



Northumberland Street  
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Northumberland  
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# ACCIDENTS, ALLERGIES, ILLNESS, MEDICATION AND EMERGENCIES POLICY

It is the responsibility of:

**Lisa Lowes (Proprietor/Owner/Manager)**

To ensure this policy is followed at all times.

Designated Health and Safety Officer for the above address:

**Sally Lane (Deputy Manager)**

Please note we have colour coded responsibilities in this document:

Management responsibilities are pink

Staff/student/volunteers responsibilities are green

Parent/carer responsibilities are yellow

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## 1. POLICY STATEMENT

*We aim to provide a safe, healthy and enriching environment where children and adults can learn and develop in order to be the best they can. We are fully inclusive with regards to our admissions policy; practices are also adapted to ensure children or adults with allergies, long term conditions, life threatening conditions and/ or ongoing medication can participate fully in the daily running of Rainbow Day Nursery.*

*We recognise that there is always a possibility of accidents occurring or infection spreading; all staff will carry out risk assessments and where humanly possible reduce danger to all users of Rainbow (especially those in high risk categories). We follow all necessary steps to prevent the spread of infection and will take appropriate action when children or adults are ill or injured.*

*We will administer medication (including paracetamol, teething gel and prescribed medication) when there is an acceptable health reason to do so and where it would be detrimental to the child's health if not given at nursery (in line with guidance such as 'Giving Medication To Children In Registered Childcare' (OfSTED, 2013)). Due to our semi-rural location, high numbers of parents commute and many have no other family members close by, with this in mind parent's sign upon their contract to agree to the nursery administering children's paracetamol and teething gel in an emergency, this is safely stored on site. Written permission is sought for each and every prescribed medicine.*

*We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. All employed staff are trained to administer First Aid and have been given instruction on recognising illness in children, they are not medical practitioners however and cannot foresee any medical complications from illness, injury or medication. Management will endeavour to ensure staff receive specialist training as and when required.*

*We will always act in their best interests of the children, whilst balancing parent's needs for reliable childcare. We recognise exclusion periods can cause problems for working parents; however these are necessary to prevent the spread of illness and maintain the health and well being of the nursery clientele. All adults are expected to follow nursery procedures with regards to illness, injury and ability to carry out their duties in line with EYFS Statutory Framework, Health and Safety, Employment legislation and OfSTED guidelines. At all times the main concern of staff will be the health and wellbeing and recovery of the child or adult, and their ability to fully participate at nursery.*

This policy will be reviewed **ANNUALLY**.

## 2. ROLES AND RESPONSIBILITIES

The MANAGER **LISA LOWES** will ensure that:

- Insurance is extended (where necessary) for children/staff suffering from life threatening conditions or requiring invasive treatments.
- First aid arrangements are in place (including the provision of first aid boxes) and written records are held regarding health information, accidents, emergencies and medication.
- All staff, students, volunteers and parents receive relevant information on our policies and procedures through meetings, information packs, nursery web-site etc.
- Risk assessments are in place for managing illness, emergencies and medication. Staff and parents can contribute to these; other professionals are consulted as and when necessary. Additional risk assessments may be put in place following guidance from the HPU or Local Health Authority. Team leader's check for patterns with regards to illness, health and hygiene, procedures may be tightened where there has been a high influx of illness. **We reserve the right to alter any exclusion periods where we believe it is in the best interests of children and staff attending to reduce the spread of infection/infestation.**
- Staff sickness is managed to maintain ratios. Part time staff may be used in the event of staff illness.
- Serious accident/ injuries (including breaks and dislocations), major occurrences or death of a child/adult occurring on the premises/on a trip/outing are reported to OFSTED and/or local authority (LA) Health and Safety Executive.
- Notifiable diseases, high influxes of childhood illness or high risk categories coming into contact with a communicable diseases are reported to the Health Protection Unit (HPU).
- Actions of parental neglect regarding a child's health are reported to Northumberland Safeguarding Children's Board services (see also Child Protection and Safeguarding Policy).

**STAFF, STUDENTS AND VOLUNTEERS** will:

- Follow the policies, procedures, risk assessments and nursery cleaning procedures of our setting and notify management of any major illness, injury or emergency.
- Be aware of any medication/treatment children or adults need in an emergency and ensure incidents of accidents, emergencies, injuries or medication administered to children are recorded.
- Ensure they are fit to carry out their role and provide **Lisa Lowes** with details of their G.P, health information and medication on their confidential information forms.
- Follow absence procedures (see staff handbook). Liaise with management pre and post-operatively to agree their return to work.
- **Staff must not discuss children or nursery issues via mobile, email, social networking sites or outside of their working hours.**

**PARENTS** must:

- Complete a confidential information record and inform us of any temporary and permanent changes as they occur AND provide alternative contact numbers. **(See also records section 6).**
- **ENSURE SOMEONE IS CONTACTABLE AT ALL TIMES.**
- Provide us with details regarding their child's health and work with staff and outside professionals (where applicable) to maintain their child's physical well-being.
- Ensure their child is well enough to actively participate in the nursery session and play outdoors- otherwise they must remain at home until well enough to.
- **NOT CONTACT STAFF TO DISCUSS NURSERY ISSUES/ CHILD ABSENTEEISM/MEDICATION OR MISSING ITEMS VIA TEXT, E-MAIL, SOCIAL NETWORKING SITES OR OUTSIDE OF WORKING HOURS .**

### 3. INSTRUCTION/TRAINING:

All staff will receive:

- Training on induction for dealing with:
  - Managing medication and managing, reporting and recording of illness, accidents and emergencies.
  - Health and Safety, Risk Assessment and Manual handling.
  - Dealing with bodily waste and reducing the spread of infection.
- Intermittent internal training on recognising the signs and symptoms of minor illness. Any other changes to legislation will be passed on via notice boards or during staff or team leader meetings.
- Local authority First Aid training (including paediatric first aid) every 3 years.
- External specialist training for allergies, medication or ongoing illness is sourced where necessary.
- Additional internal training on any knowledge gaps in regards to our policies and procedures.

**(Proof of training will be held in the staff file).**

**Parents:**

- Will be given information on reducing the spread of infection and our accident, illness and medication procedures through their induction, newsletters, nursery web site, discussions or notice boards.

**Children:**

- Are encouraged to use tissues when coughing and sneezing and be aware of the importance of hand washing and personal hygiene.

### 4. ALLERGIES, INTOLERANCES AND ONGOING ILLNESS

(See also food and drink policy, record keeping pg 11 and medication pg 13)

The term intolerance is used to describe all untoward reactions to substances; an allergy refers to all adverse reactions to substances which involve the immune system. Additional risk assessments will be undertaken and followed by all staff. All intolerances, allergies and ongoing illnesses will be

reviewed every 6 months. An overview of the child's needs are held in places such as section notice boards, dining areas etc.

### **INTOLERANCES:**

- Parents/carers must provide information on the intolerance and reaction to substance on their child's confidential information forms.
- Staff will be made aware of the child's needs through discussion and dietary requirements board.
- Staff will verbally inform parents if a child accidentally comes into contact with such a substance. This is also noted in their child's learning journal.

### **ALLERGIES:**

Parents/carers must record:

- The allergen e.g. the substance, material or living creature the child is allergic and nature of the allergic reaction e.g. coughing, wheezing, rashes, reddening of the skin, vomiting/ and or diarrhoea, runny eyes/nose, skin swelling, difficulty in breathing or throat swelling(anaphylactic shock).

On the child's confidential information (and complete a healthcare plan where necessary).

- Staff may hold a meeting to discuss the allergy. Depending on the severity parents and/or other professional advice may be sought.

### **ONGOING ILLNESS:**

In order to support a medical condition and help with everyday living some children may need to take daily/emergency medication or support with medical procedures. Some examples of which are:

- Asthma -inhalers
- Convulsions
- Diabetes-Insulin and blood testing kits.
- Allergies-Adrenaline injections (Epipens) for anaphylactic shock reactions.
- Invasive treatments such as rectal administration of Diazepam (for epilepsy), Tubes, colostomy bags or breathing apparatus.

Adults, parents, carers will:

- Provide us with information on the illness on their child's confidential information and healthcare plan (see records section).
- Provide medication where relevant.

**Key persons** are:

- Responsible the administration of medicine (wherever possible).
- Responsible for passing on relevant health information to the rest of the staff in their section or nursery during trips, visits or transitions to other sections.
- Posting a brief outline of emergency procedures on notice boards in the relevant sections.

Where necessary the manager Lisa Lowes may consult with local G.P or community nurse to source training or information on the specific allergy and medication required.

## 5. ILLNESS, INJURIES AND FIRST AID:

Where a child is unwell or has an injury staff will assess children's health or physical well-being, (using health care plans where relevant) to identify actions necessary in an emergency.

Staff will stay calm, assess, make safe and give first aid/comfort/reassurance. Senior staff and those with a longer service record have a wider experience of recognising signs and symptoms of illness and guide less experienced staff accordingly. The team leader will make the final decision if an agreement cannot be reached on a child's health/injury.

### ACCIDENT/EMERGENCY CO-ORDINATORS:

- ALL MANAGEMENT AND TEAM LEADERS

### FIRST AID KITS:

New first aid kits purchased in 2012 comply with current HSE recommendations (see also health and safety policy). All equipment expires in 2016. Boxes are checked intermittently to identify soiled items/low stocks.

First Aid boxes are located in the children's toilets on the ground floor and on the landing next to the nappy changing area/staff toilets.

### ILLNESS/INJURY WHILST IN PARENTS CARE:

Parents should:

- Inform staff of any minor injuries the child has received-verbally or through learning journals.
- Ring nursery prior to bringing their child to nursery if they have been unwell and inform staff of illness, onset and end of symptoms and treatment (if any).

### PARENTS MUST:

- **NOT BRING THEIR CHILD TO NURSERY IF THEY HAVE:**
  - Difficulty in breathing/shallow breathing
  - Rapid heart rate with a high temperature
- **INFORM us if their child has or is about to undergo any surgical procedures (minor or major).**
- **INFORM us of any communicable diseases or hospital treatment (however minor) their child has had prior to bringing them to Rainbow.**
- **KEEP THEIR CHILD OFF NURSERY FOR A MINIMUM OF 24 HOURS where their child has:**
  - Received any emergency/treatment/observation in major hospitals such as Wansbeck, North Tyneside or RVI.
  - A broken/dislocated a limb.

- **Had a general anaesthetic.**

**(And liaise with nursery prior to the child's return to the nursery).**

Staff will:

- Ask parents about the onset and end of a child's illness, child's general health and remind them of any exclusion periods. Depending on the operation/illness/injury, the child may need to be excluded or adjustments put in place.

**a) MINOR INJURIES OCCURRING IN THE SETTING** (including scrapes, scratches, minor cuts, bumps or minor bruising):

Staff will:

- Comfort the child, look for apparent marks and observe their condition.

Where there is no apparent mark:

Staff will:

- Record the incident in the child's learning journal.

Where there is a mark:

Staff will:

1. Apply a cold compress to minor bumps/scrapes **AND/OR** clean any open wounds with cool tap water (cool boiled water in the case of an eye injury) and apply a plaster (where necessary).
2. Complete accident form (see section 6-records).
3. Inform the parent at the end of the day **OR** contact them immediately to discuss the child's injury (where their child appears in pain or there is a possibility of more serious damage). **OR** contact parents and ask them to come and assess their child's injury (where necessary). Staff may use emergency contacts and follow late collection procedures (see policy) where parents cannot be contacted in an emergency.

Treat their own minor injuries accordingly.

**B) HEAD INJURIES** other than minor bumps:

Staff will

- Monitor for any of signs of concussion including loss of consciousness, drowsiness, dizziness, confusion, vomiting, irritability, clear/bloody discharge from nose/mouth/ears, irregular breathing or convulsions. Where a child wants to sleep after a head injury they will be woken every 20 minutes to check their condition.
- Contact parents to discuss the child's injury **OR** contact parents and ask them to come and assess their child's injury (where necessary). Depending on the severity they may be asked to take their child to minor injuries and/or keep their child off for the rest of the day. Staff may use emergency contacts and follow late collection procedures (see policy) where parents cannot be contacted in an emergency.

### c) CHIPPED/ KNOCKED OUT TOOTH (CHILD)

#### Staff will:

- Store larger fragments of broken teeth in a container of milk.
- Make the child comfortable and contact parents.

Parents must pick their child up within **1 hour** and take them to the dentist.

Adult teeth-the tooth will be picked up by the crown and not the root. Any debris will be rinsed off for 10 seconds in cold running water or milk. The casualty and tooth will be taken straight to the dentist.

### MINOR ILLNESSES:

#### d) SICKNESS/DIARRHOEA:

Staff must go home if they have more than two bouts of sickness/diarrhoea during working hours and be absent for 24 hours (48 hours for catering staff). Staff must refrain from entering food preparation areas/touching food for 48 hours after having sickness/diarrhoea.

#### Children:

- Must stay at home or will be sent home if they have sickness.
- Must stay at home or will be sent home if they have **more than two bouts** of diarrhoea.
- Staff will make the child comfortable and contact parents/carers. Cleaning procedures are followed.
- Parents must collect their child immediately and keep the child off nursery for 2 full nursery days. This does not include the day of illness- i.e. Child sick on Tuesday 11am- Child must return on the Friday session and **NOT** Thursday at 11am).

#### e) COUGHS/COLDS/TEETHING/HIGH TEMPERATURE/ASTHMA:

Digital thermometers are held upstairs (in medication box) and downstairs (in medication box in the Tiny Tots walk in cupboard) and used to check a children/adults temperature. We will concentrate on improving the child's condition, administering ongoing medication (as appropriate) or lowering an ill child's core body temperature (removing top clothing and offering cool drinks), children will be kept away from cold draughts which may reduce temperature too quickly and stimulate shock or a convulsion.

#### Staff will:

1. Contact the child's parents/carers, discussing our concerns; they are informed that we will ring them back after 1 hour.
2. Administer agreed medication –see medication section.
3. Make the child comfortable and observe them; they may remain at nursery if their condition improves.

If the child is still unwell/unsettled after 1 hour:

4. Parents must collect their child **within 1 hour** and take them home for the remainder of the day.
5. Staff may advise parents/carers to make a G.P appointment or take the child to minor injuries unit.

6. If we believe a child's condition is deteriorating and parents have not arrived we will follow severe health emergency procedures (see below).

## COMMUNICABLE DISEASES:

- We follow all guidelines given by the Local Health Authority and HPU. Parents will be contacted regarding any illnesses on the HPU list and informed of any exclusion periods or suggested actions to take.

## f) SEVERE ILLNESS/INJURY

Examples:

- Minor wounds that do not stop bleeding within 1 hour
- Burns (however minor)
- Suspected breakages/severe bruising/swelling
- Temperature 38°C and over, rapid breathing/wheezing. Unexplained rashes alongside flu like symptoms

It is advised that parents seek medical guidance if their child has any of the above whilst at home.

Staff will:

- Contact the parents immediately.
- Report any accidents/incidents that require emergency and/or professional medical assistance to **Lisa Lowes** and compile additional records where necessary .

Parents must:

1. Collect their child **within 1 hour. Under no circumstances will we be able to take children to hospital with any injury or illness and meet parents there.**
2. Make a G.P appointment or take the child to minor injuries unit. (If this is the result of an accident, information regarding treatment will be added to the accident record and parents will be requested to countersign this).
3. Take their child home for the remainder of the day.

The manager Lisa Lowes or Deputy Manager Sally Lane will investigate all injuries that require professional medical assistance or where an ambulance has to be called.

They will:

- Liaise with staff to ascertain any other details on the event and how it was managed.
- Contact parents to discuss the incident.
- Record all relevant information and attach to the accident record.
- Ensure risk assessments are reviewed and procedures changed where necessary.

## SEVERE HEALTH EMERGENCIES:

May also include:

- Signs and symptoms of shock (including convulsions) / anaphylactic shock/ electric shock.

- Signs and symptoms of asthma attack, shortness of breath, extremities in temperature, rash that has noticeably worsened.
- Noticeable breakages/severe open wounds/severe burns.

#### STAFF WILL:



- Children must be accompanied in an ambulance by parents/carers or contact person.
- (In an extreme emergency the child's key worker will accompany the child. The child/adults' details will be taken to ensure relevant health information is passed on).
- The Manager or Deputy Manager will be informed.

## 6. Medication (ongoing and intermittent).

**WHEREVER POSSIBLE, PARENTS/CARERS MUST ADMINISTER THEIR CHILD'S MEDICATION THEMSELVES (E.G. BEFORE OR AFTER THE NURSERY SESSION).**

Key person's will wherever possible administer medication, in their absence a secondary key worker or senior staff will administer. No child may self-administer their medication. Where children are capable of understanding when they need medication, for example with asthma, they will be encouraged to tell their key person what they need.

Medications we will administer:

1. **Children's paracetamol** (following Medicines and Healthcare Products Regulatory Agency (MHRA, 2011) dosage guidelines. We will only administer paracetamol for three days, after which written clarification from the child's G.P stating the reason for medication should be given.
2. **Teething gel** (not Calgel).
3. **Nappy/skin creams** (Non steroid based) as long as they are suitable for the child and their condition.
4. **ANY prescriptive oral medication or steroid based creams/medication; these must be in their original container and have the original label on that has been signed by a pharmacist, nurse practitioner, medical practitioner or dentist.**
5. **Over the counter eye drops** (as long as they are suitable for the age of the child).

**We will not administer over the counter medicines such as:**

- Aspirin based products or cough medicines (unless they have been prescribed by a doctor and have the pharmacist signature on).

#### Parents must:

- Sign their contract to agree to the nursery administering children's paracetamol/teething gel should their child become unwell in our care.
- Fill in relevant health care plans or intermittent medication forms (see records section) and allow enough time upon arrival to fill in medicine forms at the beginning of the session.
- Provide the nursery with a written letter from a medical practitioner when medication administration instructions exceed the recommendations on the packaging.
- **Keep their child off nursery for a full day (up to 24 hours) where their child is receiving any oral medication for the first time (in-case they have an allergic reaction).**
- **NOT** exceed the maximum of 4 doses of children's paracetamol administered to a child in a 24 hour period
- **Inform staff upon arrival about any medication administered over the past 24 hours or needing to be administered (and give reasons for administration).**

Parents may come back to administer any medication which we cannot give (i.e cough medicine, nurofen, aspirin products), however they must not exceed recommended doses.

#### Staff will:

- Check that forms and records have been completed correctly.
- Check medication labels, strength, expiry dates, dosage and storage instructions.
- Check the amount of paracetamol/painkillers given over last 24 hours and **NOT** exceed the maximum of 4 doses of children's paracetamol administered to a child in a 24 hour period.
- Ensure there is a witness present when administering any medication.
- Contact parents to obtain oral permission where we believe a child may need paracetamol.
- Seek medical advice where they are taking any medication which may affect their ability to carry out their role and report to Lisa Lowes where this may impede on their ability to carry out their role.
- Ensure personal medication is stored out of children's reach at all times in their lockers in the staff room.

### STORAGE OF MEDICINES:

Medicines are stored in the staff room and are inaccessible to the children, where a refrigerator is used solely for storage; medicines are kept in a marked plastic box.

- Key person's are responsible for ensuring medicine is handed back at the end of the day to the parent.
- Parents bring may bring medication on a daily basis or ongoing medication may be kept in the setting.
- Key persons check on a ½ termly basis that this medication is in date and returns any out-of-date medication back to the parent.

- Parents must accept responsibility for medication which needs to be transported or passed onto numerous/different carers this includes information sharing (unless we have been involved in administration). Parents/carers must sign a disclaimer form to agree to such a procedure.

## **MANAGING MEDICINES ON TRIPS AND OUTINGS:**

Staff accompanying the children will be fully informed about the child's needs and/or medication; relevant notes will be added to the trip risk assessments where necessary.

Children's medication is clearly labelled with the child's name and name of medication, dosage and administration instructions. Staff will sign medication forms on their return to nursery.

## **7. RECORDING ILLNESS/ACCIDENTS/EMERGENCIES AND MEDICATION**

All records comply with Data Protection legislation.

### **ACCIDENT BOOKS:**

Children's accidents are recorded in the relevant sections confidential accident books, these are located in the main cupboard in each section, completed accident books are held in each section. Adult accident books are located in the staff room. Accident books are reviewed ½ termly by team leaders to identify any risks, risk assessments are updated accordingly.

#### **Staff will:**

- Record the time, date and location of accident.
- Clearly record how the accident occurred and any first aid administered.
- Sign the form.
- Senior staff check that the form is filled in correctly and countersign the accident record.
- Explain the accident to parents upon arrival.

#### **Parent's/carers must:**

- Sign accident forms to acknowledge they have been made aware of the incident, they may request a copy of their child's accident form.

**SERIOUS INCIDENTS** are investigated by Lisa Lowes or Sally Lane. Additional information is attached to the accident record within 24 hours of each discussion with parents/staff. Completed records are held in a locked cupboard in the office.

### **HEALTH CARE PLANS** (used for specific ongoing illnesses and/or allergies)

#### **Parents must include:**

- The child's full name, date of birth, contact details and emergency contacts).
- Name & details of on-going illness/allergy (including symptoms and control measures).
- Details of what to do in case of an emergency (including medication if any, dosage and strength).
- Medication storage instructions and expiry date.
- Printed name and signature of parent, key worker and/or manager/deputy.

- Review date. Health care plans are held in the child's file (locked away) and reviewed every six months (more if necessary).

Where a child has a more complex medical condition parents/carers must also provide written consent or a letter from the child's GP/consultant stating the child's condition and what medication (if any is to be administered).

## INTERMITTENT MEDICATION FORMS

Are used:

- When parents request nursery to administer oral medication or steroid based medication (see medication section).
- Where parents have been contacted for us to administer paracetamol.
- Where emergency medication has been administered.

Each child has their own intermittent medication form; held in the medication file in each sections cupboard, these are checked and signed ½ termly by the team leader.

Parents must record the following:

- i. The child's full name and details of illness (including symptoms)
- ii. Name of medication and dosage (noting any side effects where relevant)
- iii. Days and times of administration.

A signature must be provided at the beginning of the course of medication.

Staff will sign the form every time the medication is administered.

Staff will note all of the above where a child has received Calpol or emergency medication, signing the record on administration of medication and will gain parent signature at the end of the session.

## LEARNING JOURNALS:

Used by staff to record:

- Over the counter or ongoing non-emergency medication administered (see medication section).
- Injuries at nursery where no mark is apparent.
- Illnesses/absences and instances of children being sent home due to accident/illness.

Staff will record information such as day of illness or time of incident, date, time and dose of ongoing non emergency medication administered.

Parents must:

- Note any illnesses/injuries/treatment/medication their child has had, including **any paracetamol based medication, aspirin based or emergency medication administered over the past 24 hours.**

## INCIDENT SHEETS:

Are completed by staff where a child has any unexplained/unusual marks/untreated ongoing illness whilst in parents care (see safeguarding policy).

## EYFS KEY THEMES AND COMMITMENTS

<u>Unique Child</u>	<u>Positive Relationships</u>	<u>Enabling Environments</u>	<u>Learning and</u>
Inclusive Practice	Parents as partners	Supporting every child	<u>Development</u>
Health and well-being	Key person		

### 8. Legislation and further guidance

Children's Act 1989

Data Protection Act 1998

Every Child Matters (2004): All

Freedom of information Act 2000

Health & safety at Work Act 1974

Health and Safety (First Aid ) Regulations (1981)

Health Protection Agency Act 2004

Human rights Act 2000

Medicines Act (1968)

Public Health (Control of Diseases) Regs 1984 and (Infectious Diseases) Regs 1988

Reporting of Injuries, Diseases, Dangerous Occurrences Regs 1995

Un Convention on rights of child 1989

#### Further Guidance

Giving Medication To Children In Registered Childcare OfSTED

Managing Medicines in Schools and Early Years Settings (DfES 2005)

First Aid at Work: Your questions answered (HSE 1997) [www.hse.gov.uk/pubns/indg214.pdf](http://www.hse.gov.uk/pubns/indg214.pdf)

Basic Advice on First Aid at Work (HSE 2006) [www.hse.gov.uk/pubns/indg347.pdf](http://www.hse.gov.uk/pubns/indg347.pdf)

RIDDOR Guidance and Reporting Form [www.hse.gov.uk/riddor/index.htm](http://www.hse.gov.uk/riddor/index.htm)

Guidance on First Aid for Schools (DfEE) [www.teachernet.gov.uk/\\_doc/4421/GFAS.pdf](http://www.teachernet.gov.uk/_doc/4421/GFAS.pdf)

Useful contacts:

NHS Direct	0845 4647 (or 111 south of Tyne Tees)
Local Health Protection Unit (HPU)	0844 225 3550
Alnwick District Council Environmental Health	01665 5110264
H.S.E.	0541 545 500
Incident contact centre (RIDDOR)	08453009923

This policy was adopted by

All Staff

Policy updated

May 2013

Date to be reviewed

May 2014

Signed:

Name of signatory

Lisa Lowes

Role of signatory

Manager