of glucagon and consider going to see a doctor
4. It is important that nobody gives **ANYTHING TO EAT OR DRINK** if you are in an unconscious state

Hypoglycaemia can be brought on by

- Injecting too much insulin
- Not eaten enough food
- Doing more exercise than usual
- Skipping a meal / snack or having it later than usual

Important – Always have sugary drinks or foods with you and carry an ID card saying you have diabetes and what to do if you are feeling unwell.

Hyperglycaemic Signs

Symptoms of high blood sugar are:

- warm dry skin
- rapid pulse and breathing
- fruity/sweet breath (compared to pear drops)
- excessive thirst

If untreated, drowsiness can occur followed by unconsciousness N.B. usually the casualty will drift into this state over a few days.

Symptoms

- Feeling very thirsty
- Feel sick or poorly
- Feeling tired
- Difficulty in breathing
- Feel like urinating a lot
- Have tummy pain
- Appearing moody

Action to be taken

1. Hydration, encourage the individual to drink water to help flushing out excess glucose from their system.
2. Take any diabetes medication (insulin medicine) prescribed by GP.
3. Avoid eating too much sugary or starchy food.
4. Call NHS 111 if medical aid is needed or 999 in case of emergency.
5. Check if the person is wearing a medical bracelet or medallion or have a card which can alert you to their condition
6. If unconscious and waiting for the emergency services to arrive, keep checking their breathing, pulse and whether they respond to you.

NB. If they become unresponsive at any point, open their airway, check their breathing and prepare to start CPR.

You can have an “hyper” if

- You have injected too little or not at all.
- You have eaten more sugary foods than you are supposed to.
- You are ill or have an infection
- You are worried or upset
- You did less exercise than usual

Remember: Never miss your insulin injection

4a Adults with a diagnosis of Diabetes

Managing your Diabetes at work

At work, it's more important than ever to be organised to manage your diabetes safely. Put reminders for blood glucose (sugar) checks and injections in your calendar. Look at what meetings or schedule you have at the start of the day so you can plan around them. And if you need to leave your workplace or travel, make sure you pack what you need.

It's likely that there will be a few work colleagues who are glad of having a healthier option too. And prepare your lunch and snacks in advance so you don't end up eating unhealthily as a last resort.

Like anyone, your stress levels are likely to be higher at work than at home, which can make managing diabetes more difficult. Make sure you take time out to relax throughout the day and contact the HR Department regarding any reasonable adjustments that may be required.

Treating your diabetes at work

If you inject insulin and monitor your blood sugar levels, you will know these are the things that you need to do to keep safe.

If you're at risk of a **hypo attack** tell your colleagues how to spot the symptoms and how to treat one. This will make sure you get the right help and stop them panicking because they do not know what to do. Talk to the first aiders so they are aware how to act in an emergency.

If you have a Hypo attack at work, talk to your colleagues afterwards. Explain why it might have happened as, although you do not always know why you have a hypo, some things make them more likely. Let them know it can happen if diabetes is treated with insulin or certain diabetes medication.

Storage, labelling & disposal (Staff)

The staff member will often carry the insulin pen on their person but can store an insulin pen in a fridge, if the job specific role does not allow them to carry the pen e.g., (PE teacher / Kitchen staff member) It must be easily accessible in an emergency, clearly labelled and never locked in a cupboard. Any sharps / needles should always be placed in a sharps bin receptacle for secondary disposal.

For more information – www.diabetes.org.uk/diabetes-the-basics or www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/employment/employers

4b Pupils with a diagnosis of Diabetes

Diabetes is a chronic condition characterised by the body's inability to regulate blood sugar levels effectively. It is crucial for school staff to be well-informed and prepared to manage diabetic emergencies that may arise among pupils with diabetes. This appendix provides guidelines and procedures for handling such situations in alignment with the school's first aid policy.

General Procedures:

1. Communication: Parents/guardians should work together with the child's Diabetic Nurse Specialist and the School Nurse to provide an updated Individual Health Care Plan (IHCP), including instructions for the pupils Insulin Pump, administering bolus insulin, pupil's individual signs of Hypo or Hyper Glycaemia, and treatment or administration of other medications if necessary.
2. Identification: All school staff directly looking after any child with type 1 diabetes should be aware and familiarise themselves with the pupils IHCP.
3. Training: Designated staff members should receive training on recognising and managing diabetic emergencies, including treatment of pupils with Hypoglycaemia in severe cases. It is mandatory for all school staff directly looking after any child with type 1 diabetes to have annual diabetes education and this is delivered by the NHS Diabetic Nurse Specialists.
4. Supervision: Pupils with diabetes may require close supervision during physical activities, trips, and other school events to monitor their blood sugar levels and respond promptly to any fluctuations.

Blood Glucose Monitoring

Blood Glucose monitoring is an essential part of daily management of diabetes.

Continuous Blood Glucose monitor: Many people with Diabetes will wear a sensor on their arm, abdomen, thigh or buttock, this is a Continuous Blood Glucose monitor (CGM) device and works with Bluetooth technology to alert the person of fluctuations to their Blood Glucose levels. Pupils wearing a CGM in school have special dispensation to always keep their smartphones on them.

Blood Glucose Meter: A blood glucose meter, also known as a Glucometer, is a portable electronic device used to measure the concentration of glucose (sugar) in a drop of blood. It consists of a meter, a test strip, and a lancet (a small device equipped with a sharp needle used to prick the fingertip and obtain a small drop of blood).

A pupil's own Glucometer must never be shared and should be always available to them.

Each school has a Blood Glucose and Ketone Meter located in the Medical Centre for use by trained Staff only and with single use Lancets.

Specific Actions for Hypoglycaemia:

1. **Immediate Response:** If a pupil exhibits symptoms of hypoglycaemia, provide fast-acting carbohydrates such as juice, a biscuit, dextrose energy tablets or sweets as per the recommended volume in their IHCP.
2. **Monitoring:** Check the pupil's blood sugar level if possible and continue monitoring until it returns to a safe range.
3. **Follow-Up:** Once stabilised, encourage the pupil to eat a snack containing protein and carbohydrates to prevent recurrence.
4. **Keep clear and accurate records** including blood sugar measurements, treatment, and timings and inform pupils parent/guardian.

Specific Actions for Hyperglycaemia:

1. **Hydration:** encourage the pupil to drink water to help flush out excess glucose from their system.
2. **Monitoring:** If possible, check the pupil's blood sugar level and ketone levels.
3. **Medical Attention:** If the pupil's condition does not improve or worsens, contact emergency services, and notify their parents/guardians immediately.
4. **Keep clear and accurate records** including blood sugar measurements, treatment, and timings and inform pupils parent/guardian.

Administration of Medication:

1. **Insulin:** Only trained staff should administer insulin injections as per the pupil's prescribed dosage and schedule. Many children with Diabetes will use an Insulin Pump. Insulin is delivered continually via the pump, with additional doses given via the pump at mealtimes. The pump will automatically deliver a correction dose of Insulin if the blood sugar is high and stop delivering Insulin if the blood sugar is too low.
2. **Glucose (Glucagon/Glucogel/Dextro)** In cases of severe hypoglycaemia administer glucose as instructed in the pupil's IHCP. Never attempt to administer anything orally to a pupil who is unresponsive or unable to swallow.

Documentation and Reporting:

1. **Document** any diabetic emergencies, including the date, time, symptoms observed, actions taken, and follow-up procedures.
2. **Communication:** Inform the school nurse, parents/guardians, and other relevant staff members about the incident and its resolution.

Emergency Diabetic Response Kits

HYPO WALLETS (or similar) are located in the following places:-

- King's High School: Front Office, Medical Centre, PE Office, Gallows Hill, and Heads of Year Office.
- Warwick School: Medical Centre & Sports Centre/Swimming Pool
- Warwick Prep School: Medical Room and Front Office

Disposal of Sharps

Any sharps / needles should always be placed in a sharps bin receptacle for secondary disposal. Sharps bins are located in each of the schools Medical Centres.

Storage of Medications

Each of the school Medical Centres has a fridge for the safe storage of pupils' spare Insulin pens. N.B. there is not a requirement for a medical temperature-controlled fridge.

PROCEDURE FOR SPILLAGE OF BODILY FLUIDS – to be carried out by WSF Estates & Operations team, or School Medical Centre

1.0 Purpose and Applicability

1.1. This document spells out proper procedures for clean-up, decontamination, and disposal of a bodily fluid spill.

1.2. This procedure must be followed by all involved in the clean-up, disinfection, and disposal of a bodily fluid spill.

2.0 Definitions

Bodily fluids are defined as blood, faeces, urine, vomit, saliva, and any other fluids that originate from a human body. All bodily fluids can potentially carry infectious agents.

3.0 Roles and Responsibilities

3.1 **Cleaning Manager** - responsible for ensuring that all staff involved in a bodily spill clean-up are provided with suitable training for carrying out this task and are also supplied with the appropriate Personal Protective Equipment (PPE) and that it is worn during the clean-up, disinfection and disposal procedure. This procedure is provided to all staff that could potentially be involved in a bodily fluid spill clean up.

The Cleaning Manager will ensure that all staff using the bodily fluid spill kits have signed to confirm they have read and understood the Risk Assessment in order to carry out this task.

The Cleaning Manager is responsible for advising of potential risks and providing PPE and disinfectant recommendations for incidents involving a large bodily fluid spill.

The Estates & Operations Manager will ensure that internal and external sewage issues are dealt with by trained WSF operatives or contact will be made to the approved contractor to resolve blocked drainage that may contain bodily fluids and raw sewage

3.2 **E&O Cleaning and Caretaking Staff** – responsible for wearing appropriate PPE and following procedures for bodily spill clean-up, disinfection, and disposal.

4.0 Procedures

4.1 Determination of PPE requirements based on size and characterisation of spill:

Large spill of bodily fluids such as a raw sewage leak (Internal & External Drains) that has an elevated risk of splash potential: PPE requirements include waterproof gloves (rubber, nitrile, etc.), rubber boots, waterproof aprons and mucous membrane protection that includes goggles and a dust mask. Sewage spills are to be addressed by the E&O maintenance department to assess the requirement for an external specialist contractor to resolve the large spills issue.

Small spill of bodily fluids such as a small pool of blood that has a risk of splashing: PPE requirements at a minimum include waterproof gloves (rubber, nitrile, etc.) and mucous membrane protection with goggles and dusk mask. Protective clothing such as boots and coveralls may be worn depending on the size and potential for splashing during clean-up.

Dried bodily fluids or a small spill of bodily fluids such as dried blood or blood from a mild nosebleed, that have a minimal risk of splashing: Wearing waterproof gloves (rubber, nitrile, etc.) at a minimum would be needed for PPE in this type of spill clean-up. Other PPE may be worn depending on the situation.

4.2 Clean up Procedures:

Biohazard Kit boxes are available in the COSHH cleaning cupboards in each school building as well as shared resources buildings including Bridge House Theatre and Warwick Hall. The procedures for using these kits are:-

Large or small spill with splash potential – wet or dried:

- Collect the yellow Biohazard Kit box from the designated area.
- Use the Absorbent Granules provided in the spill kit to soak up and contain the spillage; use paper towels in addition if required.
- Pour Emergency Spillage Compound solution directly onto the spillage area to disinfect.
- Leave for up to 90 seconds
- Clear up the bodily fluid materials and cleaning products and place into a yellow clinical waste bag.
- Disinfect the area of spill using disinfectant spray allowing the desired contact time and wipe up with paper towels. Dispose of all materials used to clean area in the yellow clinical waste bag and seal the bag.
- Dispose of the bag in a designated waste container for biohazard collection.
- Biohazard chemicals are not to be used on the blue Warwick Prep playground – A solution of safeguard and hot water to be used after the main spillage has been lifted.

4.3 Disposal Procedures

WSF Estates & Operations employ a competent contractor to remove all biohazard clinical waste bags in an appropriate and safe manner.

4.4 Basic Hygiene & Accidental Exposures

- Employees should wash their hands with soap and warm water immediately after removal of gloves and other protective equipment.
- Disinfect all reusable equipment
- Upon accidental skin contaminations, wash the area with copious amounts of soap and water
- If the eyes or mucous membranes are accidentally contaminated. flush with copious amounts of water
- Further advice and guidance can be found on the Safety Data Sheets (SDS) for each cleaning and biohazard product which are held on SEVRON the COSHH Risk Assessment safety platform used at WSF.
- Report all accidental exposures to the Cleaning Manager or Facilities Manager and complete an Accident Report Form.

REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS (RIDDOR) 2013

Types of reportable injury/occupational diseases/dangerous occurrences:

- **Deaths**
All deaths to workers and non-workers must be reported if they arise from a work-related accident, including the act of physical violence to a worker.
- **Specified Injuries to Workers includes:**
A fracture, other than to fingers, thumbs and toes;
An amputation of an arm, hand, finger, thumb, leg, foot or toe;
Permanent loss of sight or reduction of sight;
Crushing injuries leading to brain or internal organ damage;
Serious burns covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs;
Unconsciousness caused by head injury or asphyxia;
- **Injury extending over seven days**
When an employee or self-employed person is away from work or unable to perform their normal duties for more than seven consecutive days as a result of an accident (not counting the day of the accident).
- **Injuries to non-workers**
Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured and taken from the scene of the accident to hospital for treatment to that injury. No need to report where people are taken to hospital as a precaution when no injury is apparent.
- **Reportable Occupational Diseases**
Certain occupational diseases must be reported where they are likely to have been caused or made worse by their work. These include; carpal tunnel syndrome; severe cramp of the hand or forearm; occupational dermatitis; hand-arm vibration syndrome; occupational asthma; tendonitis or tenosynovitis of the hand or forearm; occupational cancer; any disease attributed to an occupational exposure to a biological agent.
Meningitis is not reportable under the RIDDOR regulations but any incidence of the disease should be reported immediately to the Local NHS Trust.
- **Reportable Dangerous Occurrences**
These are certain specified 'near-miss' events, which have the potential to cause harm. There are 27 categories e.g. collapse, overturning or failure of load-bearing parts of lifts and lifting equipment; plant or equipment coming into contact with overhead power lines; accidental release of any substance which could cause injury to any person; explosions or fires causing work to be stopped for more than 24 hours; certain scaffold collapses.

These lists are not complete and if there are any concerns or queries these should be addressed to the HSM. Full details can be found at www.hse.gov.uk/riddor. Please remember that any work-related injury or illness requiring the employee or worker to be absent for work for more than seven days (including non-working days) is reportable to the HSE who may decide to investigate.