

Willow School Policy



First Aid Policy

Date: October 2026

Review Date: October 2027

Aims

This policy sets out how Willow School provides first aid that is timely, competent and appropriate for a specialist SEN setting, and how injuries to pupils, staff and visitors are recorded, reported and learned from. It aims to:

- Ensure the health and safety of all pupils, staff and visitors across all school sites and off-site activities
- Make sure every member of staff knows what to do when someone is injured or becomes unwell, including where a pupil cannot tell us they are hurt
- Provide a clear framework for recording injuries, informing parents and carers, and reporting to external bodies where required
- Make sure staff who are injured at work are properly supported, and that every staff injury leads to a review of the risk that caused it
- Use accident and injury information to identify patterns and reduce future harm

This policy meets the requirement of Part 3, paragraph 13 of the Education (Independent School Standards) Regulations 2014, that the proprietor ensures first aid is administered in a timely and competent manner through the drawing up and effective implementation of a written first aid policy.

Legislation and Guidance

This policy is based on the following legislation:

- The Health and Safety at Work etc. Act 1974
- The Health and Safety (First-Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Social Security (Claims and Payments) Regulations 1979
- The Education (Independent School Standards) Regulations 2014 – paragraph 13 (first aid), paragraph 7 (safeguarding and welfare) and paragraph 24 (suitable accommodation for the medical and therapy needs of pupils, including a space for pupils who are ill)
- The Human Medicines Regulations 2012 (as amended 2014 and 2017)
- The Equality Act 2010
- UK GDPR and the Data Protection Act 2018

It also takes account of the following guidance:

- DfE: First aid in schools, early years and further education (updated February 2022)
- DfE: Health and safety: responsibilities and duties for schools
- DfE: Supporting pupils at school with medical conditions (December 2015). Section 100 of the Children and Families Act 2014 does not apply directly to independent schools, but Willow School follows this guidance as good practice
- DfE: Allergy safety in schools (statutory guidance, July 2026). This is not yet statutory for independent schools; the Government intends to apply equivalent requirements through the Independent School Standards. Willow School has adopted it now as good practice

- DHSC: Using emergency adrenaline auto-injectors in schools (2017) and Guidance on the use of emergency salbutamol inhalers in schools (2015)
- DfE: Automated external defibrillators (AEDs): a guide for schools
- HSE: Incident reporting in schools (accidents, diseases and dangerous occurrences) (EDIS1)
- DfE: Keeping Children Safe in Education

Roles and Responsibilities

The Proprietors

Willow School is proprietor-led and does not have a governing board. The Proprietors have overall responsibility for health and safety, including first aid, and will:

- Make sure suitable first aid arrangements, equipment, accommodation and trained staff are in place on every site
- Make sure employers' liability and public liability insurance covers first aid, the administration of medicines and the use of spare AAs
- Receive a termly summary of accidents, injuries, near misses and RIDDOR reports, and challenge where patterns emerge
- Include risks relating to medical conditions and allergy on the school's risk register

The Headteacher

The Headteacher is responsible for the day-to-day implementation of this policy, including:

- Making sure there are enough qualified first aiders on each site at all times, including during trips
- Making sure first aiders hold a valid qualification and refresh it before it expires
- Making sure all staff are aware of first aid procedures and know how to record an injury
- Making sure first aid needs assessments and risk assessments are completed and acted on
- Making sure suitable accommodation is available for pupils who are ill or injured (ISS paragraph 24)
- Making RIDDOR reports to the HSE, or delegating this to a named member of SLT
- Approving staff injury investigations and making sure lessons learned are acted on
- Producing the termly accident and injury analysis for Proprietors

Assistant Headteachers

- Completing the first aid needs assessment for each site with the First Aid Co-ordinator
- Completing the initial review of staff injuries (Appendix 3)
- Supporting staff with decision making around injuries and the level
- Share key information, including procedures, risk assessments and health care plans during induction process

SENCO

- Making sure Individual Health Plans, Allergy Action Plans and emergency care plans are current and accessible to first aiders

- Making sure any accident or injury linked to a pupil's medical condition or SEND triggers a review of the IHP, behaviour support plan or risk assessment

First Aid Co-ordinator

- Auditing first aid kits on both sites monthly and after use and keeping a record of each check
- Checking and restocking the Going Out Bag after every use
- Placing the order with the school office following the audit of first aid kits

School Office

- Making sure emergency contact details are kept up to date on Bromcom
- Reviewing and approving pupil accident records on Tapestry within 24 hours
- Checking the expiry dates of spare AAIs and emergency inhalers on both sites monthly, and replacing them before they expire
- Making sure visitor signing-in arrangements identify any visitor with a known allergy or medical need
- Supporting parents and carers who are not able to access Tapestry to receive accident information
- Keeping the first aider register (Appendix 1) and training log up to date and booking renewals in good time
- Checking termly that the nearest public defibrillator for each site is still in place and that first aid notices are accurate
- Ordering first aid supplies and replacement medication

First Aiders and Appointed Persons

All staff completed first aid training on 7 October 2026 and hold a current certificate, so every member of staff is a first aider. The register is in Appendix 1 and first aid notices are displayed alongside the first aid kits. First aiders are responsible for:

- Acting as first responders: assessing the situation and giving immediate, appropriate treatment
- Deciding whether further help, including emergency services, is needed, and staying with the casualty until it arrives
- Making sure an injury record is completed on the same day (see Recording and reporting)
- Telling the First Aid Co-ordinator when first aid supplies or medication have been used

New staff who have not yet completed first aid training act as appointed persons until they are trained: they take charge, call for a trained colleague and the emergency services if needed, and do not give treatment they are not trained to give.

All Staff

- Know who the first aiders are and where first aid kits, spare AAIs, emergency inhalers and the nearest public defibrillator are on their site. The First Aid Procedures poster (Appendix 4) is displayed next to every first aid kit
- Know the pupils they work with who have IHPs, allergies or other medical needs
- Give emergency help within their competence, including administering adrenaline in a suspected anaphylaxis (see Allergy Safety Policy)

- Record any injury they deal with on Tapestry (pupils) or the Staff and Visitor Accident Report (adults), on the same day
- Report any injury they sustain at work, however minor, on the same day
- Tell the Headteacher about any health condition that may affect their own first aid needs at work

First Aid Provision

Provision	Arrangements
First Aid Kits	A stocked first aid kit is kept in the staff room (JS), pupil toilet (WB) and kitchen (WHM) with a portable kit for each trip. Kits are checked monthly and after use. No medication is kept in first aid kits.
Spare Adrenaline Auto-Injectors (AAIs)	Jermyn Street and West Banks each hold spare 300 microgram AAIs, always stored in pairs so a second dose is available if needed. They are kept with the first aid kits in a clearly labelled container, unlocked, at room temperature and reachable within five minutes of anywhere on site. Spare AAIs stay on site and are not taken out in the Going Out Bag, so neither site is ever left without them. If a pupil is prescribed a different dose, the school will review whether a different spare dose is needed. Full arrangements are set out in the Allergy Safety Policy.
Going Out Bag	Taken on PE sessions and Local Area Visits. Contains a portable first aid kit, gloves and a body fluid kit. Pupils' own prescribed medication, including their two AAIs where prescribed, travels with them. Signed out and back in and checked and restocked by the First Aid Co-ordinator after every use.
Emergency Salbutamol Inhaler	Held with the spare AAIs on each site, with disposable spacers. Used only for pupils who have been prescribed a reliever inhaler and whose parents have given written consent (see Supporting Pupils with Medical Conditions Policy).
Defibrillator (AED)	Neither site currently holds its own defibrillator. The nearest public-access defibrillators are: • Jermyn Street: White Hart Mews, at Ringrose Law – approximately 66 metres • West Banks: Masonic Centre (Old Fire Station) – approximately 72 metres If the cabinet is locked, the 999 call handler gives the access code. Locations are shown on first aid notices and covered at induction and are checked termly by the school office. Provision is reviewed as part of the first aid needs assessment.
Medical and First Aid Room	A space with a washbasin and access to a toilet is available on each site for pupils who are ill or injured, in line with ISS paragraph 24. It is not used for teaching while a pupil needs it.

Provision	Arrangements
Body Fluid Spillage Kits and Sharps	A body fluid spillage kit is kept on each site. A sharps bin is available for used AAls and other sharps, collected by a licensed clinical waste contractor.

First Aid Procedures

In school

- The nearest member of staff makes the area safe, stays with the injured or unwell person and calls for a first aider.
- The first aider assesses the injury and decides whether further help is needed, including whether to call 999.
- The first aider decides whether the person can be moved. Help and equipment are brought to the casualty — a pupil who is unwell or injured is never sent to the office or first aid room unaccompanied.
- If emergency services are called, the most senior member of staff on site takes charge, makes sure someone meets the ambulance, and contacts parents or carers immediately. A member of staff who knows the pupil accompanies them to hospital with a copy of their IHP and contact details if parents are not yet present.
- If the first aider judges that a pupil is too unwell to stay in school, a member of SLT contacts parents or carers to arrange collection. Pupils who travel by taxi or LA transport are not sent home on transport when unwell or injured without parental agreement.
- The injury is recorded on the same day (see Recording and Reporting).

Off-site and Transport

When taking pupils off site, the trip leader makes sure the group has:

- A charged school mobile phone and the address and postcode of the location
- The Going Out Bag (see First aid provision)
- Each pupil's own emergency medication (including two AAls where prescribed)
- At least one first aider

Risk assessments for educational visits and local area visits include first aid cover and the medical needs of the pupils attending, in line with the Local Area Visits Policy. Spare AAls stay on site. A pupil who is prescribed AAls does not leave site without their own two devices.

Where a pupil travels by LA transport or taxi, the family shares relevant medical information with the transport provider (with parental consent) so that any emergency medication travels with the pupil.

Recording and Reporting

Pupil Injuries - Tapestry

All pupil injuries and first aid treatment, however minor, are recorded on Tapestry using the Accidents feature.

The step-by-step process for staff is set out in Appendix 2. In summary:

1. **Record (same day):** the member of staff who dealt with the injury, or the first aider, adds an accident record for the pupil in the Accidents section of Tapestry before the pupil leaves school wherever possible, completing every field listed, including the body map and the first aider(s) involved.
2. **Approve (same day, within 24 hours at most):** The school office checks the record is factual, complete and does not name other pupils, then approves it. Records cannot be seen by parents until they are approved.
3. **Share:** once approved, the record is released to parents and carers, who receive a Tapestry notification.
4. **Parent confirms:** parents and carers open the record and tick to confirm they have seen it. This acknowledgement is stored with the record and shows the school who has viewed it and when.
5. **Follow up:** the school office checks acknowledgements daily. Where a parent has not confirmed within one school day, the office contacts them by phone or email and notes this on the record.

A phone call is always made on the same day, in addition to the Tapestry record, when:

- The pupil has a head, face, eye or dental injury
- The pupil has needed, or may need, medical attention, or 999 has been called
- Adrenaline, an emergency inhaler or emergency medication has been given
- The injury occurred during physical intervention or as a result of another pupil's behaviour
- Staff have any concern about how the pupil is, or the pupil cannot tell their parents what happened

Where parents or carers do not have access to Tapestry, the school provides the same information by phone and email on the same day. If Tapestry is unavailable, the paper Pupil Accident Record (held in each first aid kit) is completed and entered onto Tapestry within 24 hours.

Serious Pupil Incidents

Every pupil injury is recorded on Tapestry. Where an incident is serious, it is also recorded in the green Pupil Accident Book, which remains the school's record of serious pupil incidents. This is an internal record and is not shared on Tapestry, because it may refer to other pupils, staff and SLT's findings.

Level	Examples	How it is Recorded
Level 1: Day-to-day	Minor bumps, grazes, small cuts, nosebleeds, minor illness	Tapestry only. The School Office approve the record and parents tick to confirm they have seen it.

Level	Examples	How it is Recorded
Level 2: Serious Incidents	• Medical treatment needed (GP, NHS 111, minor injuries, A&E) or 999 called • Head injury with any symptoms, suspected fracture, or injury to the eyes or teeth • Adrenaline, an emergency inhaler or emergency medication given • Injury during physical intervention, or a significant injury caused by another pupil • Injury where the premises, equipment, supervision or the way an activity was organised may have contributed • Any incident a member of staff or SLT feels should be reviewed	Tapestry record and an entry in the green Pupil Accident Book on the same day. The tear-out page is handed to the school office for SLT. SLT check and sign the page within 24 hours, recording the RIDDOR decision, who has been notified and any actions.
Level 3: RIDDOR reportable	A pupil is taken directly from the scene to hospital for treatment and the accident was caused or contributed to by the way the school organised an activity, supervision, equipment or the condition of the premises (see Reporting to the HSE). Hospital treatment alone does not make an incident Level 3 – accidents arising solely from a pupil's own behaviour or medical condition are usually Level 2.	As Level 2, plus the Headteacher reports to the HSE without delay and records the HSE reference on the Pupil Accident Book page.

Signed Pupil Accident Book pages are filed securely in the school office, separately from Tapestry and are included in the termly analysis. The Tapestry record notes that a Pupil Accident Book entry has been made (with the date), so the two can be linked. When SLT sign a page, they record: whether the incident is RIDDOR reportable and why and any actions or changes to the pupil's IHP or risk assessment. Where needed, staff may be asked to write an account of events, which is stored alongside the page.

Staff and Visitor Injuries

Injuries to staff, volunteers, contractors and visitors are recorded in the paper Staff and Visitor Accident Book (stored with the first aid kits) and followed up using the Staff Injury Review, Investigation and RIDDOR Record (Appendix 3), as set out in the Staff Injury Protocol below. Completed forms are handed to SLT on the same day and stored in a locked file, separately from pupil records, with access restricted to SLT.

Near Misses

A near miss is an event that did not cause injury but could have done — for example, a pupil being given food containing a known allergen, a dose of medication nearly given to the wrong pupil, an AAI found to be out of date or a fall from height avoided.

- All near misses are recorded in the Near Miss Log on the same day and handed to SLT. They are not recorded on Tapestry or in the green Pupil Accident Book, as no injury has occurred
- SLT review each entry, decide on any action and consider whether it is a RIDDOR dangerous occurrence (see Reporting to the HSE)
- Where a near miss involves a pupil's allergy, medication or medical condition, parents are phoned on the same day and the pupil's IHP is reviewed
- Near misses are included in the termly analysis, because they show where the risk is before someone is hurt

Retention

Accident records are kept for a minimum of three years from the date of the last entry. Pupil accident records are kept for longer in line with the school's retention schedule, which follows the IRMS Toolkit for Schools recommendation that pupil accident records are retained until the pupil's 25th birthday. Tapestry records are exported before any pupil's account is deleted.

Staff Injury Protocol

Staff injuries in a specialist SEN setting are a real and recurring risk, particularly where they arise from dysregulation or physical intervention. Being injured is never treated as "part of the job". Every staff injury is recorded, reviewed and used to reduce risk for the member of staff, the pupil and colleagues.

Stage and Timescale	Action	Responsibility
1. Immediate Response	Give first aid. Call 999 if needed. Make sure the member of staff is relieved from duty and supported — they should not return to a class immediately after an injury unless they want to and are fit to do so.	First aider and most senior member of staff on site
2. Report: Same Day	The injured person (or a colleague on their behalf) completes the Staff and Visitor Accident Form and informs their line manager. Where the injury involved a pupil, a pupil incident record is also completed without naming other pupils on the staff record.	Injured member of staff Line manager
3. Initial Review	A member of SLT reviews the report, checks the person's wellbeing, decides whether immediate changes are needed (for example to staffing or a pupil's risk assessment) and completes the Staff Injury Review (Appendix 3).	SLT

Stage and Timescale	Action	Responsibility
4. Investigation: Within 5 School Days	An investigation is completed where the injury needed medical treatment, led to time off or restricted duties, arose from pupil behaviour or physical intervention, is a repeat injury, or is RIDDOR reportable. It records what happened, why, and what will change.	Headteacher or delegated member of SLT
5. RIDDOR and Insurance	Reportable incidents are reported to the HSE within the timescales below. The employers' liability insurer is notified of any injury that may lead to a claim, in line with the policy terms.	Headteacher
6. Support and Return to Work	A wellbeing check-in is offered within 48 hours. Absence is managed under the Staff Attendance and Absence Policy, with a return-to-work meeting and any adjustments or phased return agreed. Absences of more than 7 days after a work injury are tracked for RIDDOR. Access to occupational health and any employee assistance support is signposted.	Line manager or Headteacher
7. Review the Risk	The relevant risk assessment, pupil risk assessment, individual health care plan or physical intervention plan is reviewed and updated and changes are shared with the staff team.	Assistant Headteacher or Headteacher (dependent on task)
8. Monitor: Termly	Staff injuries are analysed termly by type, location, time, pupil and activity. Findings are reported to the Proprietors and inform training, staffing and the first aid needs assessment.	Headteacher

A staff injury that suggests a member of staff has harmed a pupil or that a pupil may be at risk of harm, is referred to the Headteacher and managed under the Child Protection and Safeguarding Policy, including referral to the LADO where the harm threshold is met.

Reporting to the HSE (RIDDOR)

The Headteacher, or a delegated member of SLT, reports the following to the HSE online at www.hse.gov.uk/riddor. Fatal and specified injuries are reported without delay, other reports are made within 10 days unless stated.

Who	What Must be Reported
Staff	• Death • Specified injuries: fractures (other than to fingers, thumbs and toes); amputations; injuries likely to cause permanent loss or reduction of sight; crush injuries to the head or torso damaging the brain or internal organs; serious burns (more than 10% of the body, or damaging the eyes, respiratory system or vital organs); scalping needing hospital treatment; loss of consciousness from head injury or asphyxia; injuries in an enclosed space causing hypothermia or heat-induced illness, or needing resuscitation or more than 24 hours in hospital • Over-7-day injuries: where a worker is away from work or unable to do their normal duties for more than 7 consecutive days (not counting the day of the accident), reported within 15 days • Physical violence at work that results in any of the above • Diagnosed occupational diseases (for example occupational dermatitis or asthma, carpal tunnel syndrome, tendonitis of the hand or forearm)
Pupils and Visitors	• Death, or an injury where the person is taken directly from the scene to hospital for treatment, where the accident arose out of or in connection with a work activity — for example a failure in supervision or the way an activity was organised, the condition of the premises or the way equipment was used • Accidents caused by a pupil's own behaviour or medical condition, or ordinary playground accidents, are not usually reportable unless the premises, equipment or supervision were a factor
Dangerous Occurrences	• Specified near misses, such as the collapse of lifting equipment, the accidental release of a biological agent or hazardous substance or an electrical short circuit causing fire or explosion

A record of every RIDDOR report and of each decision not to report a borderline incident, is kept with the investigation (Appendix 3).

Informing Other Agencies

- Placing local authorities: the school informs the pupil's placing local authority of any serious injury, hospital admission or use of emergency medication, in line with the placement contract
- Safeguarding: any injury that raises a safeguarding concern is referred to the DSL, who decides on referral to children's social care, the Lincolnshire Safeguarding Children Partnership procedures or the LADO
- Death of a pupil: the Headteacher informs the placing local authority, the DSL and the Proprietors immediately and cooperates with child death review processes
- Food allergen incidents: where food provided by the school may have contained an undeclared allergen, the Headteacher considers whether the local authority environmental health team must be notified

Training

- The school office books first aid training renewal before expiry. Where a certificate lapses, the person is removed from the first aider register until they requalify
- New staff complete first aid training as soon as possible after starting and are treated as appointed persons until they do
- All staff are shown the location of first aid kits, spare AAs, the Going Out Bag and the nearest public defibrillator for their site at induction
- All staff, including supply staff and regular volunteers, receive allergy awareness and anaphylaxis training including practice with trainer AAs, in line with the Allergy Safety Policy
- Staff supporting pupils with specific conditions receive condition-specific training as set out in the pupil's IHP
- The school considers mental health first aid training as part of the first aid needs assessment
- All staff are trained in how to record pupil injuries on Tapestry and staff injuries

A training log is kept on the Admin Drive.

Monitoring Arrangements

Accident and injury data is analysed termly by the Headteacher and reported to the Proprietors. This policy is reviewed annually by the Headteacher and approved by the Proprietors. It will also be reviewed after any serious incident, when a new site opens and when the DfE publishes revised guidance on supporting pupils with medical conditions.

Links with Other Policies

- Supporting Pupils with Medical Conditions Policy
- Allergy Safety Policy (Anaphylaxis and Allergy)
- Health and Safety Policy
- Accident, Incident and Dangerous Occurrences Reporting Policy
- Physical Intervention Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Intimate Care Policy
- Local Area Visits Policy
- Staff Attendance and Absence Policy
- Data Protection Policy

Appendix 1: First Aider Register

All staff completed first aid training on 7 October 2026. Certificates are valid for three years and are due for renewal by October 2029. New staff are added once trained.

Name	Date Trained	Renewal Due	Additional
Mrs Miller	07.10.2026	07.10.2029	
Miss Hemming	07.10.2026	07.10.2029	
Miss McNeil	07.10.2026	07.10.2029	
Mrs Sara-Jayne Coleman	07.10.2026	07.10.2029	First Aid Co-ordinator Paediatric First Aid
Miss Clarke	07.10.2026	07.10.2029	
Mrs Farley	07.10.2026	07.10.2029	Paediatric First Aid
Mrs Raynor	07.10.2026	07.10.2029	Paediatric First Aid
Mrs Brown	07.10.2026	07.10.2029	
Mr Sheen	07.10.2026	07.10.2029	
Miss Rogers	07.10.2026	07.10.2029	
Mrs George	07.10.2026	07.10.2029	
Mr Quanbrough	07.10.2026	07.10.2029	
Miss Walker	07.10.2026	07.10.2029	
Miss Boulton	07.10.2026	07.10.2029	
Miss Baker	07.10.2026	07.10.2029	
Miss Cockroft	07.10.2026	07.10.2029	
Miss Hinch	07.10.2026	07.10.2029	
Mr Thomas	07.10.2026	07.10.2029	
Mrs Pearson	07.10.2026	07.10.2029	
Mrs Smith	07.10.2026	07.10.2029	
Miss McCullough	07.10.2026	07.10.2029	
Miss Rox	07.10.2026	07.10.2029	

Appendix 2: Recording a Pupil Injury on Tapestry

Step	What to do	Who
1. Give First Aid	Treat the injury and make sure the pupil is safe and settled. Make any required phone call (see below) as soon as possible.	Member of Staff / First Aider
2. Open Tapestry	Log in to Tapestry and go to the Accidents section. Select the pupil > Add a new accident record > Select Accident in Setting	Member of Staff / First Aider
3. Complete the Record	Fill in every field in the table below. Save the record before the pupil goes home wherever possible and always on the same day. If the incident is Level 2 or 3, also complete the green Pupil Accident Book and hand the tear-out page to the school office for SLT.	Member of Staff / First Aider
4. Approve	Check the record is factual and complete and does not name any other pupil, edit if needed, then approve it. Decide whether the incident is Level 2 or 3 and, if so, check the green Pupil Accident Book has been completed and note this on the record. Once approved, the record is released to parents and carers.	The School Office
5. Parent Confirms	Parents and carers receive a notification, open the record and tick to confirm they have seen it. Tapestry stores who confirmed and when.	Parent / Carer
6. Check and Follow Up	Check daily for records that have not been confirmed. After one school day, contact the parent by phone or email and note this on the record.	The School Office

Always phone parents as well on the same day for head, face, eye or dental injuries, anything needing medical attention or 999, use of adrenaline, an emergency inhaler or emergency medication, injuries during physical intervention or caused by another pupil's behaviour or where staff have any concern or the pupil cannot explain what happened. Record the call on the Tapestry record.

What to Include

Field	What to Include
Date, Time and Location	Exact time and place, including if off site
What Happened	A short, factual account of what led to the injury. Do not name other pupils — refer to “another pupil”
Injury	What the injury is and where on the body, marked on the body map using an X
Treatment Given	Exactly what first aid was given, for example cold compress for 10 minutes, wound cleaned with water and dressing applied
First Aider/s	Select every member of staff who gave treatment

Field	What to Include
Additional Information	Head injury advice given; link to physical intervention record; whether emergency medication was used; any follow-up needed Was a phone call made? Who called, who was spoken to and when How was the pupil afterwards? Whether the pupil returned to learning, any monitoring carried out, and any later changes

If Tapestry is unavailable, complete the paper Pupil Accident Record (held in each first aid kit) using the same fields, and enter it on Tapestry within 24 hours.

Appendix 3: Staff Injury Review, Investigation and RIDDOR Record

Section	Response
Accident report reference and date	
Initial review completed by and date (within 24 hours)	
Wellbeing check-in offered (date)	
Immediate actions taken	
RIDDOR screening: specified injury? Over-7-day absence or restricted duties? Occupational disease? Dangerous occurrence?	Yes / No for each Decision: reportable / not reportable Reason:
RIDDOR reference and date reported	
Insurer notified? (Yes / No, date)	
Investigation findings: what happened and why	
Actions to reduce the risk (with named owner and date)	
Plans or risk assessments updated	
Date returned to normal duties / return-to-work meeting	
Signed off by Headteacher and date	

Appendix 4: First Aid Procedures Poster

Emergency	What to do
Anaphylaxis	Give adrenaline first — the pupil's own pen, or the spare pair kept with the first aid kit. Then call 999 and say "anaphylaxis". Lie them flat with legs raised. Second dose after 5 minutes if no better. Do not wait for 999 to tell you to give adrenaline.
Collapse / Not breathing	Call 999 on speaker and start CPR. Send an adult for the defibrillator — 999 will give the cabinet code. Jermyn Street: White Hart Mews, Ringrose Law (66 m) West Banks: Masonic Centre, Old Fire Station (72 m)
Head Injury	Watch them for at least 30 minutes. Always phone parents. Call 999 if they lose consciousness, vomit, become drowsy, confused or have a seizure.

Who was hurt?	Record it on	Then
Pupil: Day-to-day (Level 1)	Tapestry: Accidents, same day	The School Office approve. Parents tick to confirm they have seen it.
Pupil: Serious (Level 2)	Tapestry and the green Pupil Accident Book. Phone call made to parents and details recorded on Tapestry.	Tear-out page to the office the same day. SLT sign and check RIDDOR within 24 hours.
Pupil: Serious & Reportable (Level 3)	Tapestry and the green Pupil Accident Book. Phone call made to parents and details recorded on Tapestry.	Tear-out page to the office the same day. SLT sign and report to RIDDOR.
Staff, Volunteer or Visitor	Staff and Visitor Accident Report Book	Hand to SLT the same day. SLT review within 24 hours.
Near Miss – No One Hurt	Near Miss Log	To SLT same day. Phone parents if allergy or medication.

Categorising Serious (Level 2)
• Needed medical treatment or 999, or a head, eye or dental injury, or suspected fracture • Adrenaline, an inhaler or emergency medication given • Hurt during physical intervention or by another pupil • Premises, equipment or supervision may have contributed • Anything you are worried about If unsure, please always ask a member of SLT

If Tapestry is unavailable, complete the paper Pupil Accident Record (small cheque book style book) using the same fields and enter it on Tapestry within 24 hours.

