



FIRST AID POLICY

**January 2026
Review Date January 2027**

Policy Statement

Calmore Junior School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

It is the employers responsibility under the Health & Safety at Work Act 1974 (HSAW) to ensure the school has a policy that covers First Aid at school. The responsibility for first aid at Calmore Junior School is held by Cathy Ingram, Headteacher who is the responsible manager.

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements for our premises
 - It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
 - The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site (Appendix 1).
- Ensuring that there are a sufficient number of trained first aiders on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

The responsible manager will ensure that appropriate numbers of qualified first aiders, appointed persons and paediatric trained staff (if appropriate) are nominated as identified by completion of the First Aid Needs Assessment and that they are adequately trained to meet their statutory duties.

Appointed Persons

At Calmore Junior School there are two appointed persons who are as follows:

- Penny Luscombe
- Vivian Artingstall

Where the first aid needs assessment identifies that qualified first aid staff are not necessary due to the nature /level of risk, the minimum legal requirement is to appoint a person (the Appointed Person) to be on site at all times during the working day. Appointed persons are in place to take charge of first aid arrangements including looking after equipment and calling emergency services.

Qualified First Aid Staff

At Calmore Junior School we ensure that all SLT, teachers admin, LSA's and lunchtime staff are qualified first aiders who are confident to deal with First Aid situations. They will be responsible for administering first aid, in accordance with their training. Injuries involving staff, visitors and serious incidents need to be referred to the appointed First Aiders. There may also be other duties and responsibilities which are identified and delegated to the first aiders (eg. first aid kit inspections).

For the full list of current first aiders in school is updated and available from the staffroom, first aid room and medical folder in the school office.

First Aid Provision

Our First Aid Needs Assessment has identified the following first aid kit requirements:

- Three first aid kits on the premises
 - These first aid kits will be situated at First Aid / Medical Room, Meeting Room and School Kitchen Area.
- Four travel first aid kits available for vehicles
 - These travel first aid kits can be located in the First Aid / Medical Room ready for use in sports and trips
- 2 Green trolleys of first aid kits to be used on the playground at lunchtime.

It is the responsibility of the qualified first aider/appointed person to check the contents of all first aid kits every three months. Each First Aid Box has a contents list clearly displayed on the exterior of the box along with a checked by and dated list. Guidelines for First Aid Boxes is taken from the Children's Services First Aid Kit Checklist (CSAF-003) – Appendix 3.

The Medical Room in the admin corridor is designated as the first aid room for treatment, sickness and the administering of first aid. The first aid room will have the following facilities:

- Chairs, running water, disposable cups, first aid kit, ice packs, sick bowls, lockable medical fridge, accident book, swabs and dressing disposal unit.

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to always call parents first and then follow this with a request for an ambulance if this is required/ agreed

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- Any severe medical condition that requires emergency medical treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires further first aid treatment
- requires attendance at hospital
- receives a severe head injury

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents cannot be contacted and a message has been left and a text sent, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will

ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital. A copy of the child's record should accompany the adult attending and they should be prepared to act in 'loco parentis' in giving consent for emergency treatment that may be necessary. Write a report of what happened and the action taken as soon as possible.

Dealing with Accidents

Minor injuries

These may be dealt with all trained first aiders. Details of the injury, treatments written in the accident book.

Records

All accidents requiring first aid treatment are to be recorded using the carbon copied Accident books that are located in all First Aid boxes and in the First Aid room. Details obtained must include (at least) the following information:

- Name of injured person
- Name of the qualified first aider/appointed person/emergency first aiders
- Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken

All minor accidents should be recorded in the carbon Accident books and an 'I've had First Aid' wristbands to be issued for more serious injuries.

Reporting

What should be reported? The online system should be used to report incidents that are work related and fall into one of the following criteria:

- Accidents – all accidents involving staff, contractors, members of the public and any serious incidents involving children
- Road traffic incidents – any road traffic incidents on your site or involving a member of public/staff/student during a work-related activity.
- Near misses – any incidents with the potential to have caused harm on site, for example, suspected asbestos disturbance, fire without injury, building faults that could cause injury (e.g., falling roof tiles).
- Dangerous Occurrences – these are a particular set of criteria set by the HSE (<http://www.hse.gov.uk/riddor/dangerous-occurrences.htm>)
- Occupational Ill Health - a range of specific illnesses or diseases that can be caused by work as defined in (RIDDOR).
- Violent and aggression - incidents of intentional violence and aggression towards a member of staff or public in a care related activity. If the incident involves two children (child on child) then this must be recorded locally and not on the online system. If, however a child received a serious injury from another child then this needs to be record as an accident on the online system.

Serious injuries should be reported to an appointed First Aider and the School Business Manager. As further information needs to be recorded on the online accident and incident reporting form, for further information see *appendix 5*. The online forms must be completed within 10 days of the incident. HCC then decide if the Health & Safety Executive (HSE) must be notified, this is usually when there are fatal, serious injuries and dangerous occurrences. There are two online forms accessed through the HCC Health & Safety website:-

1. Accident and incident reporting form

- Who was involved
- Where and when
- What happened
- Actions
- Your details

2. Accident and incident investigation form

- We need to put in place measures, where we can, to prevent a similar event happening again. Therefore, the relevant manager is required to carry out a local investigation and record the findings on this form.
- Completed forms will be sent to the appropriate departmental health and safety team

Bumped heads

These are potentially serious. If a child suffers concussion the child's parents must be informed as soon as possible with the recommendation that a visit should be made to the doctor. All bumps to heads/faces need to be treated as a serious injury however minor they may seem. Children are to be monitored initially and sat quiet with a cold pack if necessary. After First Aid has been administered if the First Aider has any concerns regarding the child's condition, then parents should be called and advised to collect the child and seek further medical assistance. In all instances the child needs to be issued with an additional Bumped Head form (Appendix 4) and a 'I've had First Aid' wristband.

Specific Medical Conditions

All class teachers are issued at the start of the school year with a report stating which child in their class has a specific medical condition.

Medical Conditions include:

Acute Allergic Reactions

This is potentially life threatening condition. A small number of people are sensitive and may require an immediate injection or inhalation of adrenaline to save life. There must be an inhaler or injection pen kept in the school office, clearly labelled "Adrenaline" with the child's name and instructions for use, this is kept in a secured area. A photograph of the child should also be displayed for staff to see together with details, the child must be known to the office and kitchen staff. We also hold spare inhaler and pens

Asthma

Asthma is a physical condition and not an emotional illness. Sudden narrowing of the air passages in the lungs make it difficult for the person to breath.

Asthma can be controlled by avoiding known irritants and by inhaling specified drugs:

- Relievers are kept in the class First Aid bag along with their individual asthma plan so the pupil has access to their inhaler at all times. During PE, the bag must be collected and kept close to hand. Inhalers must be taken on school trips/sports events. Asthma can be a life threatening condition and pupil must have immediate access to their inhalers at all times
- Preventors are normally taken to prevent an attack, which would not usually be required during the school day, but should be available during residential trips.

Asthmatics should be encouraged to participate fully in all aspects of school life. Other pupils should be helped to understand asthma so they can support their friends.

Asthma training must be an ongoing project for all staff and should be monitored regularly.

Diabetes

Diabetes is a disorder in which the body is unable to control the amount of sugar in the blood. If a child has diabetes routine urine and blood test are normally taken at home. If the child attends a residential trip, consent and training would be needed by appropriate accompanying staff.

Symptoms of diabetes resemble those of drunkenness. Diabetics must eat at regular intervals and occasionally top up between meals. Other children should be made aware of the need for diabetic children to “snack” during the day and their needs.

Teachers need to be aware that sugar balances can be affected by exercise, stress or excitement. Training would be given to all staff when a diabetic attends this school. Emergency procedures, along with photograph of child should be available for staff to view.

Epilepsy

Petite mal involves only a brief interlude of unconsciousness. More severe seizures can be quite frightening, and if one occurs during school hours, staff will need to develop a matter of fact attitude to counter panic amongst other children. Training for responding to an epileptic fit will be monitored and staff given the relevant training as and when necessary.

Individual Cases

Any individual children’s problems will be discussed with the headteacher, parents, staff and any other relevant persons, at the time of admission or diagnosis. The need for medical training and staff awareness will be assessed and carried out as necessary.

Absence Periods

Chicken Pox	Absent for five days from the onset of rash. (Vulnerable children and pregnant females need to be aware)
Rubella (German Measles)	Five days from onset of rash (pregnant females need to be aware)
Measles	Five days from onset of rash
Mumps	Five days from onset of swollen glands

Guidance on Head Lice

If discovered on a child, inform parent that they have been noticed, advise treatment as soon as possible. Inform teacher of child, send home notes to appropriate class, year group or whole school asking that all children’s heads are checked and treated if necessary.

CHILDREN'S SERVICES ASSESSMENT FORM CSAF-002

First Aid Needs Assessment Form

There is a statutory obligation to carry out and periodically review an assessment of first aid provision in every workplace by carrying out a First Aid Needs Assessment. This template form (page 2) and the included guidance aims to help responsible managers to identify, formalise and record what level of first aid provision is needed in their building, premises or for their team.

Arrangements for your first aid provision as identified through this first aid needs assessment would be expected to form the basis of your own first aid policy. Those using this guidance will need to have read the **Children's Services Safety Guidance Procedure SGP 08-07 (First Aid)**

Assessing the levels

How much first aid provision you require will depend on the circumstances of your workplace. Using this template form, you will be able to assess what facilities, staffing levels and training are appropriate in your workplace. You are advised to consult employees (as appropriate) about the important areas that require consideration such as:

- a. Workplace hazards and risks
- b. Size of organisation and type of service users
- c. History of accidents and incidents
- d. Nature and distribution of workforce including remoteness from emergency services
- e. Needs of travellers, remote and lone workers
- f. Employees working on shared or multi-occupied sites
- g. Annual leave and other absences of first aid trained staff and appointed persons

The assessment of how many and what sort of first aiders are needed requires consideration of the hazards of the work itself, the hazards in the workplace and the numbers of those exposed to risk. Managers should already have a clear picture of the risks that their staff are exposed to from the risk assessments already completed. Managers also need to consider the numbers of staff and others who are present in the location being assessed.

National and corporate guidance on minimum levels of first aid provision **based on staff numbers only** are set out below. However, these minimum levels would need to be increased dependent upon the information determined during the first aid needs assessment itself, such as the number and type of service users on site (eg. children in a school, or five year olds or younger in a centre).

Category of risk	Numbers employed at work	Guidance on number & type of first aid staff to be available on site at any time
Lower Risk eg. primary schools, children centres, some secondary schools, offices, libraries	Less than 25	An Appointed Person
	25 – 50	At least one emergency first aider
	More than 50	One first aider for every 100 employed or part thereof.
Higher risk eg. some secondary schools, workshops, warehousing, use of dangerous machinery use or sharp instrument use, light manufacturing, work with animals or higher risk activities.	Fewer than 5	An appointed person
	5 – 50	At least one first aider (either an emergency first aider or first aider depending on the type of injuries that might occur)
	more than 50	One additional first aider for every 50 persons or part thereof

INSTRUCTIONS FOR COMPLETING PART I

1. When completed, both parts of assessment will form the First Aid Needs Assessment record which should be kept and reviewed periodically through your bring-up diary system.
2. Start carrying out your assessment of first aid needs by first completing **Part I** to assist you in documenting that you have comprehensively considered the level and type of provision that you require on your site. Enter your own information.

--	--

Part I		ASSESSMENT OF FIRST AID NEEDS
Name of Premises/Organisation/School		
No.	Aspects to Consider at Your Premises	First Aid Provision Considerations (Insert Your Information)
1	What are the risks of injury and ill-health arising from the work and activities as identified in your risk assessments?	<i>Low risks, children at risk of trips and falls from playing</i>
2	Are there any specific risks? (eg. work with hazardous substances, dangerous tools, dangerous machinery, higher risk activities etc)	<i>Site staff work with hazardous substances – COSHH forms detail hazards. Caretaker has training for higher risk activities.</i>
3	Are large numbers of people employed on site?	<i>40+ staff, 205 children</i>
4	What is your record of accidents and cases of ill-health? What type and where did they happen?	<i>Records kept in Carbon First Aid books, serious accidents records kept in office and recorded online</i>
5	Are there staff/children on site who have disabilities or specific health problems?	<i>5 physical disabilities 2 Nut allergies 4 specific health conditions 2 staff with medical conditions</i>
6	Are there clients or service users on the site who may need first aid?	<i>Yes staff and children</i>
7	Is there first aid cover for lunch times and for the beginning and end of the working day?	<i>Yes</i>
8	What is the site layout and will the layout require additional first aid cover for separate buildings or floors of a multi-storey building?	<i>No</i>
9	Do you have any work experience trainees?	<i>No</i>
10	Are there a number of inexperienced or young staff/workers/visitors on site?	<i>No</i>
11	Do the numbers of people on site vary throughout the day. Are extra first aiders needed for peak periods?	<i>Have extra at lunchtime</i>
12	Do staff work in shift patterns and does each shift have sufficient first aid cover?	<i>N/A</i>
13	Do you work on a site occupied by other organisations and share first aid arrangements?	<i>Library Service</i>
14	What is the distance from emergency services and how long are they likely to take to arrive on site?	<i>5 to 10 minutes</i>
15	Do some staff work alone or remotely (including contracted home workers)?	<i>During school holidays</i>
16	Do you have service users aged five years of age or younger?	<i>At breakfast club we have children from the infants</i>
17	Do members of the public visit your premises?	<i>Yes</i>
18	Do you have any employees with reading or language difficulties?	<i>No</i>

Do not forget that first aid trained staff, paediatric first aid trained staff and appointed persons take leave and/or are often absent from the premises for other unscheduled reasons. You must appoint sufficient people to cover these absences to enable first aid personnel to be available at all times when people are at work.

INSTRUCTIONS FOR COMPLETING PART 2

3. Complete **Part 2** using information considered in Part 1. The actual numbers of each type of **first aid staff that you require on site at any one time** during the working day should be identified in the first column *Numbers of Staff Required to be on Site at Any Time*
4. The second column *Numbers to be Trained to Meet On-Site Requirement* should be based on your consideration of **how many staff need to be trained to ensure that you always meet your own requirement** as detailed in column 1. For example – if you decided that you required one qualified first aider on site at any time, it may be that because of rotas or planned absences that you need to train four staff to reasonably meet this requirement.

Part 2		SUMMARY OF REQUIRED FIRST AID PROVISION	
Name of Premises/Organisation/School			
Level of First Aid Staff (Type of Provision)	Numbers of Staff Required to be on Site at Any Time	Numbers to be Trained to Meet On-Site Requirement	
Qualified First Aider	1	All trained	
Emergency First Aider	1	7	
School First Aid Trained	n/a	n/a	
Paediatric First Aid Trained	2 during Breakfast Club only	23	
Appointed Person	1	All trained	
Other: (Please specify) <i>(Note: This is not to include any training requirements for medicine administration)</i>			
First Aid Kits	Quantity Required	Locations of First Aid Kits	
Yes /	3	Kitchen, Meeting room, First Aid room, Lunchtime x 2	
Travel First Aid Kits	Quantity Required	Locations of Travel Kits	
Yes /	4	First Aid room	
First Aid Rooms/Areas	Quantity Required	Locations of Rooms	
Yes /	1	In admin area	
First Aid Needs Assessment Completion			
Manager's comments		Insert comments relevant to assessment as appropriate	
Name of manager	Signature of manager	Date	
Assessment reviews		Set future review dates & sign/comment upon completion	
Review date	Reviewed by	Reviewer signature	Remarks

CHILDREN'S SERVICES ASSESSMENT FORM CSAF-003

First Aid Kit Checklist

To be completed using Children's Services Safety Guidance Procedure No. 08/07 (First Aid)

First Aid Kit Checklist				
Location of First Aid Kit/Box				
Vehicle & Registration No. (if applicable)				
Identity No. of First Aid Kit/Box (if applicable)				
Date of Initial First Aid Kit/Box Check				
Name of Assessing First Aider				
Contents Check				
No.	Premises First Aid Box	Minimum Required	Required Quantity	Actual Quantity
1	Guidance card	1		
2	Individually wrapped sterile adhesive dressings (assorted sizes)	20		
3	Sterile eye pads	2		
4	Individually wrapped triangular bandages (preferably sterile)	4		
5	Safety pins	6		
6	Medium individually wrapped sterile unmedicated wound dressings	6		
7	Large individually wrapped sterile unmedicated wound dressings	2		
8	Pair of disposable gloves	1		
No.	Travel First Aid Kit	Minimum Required	Required Quantity	Actual Quantity
1	Guidance card	1		
2	Individually wrapped sterile adhesive dressings	6		
3	Individually wrapped triangular bandages	2		
4	Large sterile unmedicated dressing (approx. 18cm x 18cm)	1		
5	Safety pins	2		
6	Individually wrapped moist cleansing wipes (alcohol free)	2		
7	Pair of disposable gloves	1		
Additional Checks				
1	Are all items of first aid within expiry date?	YES	NO	
2	Are all items of first aid in good, undamaged condition?	YES	NO	
3	Is the first aid kit/box in good condition & undamaged?	YES	NO	
4	Is the location of the first aid kit/box clean and accessible?	YES	NO	
5	Is the first aid location sign present & in good condition?	YES	NO	
6	Is the list/sign of trained first aiders present & up-to-date?	YES	NO	
Summary of Actions				
FIRST AID KIT PASSED (eg. 3-MONTH) CHECK & NO ACTION REQUIRED		YES	NO	
Actions required if 'NO'				
Name of Assessor		Signature of Assessor		Assessed Date
Follow-up Actions				
REQUIRED ACTIONS IMPLEMENTED/SHORTAGES REPLENISHED		YES	NO	
Name		Signature		Date

Note: **Minimum Required** – Minimum contents required in any first aid kit under ACOP (legal) guidance
Required Quantity – Your own contents requirements based upon your selected size of first aid kit
Quantities are to be locally inserted before the form is issued or used
Actual Quantity – Actual contents noted at the time of this periodic check of the first aid kit






Dear Parents of....., Class.....
Date.....

Today, at school, your child had a bump on the head.

This was treated by a first aider and we have kept an eye on your child for the rest of the school day.

Please follow this advice over the next couple of days

 <p>RED</p>	<p>If your child has any of the following during the next 48 hours:</p> <ul style="list-style-type: none"> ■ Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit) ■ Becomes confused or unaware of their surroundings ■ Loses consciousness, becomes drowsy or difficult to wake ■ Has a convulsion or fit ■ Develops difficulty speaking or understanding what you are saying ■ Develops weakness in their arms and legs or starts losing their balance ■ Develops problems with their eyesight ■ Has clear fluid coming out of their nose or ears ■ Does not wake for feeds or cries constantly and cannot be soothed 	<p>You need urgent help Go to the nearest Hospital Emergency (A&E) Department or phone 999</p>
 <p>AMBER</p>	<p>If your child has any of the following during the next 48 hours:</p> <ul style="list-style-type: none"> ■ Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen) ■ Develops a worsening headache 	<p>You need to contact a doctor or nurse today Please ring your GP surgery or call NHS 111 - dial 111</p>
 <p>GREEN</p>	<p>If your child:</p> <ul style="list-style-type: none"> ■ Is alert and interacts with you ■ Vomits, but only up to twice ■ Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping <p>If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.</p>	<p>Self Care Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111</p>

Thank you Calmore Junior School

Accident / Incident Reporting Form

(This paper form is for staff without access to the IT system or for external premises users. The information from this will need to be added to the On-Line reporting system as soon as practicable)

Accident Road Traffic Accident Near Miss
Occupational ill Health Dangerous Occurrence Violent and/or Aggression

Details of person(s) involved in the incident

First Name Last Name
Job title / role Email address
Description of Location
Who is their Line Manager
Their email address
District

Details of person reporting incident (if different)

First Name Last Name
Job title/role Email Address

Incident details

Date of Incident Time of Incident
What is the main injury?
(Cut, bruise, fracture, etc...)
Description of injury
Which part of the body
was affected?
Did the Injury result in;
A Fatality Specified Injury
1 to 7 day absence 7+ day absence
First aid given No treatment given
Member of Public / Pupil taken to hospital for treatment
Description of activity
Description of what
happened

Road Traffic Incident _____

Make and model of vehicle/s involved if road traffic incident (registration if known)

Occupational ill health

Description of Ill Health

Is there a formal diagnosis for this illness?

Carpal Tunnel Syndrome

Cramp in arm/forearm

Occupational dermatitis

Hand arm vibration syndrome

Occupational asthma

Tendonitis or tenosynovitis

Dangerous occurrences

Collapse, overturning or failure of lifting equipment

Collapse of scaffolding

Failure of closed pressure system

Structural collapse

Contact with overhead electrical lines

Explosion or fire

Electrical incidents causing fire or explosion

Release of flammable liquids or gases

Biological agent release

Hazardous substance escape

Violent and aggression incidents

Who was the aggressor

Reason for their being at the premise

Has a violence and aggression risk assessment been completed

Was there a trigger for the aggressive behaviour

Notes

Example of an individual first aid action plan for epipens

F B
DOB

Food allergy (eggs, peanuts)

F has allergies to some foods - eggs and peanuts in particular - that can lead to severe reactions requiring an epipen.

Fs face has swollen up and Freia describes her tongue feeling 'fizzing'

Is F struggling to breathe and unable to talk?

YES

NO

Administer epipen, call 999 and then parent

Has F asked for epipen?

YES

NO

Administer epipen, call 999 and then parent

Take up to 2 x 10mg cetirizine and monitor for 1 hour

After 1 hour - has swelling reduced?

YES

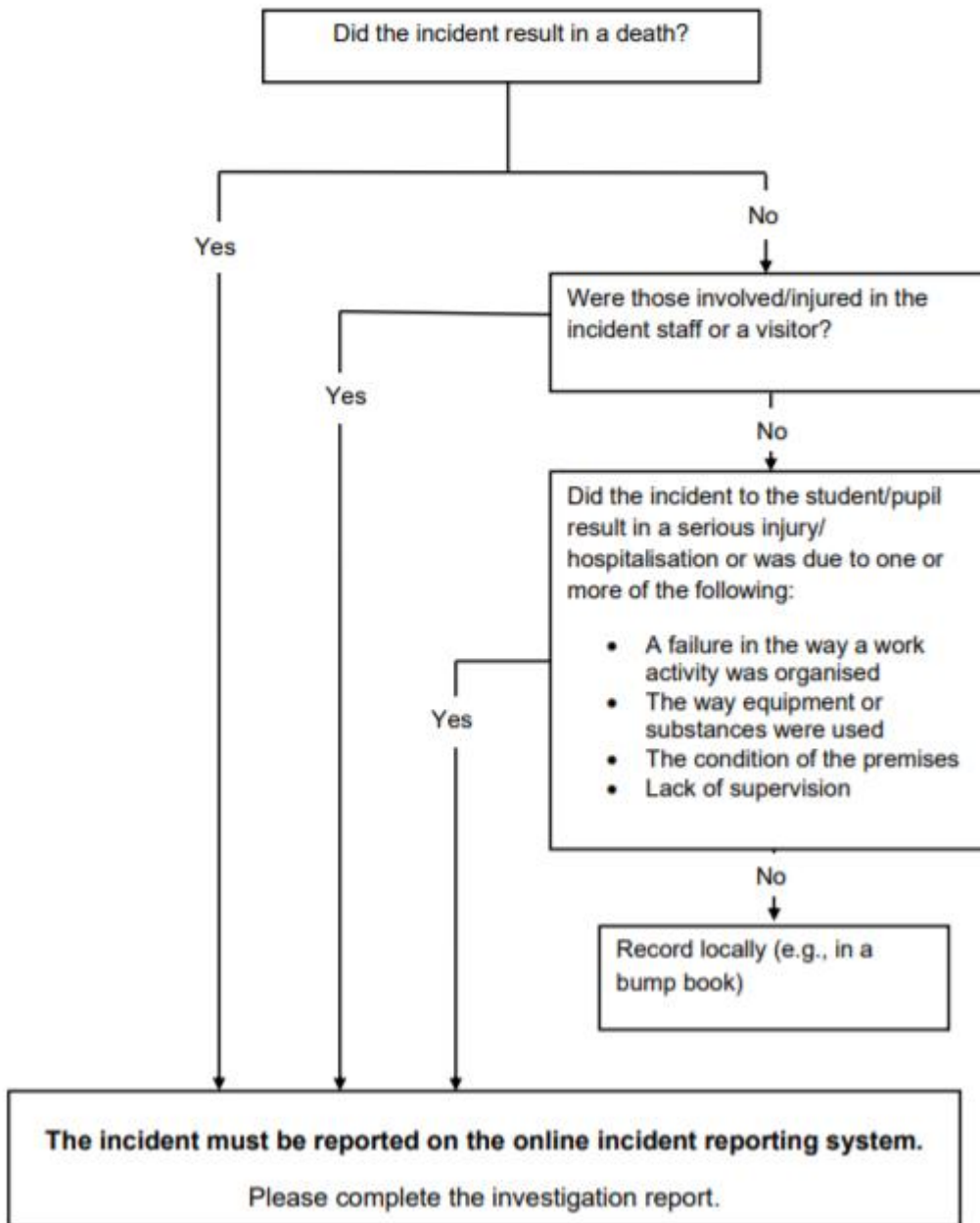
NO

Return to normal activity

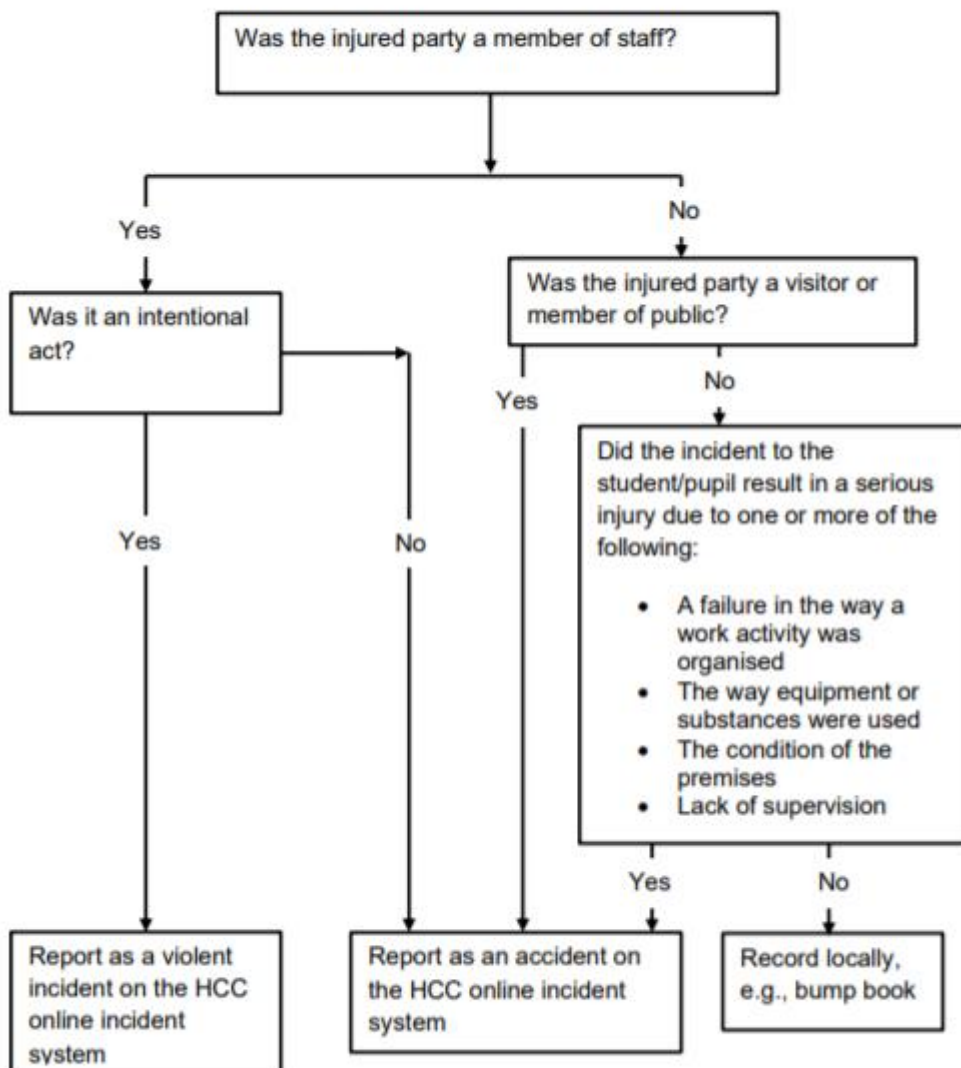
Call parent



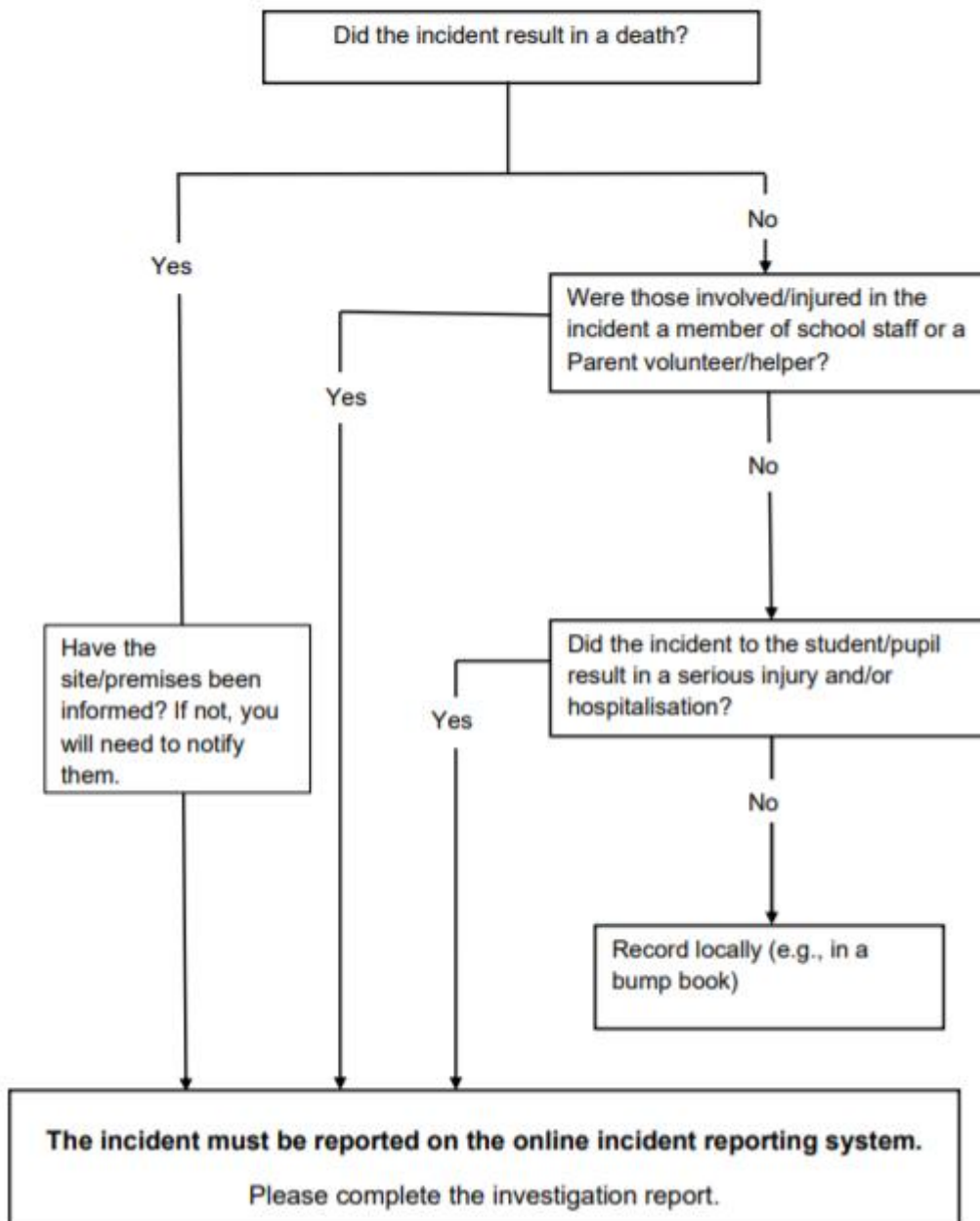
Work related accidents



Violent incidents



Educational Visits/Off-site Activities



What to report

- **accidents** – something that has resulted in an injury to someone, including employees, contractors, agency workers, visitors, members of the public, or serious incidents to students, etc
- **road traffic incident** – a road traffic accident/ incident that has resulted in an injury to someone, including employees, contractors, agency workers, visitors, members of the public, etc

- **near miss** – something which did not cause harm, but could have done had anyone been near enough at the time to be injured. An example might be a light fitting falling from the ceiling onto the floor and not hitting anyone, but which would have caused injury had it done so
- **occupational ill health** – a range of specific illnesses or diseases that can be caused by work as defined in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- **dangerous occurrence** – a specific, reportable event as defined in the Reporting Of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- **violence and aggression** – specific incidents of violence and/ or aggression in the workplace

Every incident will be given a unique number which should be included in all documents and correspondence. Information from the reporting form will be used to:

- allow accurate selection of reports and reporting
- determine levels of investigation and support required
- carry out accident trend analysis and targeting of proactive work to prevent incidents

Data protection

The reporting form meets the requirements of the Social Security (Claims and Payments) Regulations 1979 and the Social Security Administration Act 1992 and replaces the Accident Book BI 150. To comply with the General Data Protection Regulations (GDPR) personal details entered on this form will be kept confidential. Information from the form will be stored electronically for up to 70 years.

To ensure that the requirements of the General Data Protection Regulations (GDPR) are met the reports from this form will be used to enable Hampshire County Council meet its legal obligation with regard to health and safety as well as to improve its health and safety performance.

Information from this form will be used in investigations and will be held and stored securely to enable the Council to analyse its health and safety performance with the aim of improving that performance. The Council may use the information in any legal action that could arise from the consequences of the incident reported on this form and may be obliged to disclose information as a statutory requirement.