

NUDGE

EDUCATION

Health and Safety Policy (Incorporating; Risk Assessment Policy, Accident & Safeguarding Reporting Procedure & First Aid Policy)

Sept 2025

Status; Statutory

To be Reviewed Sept 2026

This is the statement of general policy and arrangements for Nudge Education Limited;

This policy covers staff, associates/contractors (including contractors) and students of Nudge Education and applies to both premises operated by the organisation and commissions managed by Nudge Education. It aims to show how the Directorate discharge their duties under the Health and Safety at Work Act 1974. We understand the implications that not informing staff, associates/contractors(including contractors) and students of this policy and providing relevant training may cause severe harm to the people it affects and the reputation & financial health of the organisation.

Where the word 'associate' is used in the policy this refers to contractors who work on behalf of Nudge Education.

Diego Melo: Chief Executive Officer has overall and final responsibility for Health and Safety

Brian Mair: Director of Operations has day-to-day responsibility for ensuring this policy is put into practice.



Brian Mair

30th September 2025

Diego Melo

30th September 2025

Version Control	Author	Date of Update
1.0	Brian Mair	22nd August 2022
1.1	Brian Mair	24th August 2023
2.0	Marcos Rojo	20th September 2024
3.0	Brian Mair	30th September 2025

Nudge Education Health and Safety Committee;

Brian Mair: Director of Operations (IOSH accredited)

Diego Melo: Chief Executive Officer

External Expert Advisor;

Kym Allen Associates, Health and Safety Consultants:

<https://www.kymallanhsc.co.uk/>

01228 210152

The named organisation is appointed to provide health and safety advice and assistance as required by Regulation 7 of the Management of Health & Safety Work Regulations 19

At Nudge Education, health and safety is a shared responsibility embedded across all levels of the organisation. Clear lines of accountability ensure that appropriate systems are in place to assess, manage and monitor risks, respond to incidents, and comply with legal and safeguarding duties.

Board of Directors	<ul style="list-style-type: none"> - Strategic oversight of health and safety - Ensure policy compliance and review audits - Approve strategic changes and guidance
CEO (Diego Melo)	<ul style="list-style-type: none"> - Final accountability for H&S compliance
Director of Operations (Brian Mair)	<ul style="list-style-type: none"> - Day-to-day management of H&S activity - Ensure emergency procedures and business continuity plans are in place - Provide access to H&S resources and emergency training - Promote a positive and open H&S culture across the organisation - Review and sign off all policy updates - Oversee quality reviews, spot checks, and policy audits - Monitor RIDDOR reports and lead on policy review cycles - Ensure H&S issues are actioned promptly - Lead annual policy review unless risk changes demand earlier review
Health & Safety Committee	<ul style="list-style-type: none"> - Coordinate regular H&S meetings (fortnightly or ad hoc) - Provide strategic guidance and operational oversight - Ensure adequate H&S resources (e.g. first aid kits, fire safety equipment) - Commission expert advice when legislation or guidance changes - Review accidents, near misses, and associated trends - Discuss staff/contractor feedback and incident investigations - Ensure H&S documentation is accessible and training is recorded
Designated Safeguarding Lead (DSL)	<ul style="list-style-type: none"> - Ensure integration of safeguarding into risk management - Be informed of any incident with safeguarding implications - Collaborate on risk assessments linked to safeguarding thresholds
Regional & Assistant Regional Leads	<ul style="list-style-type: none"> - Provide ongoing training to staff and associates - Observe delivery sessions for H&S compliance - Monitor review cycles for risk assessments (minimum annually)
Leads, Coordinators, Managers	<ul style="list-style-type: none"> - Conduct health and safety inductions for all staff & associates - Keep records of inductions and training completion - Design role-appropriate training programmes - Investigate accidents/incidents and complete official reports as needed

Recruitment / HR / People Team	<ul style="list-style-type: none"> - Verify staff qualifications, DBS checks and references - Ensure new associates/contractors are competent in H&S matters - Organise training for de-escalation and behaviour support
H&S Officer (or Delegated Person)	<ul style="list-style-type: none"> - Complete and review risk assessments - Maintain accident logs - Coordinate training tracking - Support monitoring of contractor H&S documentation
All Staff & Associates/Contractors	<ul style="list-style-type: none"> - Understand and follow the H&S policy (sign to confirm) - Comply with all organisational procedures and training - Take reasonable care for personal and others' safety - Complete appropriate risk assessments - Supervise students safely and advise on equipment use - Report unsafe practices or conditions to line manager or H&S lead - Follow hygiene and safety rules, especially in emergencies - Use official documentation to report incidents or concerns - Highlight gaps in risk assessments and contribute to improvement - Report incidents promptly
Students	<ul style="list-style-type: none"> - Follow safety instructions from staff - Comply with Nudge Education's agreed safety standards - Follow hygiene and emergency protocols where appropriate

Risk Assessment Policy

Nudge Education uses a **Risk Assessment Matrix** (source: crisisprevention.com) to evaluate the severity and likelihood of hazards across all operations. All staff must understand how to identify, assess and manage risks using this matrix, and apply control measures accordingly.

The Decision-Making MatrixSM

Severity of Harm	Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health	MEDIUM	HIGH	EXTREME	EXTREME	EXTREME
	Major Psychological or physical injury will require treatment leading to long term incapacity or disability	MEDIUM	HIGH	HIGH	EXTREME	EXTREME
	Moderate Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health	LOW	MEDIUM	HIGH	HIGH	EXTREME
	Minor Psychological or physical injury will be non-permanent and/or cause no lasting ill-health	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	Negligible Psychological or physical injury will be minimal	LOW	LOW	LOW	MEDIUM	MEDIUM
		Rare Will probably never happen	Unlikely Is not expected to happen, but it could	Possible Might happen	Likely Will probably happen	Certain Will undoubtedly happen
		Likelihood of Behaviour				



Standard Risk Assessments

Three baseline risk assessments must be conducted for all new student engagements:

- **Lone/Home Working Risk Assessment**
- **Transporting Student Risk Assessment**
- **All Visits Risk Assessment**

Further **student-specific or activity-specific** risk assessments will be completed where necessary and stored securely. These will be shared with all staff involved in the commission.

Staff and associates/contractors will be given appropriate training on how to conduct and review risk assessments prior to conducting work for Nudge Education.

Risk Assessment Review Protocol

Risk assessments must be reviewed promptly after any accident, incident, near miss, or when significant changes occur, as well as at least once each academic year. They should also be revisited whenever new safeguarding information arises. Reviews will consider a broad range of risk domains, including health and medical concerns, emotional or behavioural regulation, absconding or disengagement, mental wellbeing, exposure to substances, risks of peer exploitation or gang involvement, family or home environment factors, and any history of risk-taking behaviours.

Nudge Education operates a hierarchy of controls in relation to risk assessment as shown in the diagram below. From left to right, this is the priority that we approach hazards and risk assessment planning.



1. Eliminate the hazard



2. Reduce the hazard



3. Prevent contact with the hazard



4. Use a safe system of work



5. Use personal protective equipment

Training & Competency

All staff and associates must complete:

- H&S Induction Training prior to beginning work, relevant to the work being carried out.
- Annual refresher training in H&S, safeguarding, and lone working, relevant in relation to work being carried out.
- Activity-specific training (e.g. transporting students, medical protocols, complex needs support) relevant to the work being carried

Records of all training are stored securely and monitored by managers.

Accident, Incident, Near Miss & Dangerous Occurrence Procedure

Purpose and scope

This procedure applies to all employees, associates/contractors, volunteers, pupils/students, visitors and activities on or off site (including home-tuition, transport, trips, placements and third-party venues). It covers:

- **Accident** (injury or ill-health), **Incident** (unplanned event causing or with potential to cause harm), **Near Miss** (no harm but could have), and **Dangerous Occurrence** (serious specified event).
- Safeguarding considerations where the event involves a child/young person or could indicate unsafe supervision, environment, or conduct.

We promote a **no-blame, learning culture**: reporting is encouraged and never punitive.

Definitions (for clarity)

- **Accident:** Unplanned event causing injury/ill-health.
- **Incident:** Unplanned event that caused or could cause harm (includes violence/aggression, behavioural crises).
- **Near Miss:** No injury/ill-health but clear potential.
- **Dangerous Occurrence:** A specified serious event (e.g., equipment failure, fire/explosion, structural collapse) that may trigger **RIDDOR** reporting.
- **RIDDOR-reportable:** Fatalities, specified injuries, over-7-day incapacitation, occupational diseases, and specified dangerous occurrences.

Immediate recording (at once)

Responsible: Person witnessing / first aware (or most senior person present).

Actions (do all):

1. Make the area safe; call **999**/first aider if required.
2. Provide first aid; arrange escort to urgent care if needed; inform parent/carer where a child is involved.
3. **Record immediately** in the organisational reporting system/Accident Book: who, what, where, when, injury/impact, actions taken, witnesses, photos/CCTV reference, equipment IDs.
4. **Safeguarding check:** if a child/young person is involved or there are concerns about supervision/behaviour/environment or staff conduct, **notify**

the DSL (or deputy) immediately as well as logging the H&S report.

5. **Preserve evidence** for investigation (do not move plant/equipment after serious injury/dangerous occurrence unless necessary for safety).

If in doubt who should take ownership, the Director of Operations assumes responsibility.

Triage & investigation (start within 24 hours)

Default Owner:

- **Line Manager / Site Lead** for low-medium severity.
- **Director of Operations** for high/critical events, complex cases, RIDDOR triggers, safeguarding crossover, multi-site impact, contractor incidents, or if the appropriate manager is unavailable.

Within 24 hours (or sooner for serious events):

- **Classify severity** (Low / Medium / High / Critical) using injuries, lost time, potential severity, and safeguarding indicators.
- **Immediate controls:** isolate hazards, withdraw equipment, increase supervision, suspend activity/visit if needed.
- **Plan the investigation** (proportional to severity):
Take statements, time-line the event, secure photos/CCTV, collect training/maintenance/risk assessment records.
- Review relevant **risk assessments, SOPs, care plans, behaviour plans, Positive Handling plans.**
- **Safeguarding pathway:** DSL (or deputy) reviews in parallel where a child is affected; manage information-sharing on a need-to-know basis.
- **RIDDOR triage:** H&S Lead/Director of Operations decides if reportable and ensures statutory notification to HSE within required timescales (see §7).

Review for learning & update controls (close actions within 5 working days)

Owner: Director of Operations (include DSL for child-related cases).

Outputs:

Following an incident, the review process must identify the root causes at immediate, underlying, and systemic levels. Corrective and preventive actions are then agreed, with clear owners and deadlines, which may include changes to supervision, environment, equipment, staffing, or behaviour support. Risk assessments and procedures are updated and reissued, and staff are briefed through toolbox talks or equivalent. Any training or competence gaps are addressed through induction, refresher, or specialist training. Communication is provided to affected staff and, where appropriate, parents, carers, or commissioners. High-risk activities or areas remain closed until the Director of Operations confirms that revised controls are safe.

Escalation matrix (who leads)

- **First Aider on scene:** immediate care; handover to emergency services where applicable.
- **Line Manager / Site Lead:** most Low/Medium cases; initiates 24-hr investigation.
- **Director of Operations (default owner when unsure):** any High/Critical severity, RIDDOR triggers, child injury needing medical treatment, suspected unsafe supervision/conduct, multi-site impact, media/reputation risk.
- **CEO:** briefed on Critical events, fatalities, multi-agency investigations, regulatory visits.
- **DSL:** parallel lead on safeguarding concerns (child-on-child harm, staff conduct, possible neglect/abuse indicators).
- **External H&S Adviser:** consulted on technical/complex hazards and for Serious Incident reviews.

External notifications (statutory & contractual)

RIDDOR (HSE) – Director of Operations/H&S Lead ensures:

- **Without delay:** fatalities, specified injuries, dangerous occurrences.
- **Within 15 days:** over-7-day incapacitation.
- **Occupational diseases:** on diagnosis (where reportable).
Keep HSE reference numbers in the incident file.

Other notifications (as applicable):

- **Police/Local Authority** where required (e.g., serious injury on a public highway, safeguarding offences).
- **Commissioners/Insurers** per contract/policy conditions.

Record-keeping & data protection

Accident/incident records: secure, accurate, and contemporaneous; link H&S log to safeguarding record where applicable.

Retention (minimum):

- Accident form entries: 3 years from incident (or longer where civil claims may arise)
- Child injury records: retain until the child's 25th birthday (Limitation Act timeframes).
- RIDDOR records: at least 3 years; we will retain 6 years as organisational standard.
- Access is restricted; information shared on a **need-to-know** basis only.

Monitoring, assurance & learning

- **Monthly:** H&S Committee reviews incident trends, CAPA completion, safeguarding crossovers, and RIDDOR status.
- **Termly:** The Director of Operations submits an H&S and Safeguarding Safety Report to SLT/Board (including lessons learned, training uptake, audit findings).
- **Post-incident debriefs:** offered to staff/students; consider wellbeing support and supervision following traumatic events.
- **Audits/inspections:** unannounced spot checks; annual programme aligned to risk profile.

10) Special contexts

- **Off-site/Trips/Transport:** Trip Leader/EVC must follow this procedure; stop/return if controls cannot be assured.
- **Lone working/home tuition:** immediate check-ins after incidents; review lone-working risk assessment before next visit.
Violence & aggression/behavioural crises: de-escalate per training; record as incident; review Positive Handling plan and behaviour supports.
- **Contractors/visitors:** must report to our system; their manager and our Site Lead co-investigate; work may be suspended pending controls.

If the incident meets the criteria outlined in **RIDDOR 2013**, a formal report must be made online or via telephone to the Health and Safety Executive. This includes:

- Fractures or amputations
- Loss of consciousness or serious burns
- Injuries requiring hospital admission over 24 hours
- Dangerous occurrences involving equipment, fire, or gas
- Occupational diseases diagnosed by a medical professional
- Over 7-day incapacitation if a worker

Reports **must** be made within 15 days of an accident

Designated Safeguarding Leads (DSLs) must also be informed where safeguarding concerns emerge from any incident.

If any of the accidents or dangerous occurrences/near misses fall under the categories as listed in the HSE publication; "[Reporting accidents and incidents at work; a brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)"

A report must be made by an appropriate person using the forms at; <http://www.hse.gov.uk/riddor>.

All incidents can be reported online but a telephone service remains for reporting fatal and specified injuries only. Call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

A list of specified injuries and dangerous occurrences are listed in Annex B of this policy

In the event of RIDDOR being contacted, Diego Melo and Brian Mair must be informed.

First Aid Policy

In any situation whereby tuition or engagement activities are undertaken by staff or a contractor of Nudge Education, at least one person will have valid and up to date first aid training. First aid IS NOT to be administered by anyone who is not trained, the student should be taken to the nearest walk-in centre.

A record of all qualified first aiders and details of training will be kept on record by Nudge Education and will be made available to commissioners and other bodies upon request.

An emergency contact number for each student will be kept by Nudge Education and a parent/carer will be informed as well as the commissioner if first aid is administered.

In the case of head injuries, the student will be immediately sent/taken to hospital.

For serious and life-threatening injuries, an ambulance will be called immediately whilst emergency first aid is being administered. When external venues are to be used such as libraries or community centres, part of the initial checks will be to ensure that there are trained first-aiders on site at all times.

All staff and associates/contractors are/will be provided with an approved first aid kit before they start their first intervention. It will be their responsibility to keep this stocked. They will also be trained in how to administer basic first aid.

Using the guidance from:

<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

The first aid kit should contain:

- a leaflet giving general advice on first aid – [HSE information is available](#)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

Medication Policy

As part of the initial assessment Nudge Education undertakes with a student we will ask about any medication that a student has to take regularly. As part of this process we will;

- Ensure that any student that needs support in taking their own medication will be paired with a staff member or associate who is trained in the administration of medication.
- Confirm that any medication is officially labelled with the student's name and date of birth and dosage information on original packaging
- Request that the parent or guardian (including residential and care settings) will administer the medication for that student prior to the education session commencing.
- Report to our commissioner if a student requests or takes medication that is not in their initial assessment or student pen portrait to safeguard them effectively.
- If emergency medication needs to be administered in a situation that our staff or associates/contractors are not trained for, the emergency services will be contacted.
- Ensure that any medication given is recorded including information of dosage & time of administration

This guidance is further detailed in our standalone [Administration of Medication Procedures](#)

Fire Safety Policy;

Nudge Education currently operates a small number of offices across the country. They will not be used to deliver student interventions. In this environment the organisation will;

- Ensure all visitors are signed in and out of the premises so there is an up to date register in case of an evacuation
- All non-hardwired equipment will be monitored on a regular basis.
- Ensure that we have a copy of the landlord's fire risk assessment and emergency procedure policy and processes to update our staff and visitors accordingly.
- Appoint a fire warden to be the main point of contact for Nudge Education staff, contractors and visitors who are on site at the point of an emergency.
- Keep up to date plans of escape routes.
- Hold or participate in a fire drill and keep a record of this on a six monthly basis.

For sites where Nudge Education will hire on a temporary basis for education purposes, the organisation will;

- Follow all processes that the landlord requires us to for the purpose of fire safety such as drills, alarm tests and such like.

- Appoint one person who will be the main point of contact during a fire or other emergency.
- Make sure that a copy of all relevant fire and building risk assessments are seen before a hire agreement is signed.
- Complete our own H & S vetting form making sure we have noted access and egress routes, muster points, potential hazards and also accessibility options for people who have mobility problems.

Monitoring and Policy Review

This policy will be reviewed:

- Annually, or
- Following a serious incident, change in legislation, or significant operational change

All staff and associates must comply with this policy, contribute to its review and report gaps or hazards using approved documentation

Linked Policies & Procedures:

[Business Continuity Procedure](#)

[Hybrid and Remote Working Policy](#)

[Child Protection and Safeguarding Policy](#)

[Trauma-informed Practice Policy](#)

[Physical Intervention Policy](#)

[Anaphylaxis and Auto-injector procedures](#)

[Administration of Medication Procedures](#)

Annex A- First Aid General Precautions:

(Source <https://www.hse.gov.uk/pubns/indg347.htm>)

What to do in an emergency

Priorities

Your priorities are to:

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any **unconscious** casualties;
- send for help – do not delay.

Check for a response

Gently shake the casualty's shoulders and ask loudly, 'Are you all right?'

If there is no response, your priorities are to:

- shout for help;
- open the airway;
- check for normal breathing;
- take appropriate action.

A Airway

To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.



B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.



If the casualty is breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.



If the casualty is **not** breathing normally:

- get help and call for an AED* if available
- start chest compressions (see CPR).

C CPR

To start chest compressions:

- lean over the casualty and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;
- after 30 compressions open the airway again;
- If an AED* is available use in accordance with your training/manufacturer's instructions
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;



- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.

Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help**. **Do not move casualties** unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 20 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid

* Where an employer has identified through their needs assessment that they wish to provide an Automated External Defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations the employer should provide information and written instructions – for example, from the manufacturer of the AED – on how to use the AED. The Approved Code of Practice (ACOP) and guidance on PUWER (L22 - <http://www.hse.gov.uk/pubns/priceid/22.pdf>) provides information on instructions, maintenance, inspection and the suitability of work equipment.

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- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.



If the casualty is breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.



contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty

immediately afterwards (eg went back to work, went home, went to hospital);

- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Further information

For information about health and safety visit <https://books.hse.gov.uk> or <http://www.hse.gov.uk>. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@williamslea.com

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6668 3.

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Annex B; Reportable injuries and dangerous occurrences under RIDDOR 2013

What must be reported?

Work-related accidents

For the purposes of RIDDOR, an accident is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work.

Not all accidents need to be reported, a RIDDOR report is required only when:

- the accident is work-related; and
- it results in an injury of a type which is reportable (as listed under 'Types of reportable injuries').

When deciding if the accident that led to the death or injury is work-related, the key

issues to consider are whether the accident was related to:

- the way the work was organised, carried out or supervised;
- any machinery, plant, substances or equipment used for work; and
- the condition of the site or premises where the accident happened.

If none of these factors are relevant to the incident, it is likely that a report will not be required.

See [Example incidents](#) to further understand things that do/don't need to be reported

Types of reportable injury

Deaths

All deaths to workers and non-workers must be reported if they arise from a work related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

Specified injuries to workers

- The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes:
- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalpings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to

hospital for more than 24 hours.

Over-seven-day injuries to workers

This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident)

Injuries to non-workers

Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish

what hospital treatment was actually provided, and 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).

Reportable 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.

ANNEX C:

Accident & Incident Reporting Form (Source: asana.com)

Safeguarding Concern/Accident/Incident Form

Please use this form to report a concern or event that has occurred during or around the intervention you are working on. Please contact your Education Intervention Co-Ordinator (EIC) for advice on completing this form:

Keep records in chronological order of events

Key points:

- Does your report clearly and appropriately communicate the facts?
- Is it relevant and accurate?
- Is it free from jargon and abbreviations?
- Is it free from professional bias?
- If there is a history of low-level concerns, please refer back to these as it can help to establish a pattern of events that may have previously seemed irrelevant.

Name *

Email address *

Which student does this report refer to? (NUDGE INITIALS) *

Student name (in full) *

Which region is this being reported from? *

Which education intervention co-ordinator (EIC) is overseeing the intervention? *

Who is your Assistant Regional Lead? (ARL) *

Choose one... ▾

Who is the report regarding?

- ☐ Student
- ☐ Parent
- ☐ Practitioner
- ☐ Peer/friend of student
- ☐ Other professional
- ☐ Other

If you have put "Other professional" or "Other", please provide detail below

Enter your answer

What type of report are you submitting? *

Accident/ Incident ▾

Type of event *

Choose one... ▾

What category of accident/incident applies?

Choose one... ▾

Date of Accident/ Incident (NOT DATE OF REPORT) *

 Enter a date

Date report being made *

 Enter a date

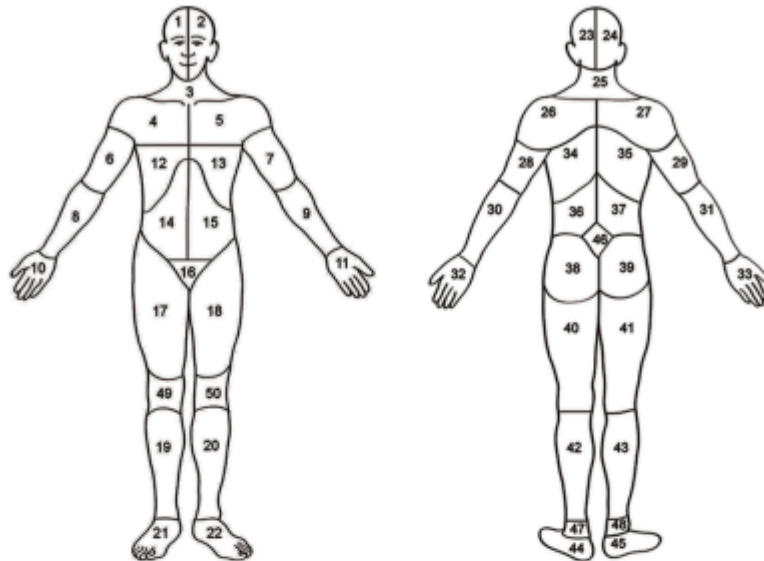
What time did the accident/incident occur? *

Enter your answer

Name (s) and contact information of people involved in the accident/
incident *

Enter your answer

Duplicate of If there are any observed injuries, where were they located
You may select more than one option. The body map below may help you.



- ☐ Head (provide detail in response below)
- ☐ Neck
- ☐ Upper Torso
- ☐ Lower Torso
- ☐ Groin/Genital Area
- ☐ Left Arm
- ☐ Left Hand
- ☐ Right Arm
- ☐ Right Hand
- ☐ Left Leg
- ☐ Left Foot
- ☐ Right Leg
- ☐ Right Foot
- ☐ Buttocks

Give a full and factual account of the events leading up and during the
accident/ incident

Enter your answer

https://form.asana.com/?k=A7ISOEdm7_HicmHDmDb0vQ&d=136131083582484

3/5

Description of any injuries *

Enter your answer

If there is any supporting paperwork, photographs or videos to support your description please include them here. DO NOT take any photographs of an injury at this point. Focus more on physical environment that may support your account.

Select files...

or drag and drop files here

Give details of first aid or treatment provided on site including the name and contact information of people who administered it

Enter your answer

If there were any witnesses to the incident please put the contact information below and indicate if a witness report was taken (however basic)

Enter your answer

Does any of the following apply? *

- ☐ Session ended early
- ☐ Student required hospital treatment
- ☐ Staff required hospital treatment
- ☐ Someone else required hospital treatment
- ☐ More than one day's absence from work/education
- ☐ Fatality
- ☐ None of the above

Who was contacted regarding the incident?

- ☐ Case Manager
- ☐ Regional Lead
- ☐ Designated or Deputy Safeguarding Lead
- ☐ Parent/Carer
- ☐ Commissioner
- ☐ Social/Key Worker
- ☐ Front door service (Children's Social Care Team/ Safeguarding Partnership)
- ☐ PREVENT

Was session ended early?

Choose one... ▾

RISK ASSESSMENT

Have the risk assessments been updated as a result of this event? *

Risk Assessments should be updated within 48 hours and the following should be considered as a result of this report:

- changes to control measures
- new control measures
- new hazards or risks

Please inform your Case Manager once the risk assessments have been updated

Choose one... ▾

Submit

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