First Aid Policy (including RIDDOR)

Safeguarding is Everyone's Responsibility

This first aid policy outlines procedures for accident and illness management, with key requirements including conducting a first aid needs assessment, ensuring trained staff are available, maintaining adequate first aid supplies, and having clear protocols for dealing with injuries.

Needs Assessment

As part of our Health and Safety reviews, we have carried out a risk assessment to determine the number of trained staff and equipment needed for our specific environment. We hold a full first aid kit in the Next Steps Home Rooms, as well as personal first aid kits for tutors taking students out on trips around the town. All tutors and members of staff are trained in First Aid, as well as having two HSE trained First Aiders (including paediatric first aid) on site. Posters around the Next Steps Education Home Rooms clearly show the location of the First Aid facilities and the named First Aiders, currently Sarah Logan and Ellen Sanders.

This needs assessment is formalised and reviewed at least annually, and following any significant change to provision (e.g. new premises, change in cohort needs, or increased off-site activity). It takes into account: the number of staff and students; the nature of activities undertaken (including off-site and community work); the needs of individual students (including SEND and medical conditions); the layout and accessibility of the tuition centre; and the risks associated with lone working in home environments.

The outcome of this assessment determines the number of trained staff required, the level of first aid training (including paediatric first aid), and the type and location of first aid equipment held by the organisation.

Emergency Procedures

Reporting an illness before a lesson – please see our illness and absence policy and refer to advice in Managing specific infectious diseases: A to Z on the gov.uk website.

Reporting an illness during a session: please inform Sarah Logan or Ellen Sanders, both of whom are HSE First Aiders, who will be able to administer first aid and make decisions on any further course of action.

There is a first aid chair in the small kitchen area, along with first aid resources, kool packs and absorbent gel crystals for bodily fluids.

Where tutoring takes place in a home or community setting, a responsible adult must be present at all times. In the event of an injury or illness, the responsible adult present retains primary responsibility for first aid and decision-making, including whether to seek further medical assistance.

The tutor present will support as appropriate within the limits of their training, including administering first aid if required and requested, but must not override the responsible adult in decision-making unless there is an immediate risk to life and no action is being taken.

Tutors must immediately call emergency services where required and inform Sarah Logan or Ellen Sanders as soon as reasonably practicable. Tutors must not delay emergency action while attempting to contact senior staff.

Tutors must also ensure they are aware of the location, access, and contact details of the session address in order to support emergency services if required.

Emergency contact details for all students must be readily accessible during sessions, including when working off-site or in the community.

First Aid Provision in Off-Site Activities

For any off-site activity, a suitably stocked first aid kit must be taken, and at least one member of staff present must hold appropriate first aid training. Risk assessments must identify any additional first aid requirements based on the activity and student needs.

Communication

Parents and carers will be informed of any first aid treatment given to their child on the same day, or as soon as reasonably practicable. There is a first aid book alongside the first aid kit in which to record any incidents. Where appropriate, commissioning schools or local authorities will also be informed in line with agreed reporting protocols.

Record Keeping

We keep records of accidents, injuries, and the first aid treatment provided in our first aid book. We also keep a record of first aid kit resources that have been used. This is found on the wall above the first aid kit in the kitchen and should be completed by the First Aider who has used resources. This record supports us in replacing resources and keeping an up-to-date audit of our first aid equipment. The first aid resource usage log is located on the kitchen wall above the first aid kit and must be completed immediately after use. This log is monitored to ensure that stock is maintained and trends in usage are identified where relevant.

Sarah Logan is responsible for checking all first aid equipment at least half termly, recording these checks, and ensuring that any used, damaged, or out-of-date items are replaced in a timely manner.

Administration of Medication

Next Steps Education Ltd does not routinely administer medication. As part of the referral and onboarding process, we will assess whether we can safely meet the medical needs of the student. Where needs are assessed as high or requiring regular medical intervention, Next Steps Education may determine that it is unable to meet those needs within its provision (see our Admissions Policy for further information).

Where medication is required on site, this must be clearly agreed in advance with parents/carers and (where applicable) the commissioning school or local authority. Written consent must be obtained, and clear instructions provided. Staff are not expected to administer medication unless appropriate training has been completed and the risk has been assessed.

Next Steps Education confirms that named First Aiders are trained in the use of emergency medication including adrenaline auto-injectors (e.g. EpiPen) and asthma inhalers. In emergency situations, trained staff may administer such medication in line with their training and the student's care plan.

All medication must be clearly named and labelled, stored safely, and accessible in an emergency. A record must be kept of any medication administered, including time, dosage, and staff involved.

RIDDOR - Types of Reportable Incidents

Sarah Logan is the responsible person for determining whether an incident is reportable under RIDDOR and for submitting reports to the Health and Safety Executive within required timescales.

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain gas incidents, a RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable

Types of reportable injury

The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
    - covers more than 10% of the body
    - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia

- any other injury arising from working in an enclosed space which:
    - leads to hypothermia or heat-induced illness
    - requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on specified injuries is available.

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;

- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on occupational diseases is available.

Specific guidance is also available for:

- occupational cancers
- diseases associated with biological agents

Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these dangerous occurrences is available.

Additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and relevant transport systems (railways etc).

Gas incidents

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the Report of a Flammable Gas Incident - online form.

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

Unsafe gas appliances and fittings should be reported using the Report of a Dangerous Gas Fitting - online form.

All incidents must be recorded internally in the first aid or accident records prior to any RIDDOR decision being made. Staff must report all incidents to Sarah Logan as soon as reasonably practicable to enable appropriate assessment and reporting.

In the case of any of the occurrence of any of the above, please contact Sarah Logan sarah@nextstepseducation.org 0330 460 4650

This policy was last reviewed June 2026

Next review: June 2027