



Ashlands Primary School

Supporting Children with Medical Conditions and First Aid Policy.

"Where every child has the chance to shine"

This policy embodies our Ethos Statement – Safe Children at Ashlands

1. Introduction.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. Statutory guidance is laid out in the document Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015.

This policy has been written with reference to this statutory guidance and has therefore had Full Governing Body approval.

2. Aims.

This policy covers:

- How children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This includes long term, diagnosed conditions where an Individual Healthcare Plan is in place such as asthma, anaphylaxis, epilepsy etc
- The First Aid procedures that are in place at Ashlands, including emergency first aid.
- How short-term medication, such as antibiotics, is administered at Ashlands.

3. Individual Healthcare Plans and Practice within school.

Ashlands will work with the local authorities, health professionals, other support services and parents to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

- 3.1 Where children have been prescribed medications by a doctor or other appropriately qualified health care professionals, it may be necessary for them to continue with the treatment in school. Our policy is to ensure that children who need prescribed medication during school hours have their special needs met in such a way that they retain the fullest access to the life and work of the school. This policy sets out how the school will establish safe procedures.
- 3.2 Children with some medical conditions have Individual Healthcare Plans, known as IHP's. These are tailored to their particular needs and agreed by parents/carers, the child (if appropriate) and the relevant healthcare professionals. These plans help school effectively support pupils with medical conditions and provide clarity about what needs to be done, when and by whom. They are particularly relevant where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Where a child has

an IHP school will receive a copy of it from the parent or Healthcare professional along with any medication required. When an IHP is amended school will receive an amended IHP. Where an IHP is in place, staff with specific involvement in the care are named. Cover arrangements in case of staff absence are detailed in the plan.

- 3.3 Where the child has a special educational need identified in a statement or EHCP, the individual healthcare plan should be linked to or become part of that statement or EHCP. Governors and the Headteacher will ensure sufficient staff are trained to support children with medical conditions and that all relevant staff are aware of a child's condition and understand the child's IHP.
- 3.5 Where a child requires a toileting personal care plan this will be agreed between school, parents and, where necessary, other support agencies. A written care plan will be drawn up and parents and school will sign this agreement. 'Promoting Personal Care in the Foundation Stage Continence' should be referred to for the full policy.
- 3.6 Not all children with a medical condition will have an IHP and where this is the case school, the relevant healthcare professional and parent should agree, based on evidence what actions are required.
- 3.7 All relevant staff are made aware of the child's condition.
All pupils with specific medical conditions, including those with IHP pupils. Are recorded in the 'Allergies and Medical Conditions in School' file. A copy of this is held in each class as well as key points throughout school. Supply teachers are made aware of where the file is kept within each classroom and of any children with specific needs within the class/group that they are teaching.
- 3.8 Medication, including inhalers are stored at the school office. All staff and children are aware of this and children are able to access their inhalers under the direction of an adult.
- 3.9 Every effort is made to keep a child with medical conditions in school and for them to be included as much as possible in all school / class activities, including school trips, unless this is specified in their individual healthcare plans.
- 3.10 If any child (including those with a serious medical condition) becomes ill, they will always be accompanied to the school office or medical room.
- 3.11 Where a child is unable to attend school for reasons that relate to their conditions, e.g. medical appointments, this will be recorded correctly on the attendance system and will not impact on their attendance.
- 3.12 Where a child's medical condition requires additional toilet or other breaks (such as for medication, drinking or eating) these are incorporated into their school day in a appropriate and discreet manner.
- 3.13 Ashlands will provide sanitary products for girls in school who need them. This will be managed sensitively by staff in Upper Key Stage 2.
- 3.14 Where the child has an IHP in place school makes every effort to minimise the need for parents/carers to attend school to administer medication or provide medical support to their child, including with toileting issues.
- 3.15 When completing a Risk Assessment for a school visits / residentials special arrangements for any pupils with additional needs are considered and where appropriate parents are consulted or invited to attend.
- 3.17 For children with specific needs, such as epilepsy, health professionals (in most cases the School Nurse) deliver staff training along with parents in order to explain in detail and ensure staff are aware of the nature and extent of the need.
- 3.18 Where a child transfers into or from school, information about medical needs is transferred sensitively and in a timely manner with the intention of least disruption to the child's education.
- 3.19 Schools do not have to wait for a formal diagnosis before providing support to pupils, judgements will be needed, in conjunction with parents, about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

4. First Aiders and Displaying First Aid Information in school.

- 4.1 Adequate numbers of members of staff are trained in First Aid at Work and Paediatric First Aid to ensure that there are trained staff on the premises at all times.
- 4.2 Posters showing first aiders in school and where their main place of work is are displayed in key areas around school including outside the school office.
- 4.3 A log of first aiders and , copies of their certificates are displayed in the school office.
- 4.4 The designated First Aid Station is the disabled toilet / First aid room in KS1. The school office is also a First Aid Point. Supplies are held in both locations.
- 4.5 Details of how to contact an ambulance and the information needed are displayed at the school office and in the staffroom (see Appendix B).
- 4.6 School has an 'Allergies and Medical Conditions' booklet in school. This identifies (by photo and class) all children and adults in school who have serious allergies medical conditions; what their condition is and the action that needs to be taken. This information is updated as required and sent to parents at the beginning of the academic year for them to confirm the information is up to date. All classes and Saplings rooms have a copy of this and it is also on display in the staff room, the school kitchen and the school office.

5. First Aid for children in school.

- 5.1 In the first instance a member of staff on playground duty should administer basic first aid (such as an antiseptic wipe / plaster).
- 5.2 Where more attention is required the child should be sent to the first aid station at the school office.
- 5.3 In the event that they are unable to move a first aider should be found and brought to the injured child.
- 5.4 Any member of school staff can deal with minor injuries such as applying a plaster or a wipe. Discretion and common sense should be used to decide whether the injury requires recording. For more serious injuries, or any injury that a member of staff is uncertain or uncomfortable with, a First Aider should be sought.
- 5.5 Where a child sustains an injury that requires recording, this should be recorded in the 'Log of First Aid' found at the school office. (Appendix E).
- 5.6 Where the child sustains an injury that requires notification to a parent a 'First Aid Notification' should be completed and given to the child. (Appendix F) The child should hand it to their class teacher and then put it in their book bag for their parent. In some instances, where it is deemed necessary, school will also ring the parent to make them aware of the injury.
- 5.7 A Notification of First Aid' should always be completed for a head injury.
- 5.8 In the event that they are unable to move a first aider should be found and brought to the injured child.
- 5.9 Where an ambulance is needed the Contacting Emergency Services procedure should be followed (Appendix B).
- 5.10 In the event of a child going to hospital a Reportable Injuries Form should be completed by the head teacher (Appendix G).
- 5.11 Any member of school staff may be asked to administer basic first aid or administer medicine, although they cannot be required to do so. Where they are not comfortable with doing this they should seek out a qualified first aider. They are also required to complete an 'Opt out Form' (Appendix D).

6. First Aid for Adults in school.

- 6.1 Adults who sustain an injury should go to the first aid station at the school office for treatment. In the event that they are unable to move a first aider should be found and brought to the injured adult.
- 6.2 An Accident Book Form (Appendix H) should be completed by the office and the injured member of staff.
- 6.3 Where an ambulance is needed the Contacting Emergency Services procedure should be followed (Appendix B).
- 6.4 In the event of the adults going to hospital a Reportable Injuries Form should be completed by the head teacher (Appendix H).

7. Managing short term medication in school.

- 7.1 School will only administer medication prescribed by a doctor or dentist. If possible, and where medicine is required 3 times daily, the medication should be given outside of school hours. School will administer where the dosage is 4 times a day or required at specific times of the day.
- 7.2 If parents need to come to school to administer medication they should come to the school office and a member of staff will collect their child from class.
- 7.2 School will not administer over the counter medicines.
- 7.3 Medication must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- 7.4 Parents are asked to sign a form giving school permission to administer the medicine (Appendix A) Members of staff sign this form when they have administered the medication to indicate this.
- 7.5 All medicines are stored safely in the school office, normally in the medicine fridge unless the medication states otherwise. The fridge temperature is between the acceptable range of 2°C - 8°C.
- 7.6 Unused / out of date medication is returned to the parent for safe disposal.
- 7.7 In the event that school is asked to administer controlled drugs that have been prescribed for a pupil these will be stored securely in a non-portable container with only named staff having access. As with all medication a record will be kept of any doses used and the amount of the controlled drug held.
- 7.8 In the event that needles are required to administer medication a sharps boxes will be used for the disposal of needles and other sharps.
- 7.9 School will make every effort to ensure that medication is given to a child at the correct time within the school day however accepts no responsibility if this does not happen.
- 7.10 Staff involved in administering some medication will receive training, usually from the school nurse.

8. Managing Asthma and Epipens medication in school.

- 8.1 Annual epipen training and refresher is provided by the School Nurse / First Aiders in school.
- 8.2 Inhalers are stored in named bags in boxes separated by key stage at the school office. This acts as a central point so that children with inhalers and staff know where to come and quickly access them in the event of an emergency. The school takes account of the Department of Health advice as detailed in the document Guidance on the use of emergency salbutamol inhalers in schools March 2015 (Appendix G).

- 8.3 Epipens are held at the school office. This acts as a central point so that all staff know where to come and quickly access them in the event of an emergency. All school staff are aware of where inhalers are kept, including supply teachers.
- 8.4 Each child / member of staff that has an epipen has a red box clearly marked with their name and their picture on. The box contains both epipens, any other medication and their IHP.
- 8.5 It is the parents' responsibility to make sure that epipens and inhalers are in date and working correctly. Parents are welcome to come into school and check them at any time.
- 8.6 Where a child leaves the premises for example a school trip or swimming the class teacher or teaching assistant will collect any medication from the school office and returns it on their return to school.
- 8.7 School holds two emergency asthma inhalers in the school office. These should be used in the event of an emergency when a child does not have their own inhaler in school.

9. Emergency procedures in school.

- 9.1 Where there is an emergency in school a First Aider should be asked to attend immediately. Another member of staff should also remain with the injured person and first aider.
- 9.2 For children with an IHP's, the IHP will define an emergency and the relevant procedures which should be followed.
- 9.3 In the event of an emergency for a child with an epipen a member of staff should immediately get their 'red box' from the school office and take it to the child. The box contains both epipens, any other medication and their IHP.
- 9.4 Where an ambulance is required this should be rung preferably from a mobile and the caller needs to be with the injured person. This is important as the emergency service will continue to ask questions / issue instructions even when an ambulance is on its way.
- 9.5 The school office should be notified as soon as possible so that they can take the ambulance staff to the injured person as quickly as possible. They will also notify the parent / carer or next of kin.
- 9.6 If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.
- 9.7 Staff should not take children to hospital in their own car.
- 9.8 Please refer to Appendix B – Contacting Emergency Services.
- 9.9 School holds two emergency asthma inhalers in the school office. These should be used in the event of an emergency when a child does not have their own inhaler in school.

10. Day trips, residentials and sporting activities.

- 10.1 Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.
- 10.2 Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 10.3 Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Risk assessments include arrangements that take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. When a child goes off site the class teacher is responsible for ensuring that inhalers / epipens and any other medication is taken with them.

11. Required absence from school for illness.

In the event of sickness and/or diarrhoea a child / member of staff is required to be absent from school for 48 hours from the last occurrence, even if they appear fit and well. This is to try and minimise the spread to other children and members of staff. Children may also be required to be absent from school with other infectious diseases. Details of these illnesses / diseases can be viewed at :

www.publichealth.hscni.net/sites/default/files/A2%20Schools%20poster_1.pdf

12. Roles and responsibilities (taken from statutory guidance)

Governing Body

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Headteacher

The Headteacher should ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. They should ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and should be involved in the development and review of their child's Individual Healthcare Plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents are responsible for ensuring that medication, including inhalers is in date and clearly named.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them and school should be sensitive to their views

School staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Where a member of staff does not want to administer medicine they should sign an opt out form (Appendix D).

School nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They are also involved in the development of IHP's. They would not

usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

13. Record Keeping.

Records of First Aid Notification are kept in the school office.

Records of medication administered at school will be kept in line with statutory recommendations (see Appendix A)

14. Complaints.

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

15. Outcomes.

The school will do all that it can to ensure that children with medical and special needs have as little disruption to their education as possible. It will make safe arrangements for the administration and keeping of medication and it will seek to ensure that sufficient members of staff are trained and confident to supervise and administer medication.

Agreed by Governing Body: November 2020

Review Frequency: 3 years

Next Review: November 2023

CONTACTING EMERGENCY SERVICES.

Dial 999 - ask for an ambulance.

Speak clearly and slowly and be ready to repeat information if asked.

Be ready with the following information:

1. Your telephone number (ideally give a mobile number that emergency services can call you back on)
2. Your name
3. Your location: **Ashlands Primary School, Leeds Road, Ilkley, LS29 8JY**
4. Provide the exact location of the patient within school
5. Provide the name of the child and a brief description of their symptoms
6. Inform Ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
7. Inform the school office as soon as possible, as they could be the first point of call for contact when emergency services arrive and will also contact parents
8. If you are not a qualified first aider send someone to get one, you should stay with the patient.
9. Where possible make sure that another member of staff remains with you at all times so that they can run for help / to meet ambulance crew and to provide you with support.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward (do not hug them or lie them down)
- Use the child's own inhaler – if not available use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the inhaler (via a spacer if they have one)
- Ensure tight clothing is loosened
- If there is no immediate improvement continue to give two puffs at a time every two minutes up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

CALL 999 IMMEDIATELY IF

- The child symptoms do not improve in 5–10 minutes.
- The child is too breathless or exhausted to talk.
- The child's lips are blue.
- You are in doubt.
- Ensure the child takes one puff of their reliever inhaler every minute until the ambulance arrives.

COMMON SIGNS OF AN ASTHMA ATTACK ARE

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of emergency inhaler has been given. Who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.

Guidance on the use of emergency salbutamol in schools prepared by the Disabled and Ill Child Services Team, Department of Health.



Opt Out Form

(Staff not wishing to administer medicine or carry out first aid)

I do not wish to administer medication or carry out first aid to children / adults at Ashlands Primary School.

Signed:

Name:

Date:



LOG OF FIRST AID

Date:	Time:	
Child's Full Name:		Class:
Location: Classroom/Corridor/Hall/ Trim Trail/Reception Playground/ Main Playground/ Football Pitch/Field Other Please Specify:-		
Details of Incident & Injury Sustained:	Type No.	Type of Accident
	1	Animal/Insect
	2	Assault by person – behavioural SEN
	3	Assault by person – malicious ie fighting
	4	Contact with electricity
	5	Contact with harmful substance
	6	Contact with moving machinery ie trolley
	7	Explosion
	8	Fire
	9	Fall from height ie Trim Trail
10	Handling, lifting or carrying ie scissors/pins	
Treatment Given:	11	Hit by object specify:
	12	Hit something stationary ie door
	13	Horseplay ie prank
	14	Involving Vehicle
	15	Needlestick ie syringe
	16	Personal contact e.g. sport/play
	17	Slip
	18	Trip
	19	Fall at same level
	20	Trapped by object
	21	Working in an Enclosed space
	22	Other specify:
Reported to Safety officer: Y/N		Copy Given to Parent: Y/N

First Aid Notification.



Child's Name:

Class:

Date:

Time:

Your child sustained the following injury today:

They were treated by a first aider and the incident / accident was logged.

We are making you aware in case you notice any 'out of the ordinary' symptoms in which case you will want to judge whether to seek medical advice.

Appendix G

Reportable Injury Form (RIF1)

City of Bradford MDC
www.bradford.gov.uk

To be completed by the person in charge at the time of the accident. Please ensure this form is passed to the appropriate manager to investigate and sign off. (Click "SAVE AS" to save the RIF1)

Safety Section Use Only	
Date Rec'd	
F2508 cont	
Database	

Part 1

Department / Service Area:
Workplace, Base, School or Office:
Address line 1:
Address line 2:
Post Code: Tel No:
Home/Workplace e-mail:

INJURED PERSON: Person's contact details of the injured person are required for reporting incidents to the HSE (RIDDOR)

Full Name: Age: Male: Female: (tick one)
Home Address:
Address line 2:
Address line 3:
Post Code: Tel No:

Please tick one

Employee	Agency Worker	Casual	Work Experience	Trainee/Apprentice
Volunteer	Contractor	Pupil	Member of Public	Client/Resident

Job Title:

For Employees, Agency workers, Casuals, Trainees, Volunteers or Work experience only
Was there any absence from work? (Yes or No) First day of absence:
Actual date of return (if known):
If different to return date, state date the person was actually fit for work (inc non working days)
Person was engaged in their normal duties Yes or No?
Activity authorized by the supervisor Yes or No?
Line Manager of injured person:

Details of Accident/Incident

Date: Time: AM or PM?
Did the accident happen at the Workplace as stated in part 1 Yes or No (please state)
If No, please state address where accident took place:
Where exactly did the accident happen? e.g. in which building/area, office, bedroom, classroom, highway
Accident site:
What happened? Be factual - Please describe the accident, including activities leading up to the accident and the events immediately after the accident.

Part 2

PART 3	Details of Injury Part(s) of body affected: (Left, Right, Both, Multiple injury areas - state on appropriate) Nature and extent of injury: Was first aid treatment given Yes / No? please state If Yes, by whom? Treatment or advice given? Was the injured person taken directly to hospital as a result of the accident Yes or No? (please state) If Yes, name of hospital sent to: What time?
	Contributing Factors Give information on any condition of the accident/incident site that may have contributed to the accident e.g. wet conditions, unlit surface, lack of supervision or faulty equipment. Are you aware of any impairments or behaviours of the injured person, which may have contributed to the accident? If so, please state: For Clients/Residents only Prior to the accident, when was the injured person last seen by staff or a supervisor?
	Witness(es) to the accident: Please attach scanned copies of any statements taken 1. Name (please print): Address/Workplace: 2. Name (please print): Address/Workplace: 3. Name (please print): Address/Workplace:
	Investigation: - What was the cause of the accident and what action(s) have been taken or planned to prevent a similar incident recurring?
PART 4	Name of (Manager, Headteacher (line manager etc) : Job Title: Phone No: Date:

For serious or fatal accidents, please telephone Occupational Safety Team within 24 hours of the incident with these details (Telephone 01274 431007).

Please e-mail saved and or scanned completed RIF 1 forms and additional information to Occupational.Safety@bradford.gov.uk within 5 days of the incident
OR

Fax printed copies to the Occupational Safety Team 01274 432378 within 5 days of the incident.

Please save a copy of this form and the accompanying documents securely to comply with the Data Protection.

For queries and or advice regarding accident reporting please contact the Occupational Safety Team (tel 01274 431007) or on the above e-mail address.

City of Bradford Metropolitan District Council

www.bradford.gov.uk

Accident Book Form

Form AB1

Please print clearly. The completed form should be kept securely in the workplace to comply with the Data Protection Act. DO NOT SEND THIS FORM TO THE OCCUPATIONAL SAFETY UNIT UNLESS REQUESTED.

Department/Service Area	
Contact tel.no	
Establishment, School, Office or Base	
About the person who had the accident	
Full Name:	Sex: Male/Female
Address:	
Tel.No.:	
<small>(For Employees/Contractors use work details, for Member of Public/Service User/Work Experience use home details, for Contractor/Agency Worker use company details)</small>	
Employee <input type="checkbox"/>	Casual <input type="checkbox"/>
Agency Worker <input type="checkbox"/>	Contractor <input type="checkbox"/>
Other <input type="checkbox"/>	
Service User <input type="checkbox"/>	Trainee <input type="checkbox"/>
Member of Public <input type="checkbox"/>	Work Experience <input type="checkbox"/>
About you, the person filling in this record	
Name:	Job Title:
Workplace Address:	
Tel.No.:	
Email Address:	Fax.No.:
About the Accident <i>Continue on the back of this form if you need to</i>	
When did it happen? Date:	Time: AM / PM
Where did it happen? eg, office, bedroom, classroom, highway?	
How did the accident happen? Give the cause if you can.	
[Did the accident involve an injury? YES / NO	
What was the injury?	
Was any First Aid given to the person who had the accident? If so, say what:	
Was this accident sufficiently serious to require a Reportable Accident Form (RAF) to be completed and sent to the Occupational Safety Unit? YES / NO	
Please sign and date the record	
Signature:	Date: