First aid on a page

First aiders and emergency medication

- Full first aiders, emergency first aiders and paediatric first aiders are trained at every school. The schools hold a list of the first aiders and their locations in the school
- First aid checks are carried out termly to ensure all bags/boxes are well stocked
- The schools hold additional emergency inhalers and epi-pens/Jext in case of failure
- The schools have a defibrillator on site and staff are trained to use it
- All staff administering medication must ensure this is promptly recorded on Medical Tracker in line with Administering medicines policy – this includes class staff where medication is administered in class (such as asthma pumps) (added Jan 25)

Staff injury, pupils/staff sent to hospital

- Staff injury: complete an HS157 form to provide information. This must be completed with the Head or First aider (not by staff member alone)
- Pupils sent to hospital: accident is logged in Medical Tracker – investigation will be undertaken
- Staff sent to hospital: complete HS157 form - investigation will be undertaken
- If an Adrenaline Auto Injector (Jext/Epi-pen) is used, this must be sent with the person affected or handed to the ambulance team (added March 25)

Staff or pupils requiring additional support with long term or short term mobility issue/health need

- PEEP must be completed along with agreement from carer/parent for child
- Pupils must have a health care plan in place
- Medication is stored safely at all times
- Staff are trained to administer medication
- Staff should see HR and a PEEP/Health Care Plan may be needed

Head injury/suspected head injury

- Class teachers must be made aware
- First aider must check and follow up within 1 hour to check for any signs of deterioration
- Any child displaying signs of concussion will be treated as though a head bumped happened (even when not witnessed or reported)
- Parents will be informed using school mechanism
- Medical advice will be sought or ambulance/parents called depending on severity

Accident recording

- All accidents requiring action by first aiders must be appropriately recorded on Medical Tracker
- Parents/carers must be informed about accidents involving their children – by phone, face to face or through Medical Tracker email notification which is sent same day
- All incidents must be recorded appropriately and use correct spelling, punctuation and grammar
- Should a child need to be checked by a parent, may need to have additional medical checks (GP rather than A&E) or where parents could be concerned, parents MUST be contacted by phone and then the Medical Tracker completed (added Dec 2025)

Children who refuse first aid

- Any pupil who refuses to have first aid checking/treatment: should be offered support from several familiar adults first. If still refusing to have checks/treatment, the parents/carers must be called to notify and seek advice. This must be logged on Medical Tracker

First aid supplies, Health Care Plans, medication & AED

- The health care plans and emergency medication for any given child should remain with them (at playtime, lunchtime, in outside lessons, on trips/visits). Staff accompanying the child must ensure this is the case
- In the event of a fire evacuation, all health care plans, emergency medication and first aid bags must be taken outside. Office staff will bring the AED

Anaphylaxis: see page 9 Asthma: see page 10 Epilepsy: see page 11 Ticks: see page 17
Human bites: see page 14

Policy Document for: First Aid

Due for Review: Spring 2027

Additions/amendments in this version

Page 4	*Addition of paediatric first aider for EYFS children*
Page 8	*Addition of section for medical/first aid bags*

Introduction

Please also refer to the **Pupils with medical conditions, Food Allergens** *(added June 2023)* and **Administration of Medicines** policies.

The Health and Safety (First Aid) Regulations 1981 state the requirements relating to employees, which in the context of schools includes pupils. Responsibility for health and safety in our schools, including the administration of first aid, lies with the Board of Trustees.

Teachers are not required to give first aid under their conditions of employment, but any employee can volunteer to be the first aider and the trustees are responsible for ensuring that there are sufficient trained persons to meet the statutory requirements and identified needs at all times. Any first aider must receive HSE approved training.

Daily minor first aid situations may be dealt with by emergency first aiders. However, any employee or any person volunteering to administer first aid will be covered and indemnified under public liability insurance policy.

Our schools follow the requirements for paediatric training and handling accidents or injuries as set out for early years pupils in the DFE's *Statutory framework for the early years foundation stage – updated Sept 2021* *Early years foundation stage (EYFS) statutory framework - GOV.UK*. First aid in school First aid in schools, early years and colleges - GOV.UK (www.gov.uk) Health and safety in school Health and safety: advice for schools - GOV.UK (www.gov.uk) and incident reporting Incident reporting in schools (accidents, diseases and dangerous occurrences): Guidance for employers (hse.gov.uk) and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.
This policy statement must be considered in conjunction with the Trust's **health and safety** policy.

Objectives and targets

The trust aims to ensure that:

- All legal requirements for first aid are fulfilled.
- The school has sufficient members of staff trained and available to support the legal requirements for first aid coverage.
- First aid facilities including first aid boxes and first aid areas are fit for purpose.

Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the layout and location of the school. The appointed person does not need to be a trained first aider.

First aiders

First aiders are trained and qualified to carry out the role and are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary

- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

On a day-to-day basis, the first aid officers have the responsibility to:

- Complete a training course approved by the Health and Safety Executive (HSE).
- Be aware of the details of all first aiders and the location of all first aid boxes.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.
- Take precautions to avoid infection and follow basic hygiene procedures. Staff will have access to single-use disposable gloves and hand washing facilities, and must take care when dealing with blood or other body fluids and disposing of dressings or equipment.
- Ensure that an adult witness is present if tending to an intimate part of the body.
- Complete incident reports on Medical Tracker (edited Jan 25)
- Complete accident/incident report on Medical Tracker and/or HS157 form (for staff) for more serious incidents through working collaboratively with the Heads (edited Jan 25)
- Deal appropriately with head bumps according to this policy
- Report to the Head any time that first aid is given under circumstances which need to be later reported to HSE under the 'Reporting of injuries, diseases and dangerous occurrences regulations 1995 (RIDDOR)'

Head of School/ Headteacher

In discharging its duty of care, the Trustees delegate to the Head the operational responsibility for ensuring that first aid procedures are carried out to comply with legal requirements. This will include:

First aid risk assessments including:

- Consideration of the size of the school and its layout and location.
- Specific hazards or risks on the site.
- Specific needs.

Additional responsibilities include:

- Selection of first aiders, and number required – ensuring the first aiders lists are distributed around the school
    - Office
    - Heads office
    - Staff room
    - Kitchen/servery
    - With emergency bags
    - In communities/corridors

- Ensuring first aid training is up-to-date and sufficient for school needs by liaising with HR to arrange training in good time
- Ensuring that first aid provision is available at all times while people are on the school premises, and also off premises while on school visits.
- Reassessment of first aid provision through working with the Emergency team
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Ensure that the first aid rooms are well maintained and fit for purpose
- Providing information as required.
- Considering insurance cover.
- Ensuring all accidents and near misses for staff, pupils and visitors are recorded on an HS157 form (held on SharePoint) and complete investigation. These are stored on SharePoint (edited Jan 25)

- Ensuring that incidents involving pupils and staff is reported to RIDDOR where needed
- Consult with Judicium whether or not an incident will need to be reported to RIDDOR (edited Jan 25)
- Undertake triaging/spot checks of Medical Tracker to check how incidents have been recorded and treated. Spot check that all notifications are being sent home daily to ensure no incidents are missed (added Jan 25)
- Feedback to staff about quality of incident logging and deliver CPD to keep high quality and consistent medical records (added Jan 25)
- Ensuring that EYFS children have a paediatric trained first aider observing them when they eat and drink (added Jan 26)

Class facing staff

- Ensuring that health care plans and medication is taken with the child whenever they leave the classroom (such as break times, PE etc)
- Ensuring that a first aid kit is taken out whenever an emergency evacuation is underway
- Ensure that any medication given to a child in class, such as asthma medication, is logged appropriately and promptly on Medical Tracker (added Jan 25)

Site Managers

- Ensuring that access to the school site for emergency vehicles is maintained at all times

Staff responsible for checking supplies

Members of staff at each school are responsible for termly checks of:

- The first aid supplies to ensure sufficient stock
- first aid kits to check they are correctly stocked with all supplies in date
- wall mounted first aid boxes/emergency first aid kits (all schools)

Plus

- Minibus first aid kit – Checked by the Trust Minibus driver (edited Jan 25)
- AED expiry dates and supplies are ready to use
- Emergency kits for asthma pumps and epi-pens are complete, clean and in date (asthma pumps have sufficient doses available)
- Alerting the office staff to order new supplies when needed.
- Returning checklists to Nicola U for evidence uploaded to Every

Kitchen staff checks

- Bobbing/Iwade: The catering contractor (Caterlink) check and maintain the kitchen first aid kits as part of their contract, so these are not checked by BA MAT staff.
- Grove Park/Aspire: the kitchen first aid kits are checked by the Kitchen manager on a termly basis

Wraparound provision

- Bobbing/Iwade: The Child's Play managers are trained first aiders and are responsible for checking the first aid kit used has the supplies replenished and up to date.
- Grove Park: Breakfast club lead
- Aspire: First aid kit located in the medical room. Part of the first aid checks by Louise P

HR team

The HR team is responsible for:

- Ensuring that a register of first aiders is maintained, by working collaboratively with the Heads
- Ensuring that training is booked and carried out to ensure all first aiders qualifications are up to date by collaborating with the Heads
- Holding copies of first aid certificates on file
- Updating the first aid register and circulating this to the Heads so the updated lists can be displayed

Forest School Leaders

- The Forest School Leader in school will ensure all children, staff and visitors attending Forest School are informed of the actions to take in the case of an emergency.
- In case of an accident or emergency, the Forest School Leader is responsible for assessing the situation and decide the next course of action to take.
- It is the Forest School Leader's responsibility to also ensure the rest of the group are safe and out of danger.
- The Forest School Leader will direct other members off staff to supervise remaining children in case of an accident or in an emergency
- The Forest School Leader is responsible for the first aid kits, safety resources and tools on the Forest School site.
- The Forest School Leader will ensure that all health care plans and medication is taken with the group of children to the session and return it afterwards. All administration of medicines will be recorded appropriately
- The Forest School Leader will coordinate with the staff responsible for checking supplies to ensure that their first aid kit is fully stocked at all times and all supplies are in date

Hirers

When others use the premises, e.g. for extended activities at the school or by those who hire any of the school premises the premises must be safe for the purpose for which they are to be used and organisers must make it clear that the premises cannot be used for other purposes. Risk assessments relating to community facilities and activities on the premises must be carried out. The school's health and safety policy must be altered so as to manage and, where possible, to reduce these risks.

Hirers and those involved in extended school activities must be made aware of:

- Their health and safety responsibilities and duties.
- Any specific health and safety issues (e.g., hazards on the premises).
- First aid arrangements in the school.

This is all detailed in the **Lettings** policy.

Trip leader for off site visits

When taking pupils off the school premises, the trip leader will ensure they always have the following:

- A mobile phone
- A portable first aid kit including, at minimum:
  - A leaflet giving general advice on first aid
  - 6 individually wrapped sterile adhesive dressings
  - 1 large sterile unmedicated dressing
  - 2 triangular bandages – individually wrapped and preferably sterile
  - 2 safety pins
  - Individually wrapped moist cleansing wipes
  - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)

- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the trip leader and checked by the Heads prior to any educational visit that necessitates taking pupils off school premises. The RA will also include details of any person attending (staff and pupils) who may require emergency medication, or routine medication. An appropriate quantity of medication will be taken (such as ADHD medication needed for the trip and not the full stock held by the school). A device which can connect to Medical Tracker will be taken, or a paper form which is then uploaded by the class teacher to Medical Tracker on arrival at school. See the **Administration of Medicines** policy. (added Jan 25)

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

See also the Trips planning forms and guidance.

Local Medical Facilities

Sheppey NHS Healthcare, Sheppey Community Hospital

Plover Road
Minster On Sea
Kent
ME12 3LT
Tel: 01795 879 199

Sittingbourne Memorial Hospital

Bell Road
Sittingbourne
Kent
ME10 4DT
Tel:01795 418300

Procedures

Medical Tracker

As of January 2025, the Trust schools moved to Medical Tracker to track medication and first aid incidents rather than paper based systems (added 10th December 2024). All notifications must be sent SAME DAY (added Jan 25)

All incidents logged must be written with correct spelling, punctuation and grammar and appropriately recorded to be shared with parents & carers (added Jan 25)

Accident and near miss recording

- It is a legal requirement to record some accidents such as over 3 day staff injury and is in line with the **Health & Safety** Policy
- It is good practice to record all staff, pupil and visitor accidents including near misses – use the HS157 form held on SharePoint or see the Office
- These should be completed and given to the Head who will investigate further and put into place any additional mitigation. This form is then uploaded to SharePoint
- Where necessary, the Head will contact the H&S Consultant at Judicium
- The Emergency team can then monitor the accidents and ensure that appropriate risk assessment and mitigation is in place to prevent further accidents
- The accident form (logged on Medical Tracker or on HS157) **must** include what first aid was given.

Staff and visitor accidents and near misses

- The accident must be recorded on an HS157 form which is held in SharePoint and in the main office
- The first aid given must be recorded on the form – the HS157 must be completed with the Head or first aider as a safety mechanism (edited Nov 24)
- Where possible, the Head will then complete the actions to be taken with the member of staff at the time as a collaborative approach (edited Nov 24)
- The Head will complete a Trust accident/near miss investigation and complete with the outcomes of the investigation, any updates to RA, any new training needed etc. This completed form and documents is then shared with the person/people involved
- Where necessary, the Head will contact the H&S Consultant at Judicium
- Staff who are involved in accident investigation have completed annual training for this

Pupils who have an accident resulting in an injury

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- If a first aider is needed, they must go to the injured person, rather than having the person bought to them (since this could worsen some injuries) (added Jan 25)
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents. This includes incidents where parents may want additional checks (such as GP appointment rather than A&E) or would want to come and check on their child (edited Dec 25)
- If emergency services are called, the Head or the Office Manager will contact parents immediately
- There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.
- An investigation may be undertaken depending on the nature of the injury and whether the injury should be reported via RIDDOR.
- The incident will be recorded on Medical Tracker (added Jan 25)

Pupils who feel unwell

- Pupils who feel unwell should be taken to the office by a member of class facing staff to explain the nature of their illness and the decision to send a sick pupil home will be made by the teacher, Office team or member of the senior staff
- The Office will contact the parent/carer to ask them to collect their child as soon as possible
- Pupils sent home will be signed out for fire safety purposes.

Pupils with a healthcare plan

Templates for healthcare plans are in the administering medicines policy on SharePoint.

- Any pupil who becomes unwell and has a healthcare plan should have this actioned immediately as this will state what should happen in such an incident – for example this may be to administer an epi-pen or call an ambulance
- **Pupils with medical needs** policy and the **Food Allergy** policy sets out how key members of staff must be made aware of which children have medical needs and food allergies
- Healthcare plans (HCP) are made available to the class teams and wraparound provision staff via Arbor where they are pinned to the pupil record
- HCPs are printed and held with the medication for the child. This moves with the child e.g. outside at playtimes, PE, Forest School, emergency evacuation etc
- Pupil EpiPens/Jext are kept in the first aid box in the classroom. PE staff and staff supervising visits off-site should be particularly mindful of pupils requiring EpiPens/Jext.

- Our schools hold salbutamol inhalers for use only in emergencies. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty).
- The emergency inhalers and Epipens/Jext are held in the main school office/medical room (Aspire)

Pupils who refuse first aid

The First Aiders are aware that some children may refuse first aid checks and first aid treatment for a number of reasons. If this is the case, despite several offers of help by familiar staff, parents/carers will be called to inform them. (Added 10/12/24) This must be logged against the incident recorded on Medical Tracker (added 30/1/25)

Medical/first aid bags

(Added Jan 2026)
First aid bags/medical bags with emergency medication will be taken with the children when they move around the school, such as at playtime, lunchtime or for education such as PE. Bags must be kept under supervision by members of staff and must not be left unattended at any time. All bags must be returned to the classroom by the staff team.

Staff with a risk assessment/PEEP

Some staff have additional health needs which require risk assessing to ensure all the correct support and procedures are in place. These are recorded in a risk assessment and a PEEP (where the member of staff may need support in evacuating safely). These documents are held in confidence and only shared with staff who need to know (such as the Heads).

- Where detailed, medication for the member of staff must be taken out during evacuation and held safely by them
- The AED must be taken outside at each school. This will be taken out by the Office team.

Accident investigation

The Head of School will lead the accident investigation/near miss and decide on the depth of the investigation depending on:

- Whether the incident is likely to happen again – investigation helps identify how to prevent this recurrence
- Nature of the injury – anything reportable to RIDDOR will be investigated
- Number of similar incidents – to look for any patterns around the safety of the site, or supervision/CPD requirements
- Dangerous occurrences Dangerous occurrences - RIDDOR - HSE (likely to be unusual in our school setting)
- All investigations are completed and held on Teams

See also the **Health and Safety** policy.

Dealing with accidents and emergencies including head bumps

- Outside of class time, pupils should be dealt with in the first instance by a first aid trained member of staff on duty. However, if the injury is more serious and requires first aid treatment, the pupil should be treated by a community first aider (and/or an office first aider if further assistance is required).
- All accidents and emergencies (no matter how minor) must be recorded on Medical Tracker and notifications sent by email to parents/carers. In some cases, parents/carers will also be called by phone and/or seen at the end of the day (edited Jan 25)
- Community first aiders must follow up all incidents requiring first aid, including falls, within **1 hour** of a child returning to the classroom to ensure that there has been no deterioration in their condition and demonstrate no sign of concussion.

- If the child has not reported a head bump at the time, but starts to demonstrate signs of concussion, the first aider must ask the child whether they hit their head earlier (in cases that this has not been initially reported)
- Children with healthcare plans should have these initiated to deal with the emergency procedures
- During lesson times, if members of class staff are unable to deal with the injury, then the pupils should be referred to a community based first aider. If the injury is more serious and requires first aid treatment, the Office must be contacted in case emergency services are needed
- Where necessary, the parent/carers will be contacted to inform them or to ask them to come and collect their child to take them for medical care
- If an ambulance has been called and the child is assessed as needing further medical care, a member of staff known to the child will go with them, if the parent/carer has not yet made it to the school. Parents will be kept updated regularly in incidents such as these.

Head injury/suspected head injury

- All head bumps/injuries **must** be recorded/reported on Medical Tracker (edited Jan 25)
    - Iwade/Bobbing/Grove Park: a wristband issued and affixed. Parents/carers must be contacted directly and immediately if there is a concern about the child (edited Jan 25)
    - Aspire: head bump slip issued and parents called to notify them
- If a head bump happens during lunchtime or playtime, or when the child is outside learning with another adult, these **must** be reported to the class teacher once the class return so the child can be closely monitored
- Community first aiders must follow up all incidents requiring first aid, including falls, within **1 hour** of a child returning to the classroom to ensure that there has been no deterioration in their condition and demonstrate no sign of concussion.
- If the child has not reported a head bump at the time, but starts to demonstrate signs of concussion, the first aider must ask the child whether they hit their head earlier (in cases that this has not been initially reported)
- The Office staff/person logging the incident will ensure that the email notification has been sent to the parent/carer from Medical Tracker (added Jan 25)
- If the first aider believes that the injured person requires medical treatment, they will consult the Head/Office Manager and:
    - Arrange for the emergency services (999) to be called if necessary.
    - Arrange for parents to be informed.
    - Arrange for the injured person to be transported to A&E by ambulance or by parents.

Anaphylaxis

Since October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example. On rare occasions a second dose of adrenaline may be required.

First aiders are taught to know that it is possible for 20% of those affected by an allergic reaction to suffer a repeat reaction (even without a second exposure). After AAI use, these patients will be closely monitored in case of a repeated reaction (added March 25)

The anaphylaxis health care plan should set out whether parental permission is given if a child is unable or unwilling to inject themselves. (added March 25)

Emergency Adrenaline Auto-Injectors (AAI)

- Additional AAIs are held in the main office at all schools.
- These are checked termly to ensure they are in date.
- Whenever an emergency AAI is used, the Office Manager is informed so that replacements can be ordered

- Any child who is diagnosed with an allergy will have an anaphylaxis health care plan completed with the parents which sets out what needs to be in place to keep the child safe and able to access all aspects of school life
- The parents sign to agree whether or not an emergency AAI can be used – the list of these children is held with the AAIs. If these are deployed this must be recorded on Medical Tracker and the AAI handed to the Ambulance team.

See also the **first aid** risk assessment, **food allergens** policy and **children with medical conditions** policy and **Administering medication** policy held on SharePoint.

Staff training is carried out using National College Allergy and Anaphylaxis or Kent Community Health Team Health information - Kent family which also includes videos for using common types of AAIs (added 10 Dec 24)
Qualified first aiders receive training on using AAIs – any AAI used MUST be given to the ambulance team.

Asthma

This guidance is informed by Guidance on the use of emergency salbutamol inhalers in schools (publishing.service.gov.uk)

Asthma UK advise that all staff that come into contact with children should be able to recognise an asthma attack and know what they can do to help or get help.

When a child or young person has an asthma attack they should be treated according to their individual care plan and according to school asthma or medical conditions policy.

Emergency kit

An emergency asthma kit is held in the school office for each school, plus in Child's Play at Iwade. The emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler;
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The inhaler and spacer should not be locked away.

- These are checked termly to ensure they are in date
- The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.
- An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

The emergency salbutamol inhaler should only be used by children: - who have been diagnosed with asthma, and prescribed a reliever inhaler; - OR who have been prescribed a reliever inhaler; AND for whom written parental consent for use of the emergency inhaler has been given.

- A list is held with the emergency pump so it is noted when it has been used, for whom and how many puffs, along with checking that the parents have been informed of its use

Common signs of an asthma attack

The child or young person may be:-

- Coughing
- Short of breath
- Wheezing
- Complaining of a tight feeling in the chest
- Unusually quiet
- Having difficulty speaking/completing sentences
- Complaining of tummy ache (younger children)

The parent/carer should always be informed if their child has had an asthma attack or has been asking for their inhaler more than usual.

- Never leave a child who is having an asthma attack or send them away. Remember – **bring the inhaler to child not the child to the inhaler**.
- In an emergency school staff are required under the common law, duty of care to act as any reasonably prudent parent.
- All staff – especially those involved with PE activities - have training or receive information about asthma once a year. In particular, they should be able to recognise symptoms of an attack, know about asthma medications and what needs to be done in the event of a child having an attack. The school use the awareness videos held on Schools resource hub | Kent Community Health NHS Foundation Trust (kentcht.nhs.uk)

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children. http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

Staff training is through Health information - Kent family which includes a 26 min presentation, videos on using asthma pumps and direct training to book and Asthma Awareness Training Course for Schools with National College (added 10th December 2024)

Epilepsy

Epilepsy is the most common serious neurological condition. It affects about one in 279 children under 16. At BA MAT we also have staff who suffer with epilepsy. We support children with epilepsy and encourage them to reach their potential and take part in all aspects of school life. We ensure that all children and staff in the school understand epilepsy and do not discriminate against any children with the condition. The SENCo and Head of School will meet with the parents to draw up the healthcare plan and to identify any barriers which could prevent the child taking part and how these can be overcome.

We ensure that all staff fully understand epilepsy and seizure first aid, and that there is at least one member of staff trained to administer emergency medicines in school at all times. We also work together with children, parents, staff, governors, educational psychologists and health professionals to ensure this is successful for each child with epilepsy.

All class facing staff receive epilepsy awareness training annually via the School health videos Schools resource hub | Kent Community Health NHS Foundation Trust (kentcht.nhs.uk) which includes direct links to book in person training. National College also includes training Epilepsy Awareness Training Course for Schools (edited 10 December 2024)

Some children with epilepsy are prevented from attending school due to prolonged or recurrent absence as a result of their epilepsy. The SENCo or Head of School will meet with the parents and discuss how to make provision for this through remote education, planning a part-timetable (if needed) or planning the return to school. See the **children with health needs who cannot attend school** policy.

In case of an emergency evacuation, where a child or adult is having a seizure and must be removed from the building for safety some staff are trained in manual handling for adults.

Healthcare plan

Any child who is diagnosed with epilepsy will have a health care plan which is updated at least annually. This should include any identified triggers such as changes which make the child anxious or excited, lack of sleep or stress. Additionally, it will identify any areas of school life which may be affected by their epilepsy, as well as whether additional time will be needed in any summative testing. It will also set out if the child will need emergency medication and how it will be stored and that medical consent is in place.

Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

Mainstream schools: The SENCo will be involved to draw up an ILP to support the child if they are at risk of, or are falling behind due to their seizures. Wider agencies such as Educational Psychologist may also be requested to be involved.

All class facing staff who work with the child will have training to support the child in case of seizures. Any change in the pattern of seizures are to be reported to the parents

Tonic-clonic seizures

Children who have tonic-clonic seizures (previously known as grand-mal) lose consciousness and fall to the ground. Their body goes stiff and their limbs jerk. When their seizure is over, their consciousness returns, but they may be very confused and tired.

- Stay with the child
- Put something soft under their head if possible
- Do not put anything in their mouth, or attempt to restrain them
- Protect the child from injury by removing any object that could harm them
- Do not give them anything to eat or drink until they have fully recovered
- Put the child in the recovery position once the seizure is over
- Try and time the length of the seizure
- Stay with the child and reassure them once the seizure is over

It's important to note that most children need a rest following this kind of seizure. Depending on how they are feeling, they may be able to return to lessons. However, if they take many hours to recover, they may need to be taken home. Some people are incontinent during a seizure – cover them with a blanket when the seizure is over to prevent embarrassment.

Video: https://youtu.be/olArThAgUd8

Absence seizures

During an absence seizure (previously known as petit-mal) the child will briefly lose consciousness, but will not lose muscle tone or collapse. They will appear to be daydreaming or distracted for a few seconds. While these episodes may seem unimportant, they can happen hundreds of times a day. This can cause the child to become confused about what is happening around them.

Absence seizures are most common in children between the ages of six and 12 years old. As the child will lose consciousness during seizures, they are at risk of missing out on vital learning. If a child is having absence seizures during the day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis.

- There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.
- Guide the child away from any dangers
- Stay with them until they have recovered
- Explain anything they may have missed – don't assume they are aware of what is happening

Video link: https://youtu.be/JpPQbkMEYW8

Complex partial seizures

This type of seizure can be difficult to recognise. The child's consciousness level will be affected to some extent, and they will not be fully in touch with what is happening around them. During the seizure they may do things repeatedly, such as swallowing, scratching or looking for something. Complex partial seizures can be misinterpreted as bad behaviour. In fact the child will not know what has happened and will not remember what they were doing before the seizure started.

- Although there is no real first aid needed for complex partial seizures, it's important not to restrain the child unless they are in immediate danger. This is because they may not recognise you and become frightened. However, if the child is walking towards a busy road, you should try to guide them to safety.
- When the seizure ends the child is likely to be confused, so it is vital to stay with them and reassure them.

Myoclonic seizures

When a child has a myoclonic seizure the muscles of any part of their body jerks. These jerks are common in one or both arms and can be a single movement or the jerking may continue for a period of time. Myoclonic seizures happen most often in the morning, and teachers need to bear in mind that a child may be tired or lack concentration if they start school after having one of these.

- There is no first aid needed for myoclonic seizures unless the child has been injured, when usual first aid procedures are used.
- If the child is distressed by the seizure, they may need comforting and generally reassuring.

Video link: https://youtu.be/s8JrRuWfHOw

Atonic seizures

Atonic seizures cause a child to lose muscle tone. When this happens the child falls to the ground without warning. This can result in injuries to the face and head. Children who have regular atonic seizures may need to wear protective headgear to avoid injuries.

- There is no first aid needed for atonic seizures, unless the child is injured during the fall.

Video link: https://youtu.be/EEusUYl5uQ4

RAPs – mainstream schools

- Note the epilepsy on the RAP and ensure that when assessments are undertaken, the child receives additional time

Medication

- Medication taken for epilepsy can affect learning or behaviour – any changes should be reported to the child's parents.
- The only time medicine may be urgently needed by a child with epilepsy is when their seizures fail to stop after the usual time or the child goes into status epilepticus. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, emergency medication needs to be administered by a trained member of staff. If this isn't possible an ambulance should be called.
- The Trust ensures that there are sufficient staff trained in dealing with seizures

The following forms can be downloaded from the NCYPE website

- Contact details form, http://www.ncype.org.uk/dmdocuments/contactdetails.pdf
- Current medication record, http://www.ncype.org.uk/dmdocuments/currentmedication.pdf
- Individual Healthcare Plan, http://www.ncype.org.uk/dmdocuments/individualhealth-plan.pdf
- Record of the use of emergency medication, http://www.ncype.org.uk/dmdocuments/emergency-medication.pdf
- Seizure description chart, http://www.ncype.org.uk/dmdocuments/seizuredescription-chart.pdf
- Seizure record chart, http://www.ncype.org.uk/dmdocuments/seizure-recordchart.pdf

This guidance is drawn up with reference to Epilepsy UK and National Centre for Young People with Epilepsy. First aid for seizures in schools | Epilepsy Action Learning

See also the **pupils with medical conditions** policy held on SharePoint.

First aid waste and body fluid spills

- All first aid waste should be placed in a sick bag and then placed in the clinical waste bin
- PPE should be worn
- Bodily fluids (including vomit): staff are trained on using spill kits. These should be used to clean up the bodily fluids as soon as possible to restrict potential for infections to others (in line with the **Control of Infections** policy). Edited Jan 25)
- Blood spillages should be cleaned up using the spill kit and then double bagged and disposed of in clinical waste
- Sharps must be placed in the sharps bin – apart from Epipens which are sent with the ambulance crew as needed
- Mops should never be used for cleaning up blood or body fluid spillages

See the **cleaning premises** and **first aid** RAs

Human bites

(Added 21st Oct 2024)
At times, some children can become significantly dysregulated and may bite adults. If this happens, staff should go to the local Memorial Hospital and can be offered vaccination for Hepatitis B and Tetanus.

Defibrillator

All schools possess an automatic external defibrillator (AED) for emergency use. First aiders are trained to use the AED. The batteries and pads of each AED are checked termly to ensure they remain in date. AEDs are removed from the building during an emergency evacuation.

Forest School

- The Forest School Leader is responsible for any first aid in the Forest School setting and is fully trained in Outdoor First Aid.
- Whilst in Forest School a first aid kit, a burns first aid kit (including cling film), a fire blanket and sufficient amount of water will be available.

The Forest School Leader will also carry an emergency kit which consists of:

- Whistle
- Thermal Blanket
- Clingfilm will be added to first aid kit
- Small Ground Sheet
- Chocolate / Something with Sugar and fresh bottled water
- First Aid Kit / Burns Kit
- Cotton Wool Pads
- Medical Emergency Procedures Laminated to protect documents

- High Vis Vest
- Spare socks, gloves, hats (Size Appropriate for children / adults attending sessions)
- Insect Repellent
- Bite and Sting Relief Spray
- Burn Relief gel sachets or spray (Burns First Aid Kit)

The first aid kit in Forest School will always contain:

- Eye Irrigation solution sachets
- Safety Pins
- Protective Gloves
- Roll of Micropore Tape
- Resuscitation Face Shield
- Triangular Bandages
- Large Sterile Dressings
- Medium Sized Sterile Dressings
- Saline Cleansing Wipes
- Burns Gel
- Cold Compresses
- Head Injury awareness bracelets
- Accident Recording Book
- Tissues – Nose Bleeds

Procedures

- The Forest School Leader will ensure all children, staff and visitors attending Forest School are informed of the actions to take in the case of an emergency.
- A whistle will be blown to signal an emergency everyone should stop doing what they are doing and listen. The Forest School Leader will then access the situation and decide the next course of action to take.
- It is the Forest School Leader's responsibility to also ensure the rest of the group are safe and out of danger.
- The Forest School Leader will direct other members off staff to supervise remaining children whilst Forest School Leader attends to the casualty issuing first aid if required.
- If for any reason the Forest School Leader is unable due to injury themselves or illness, then the assistant leader will step up and need to take charge.
- All children will be made aware of the location of safety equipment and first aid kits
- If a pupil becomes unwell whilst in Forest School, the Forest School Leader will ensure the child is taken to the Office and the procedure for children who become unwell will be followed
- There will always be at least 1 First Aider in Forest School, along with a supporting member of staff who may be first aid trained. Additional first aiders are available within the schools and can be called on the walkie talkie when needed
- There will be one work provided phone on the Forest School Setting that can be used in the case of an emergency along with a walkie talkie,
    - Iwade Forest School can be communicated with and will use radio channel 1.
- The First Aider who dealt with the incident will complete an accident form slip and inform the school office so they can call the emergency contacts on file and home if necessary
- In case of an emergency the office should be contacted using the walkie talkie or mobile phone to call the school main office

What 3 words grid references:

- Iwade: handrail.grand.lateral
- Aspire: tribune.notion.terms
- Grove Park: Energy.export.odds

At present, only Grove Park & Iwade use their Forest School. This is under development at Aspire. Bobbing school children come to Iwade Forest School.

Ticks

(added June 2024)
On occasion, pupils, staff, parents & visitors may visit areas of the school sites which could have ticks living in them – such as Forest School, nature trails and wildlife areas.

- To protect against ticks, staff/pupils/parents/visitors should wear long trousers and sleeves and then check themselves after being in areas which could contain ticks
- At least one first aid kit in each Pathway/community will contain a tick puller which can be used to safely remove a tick

Use this link for advice on removing a tick safely Lyme disease - NHS (www.nhs.uk)

RIDDOR reportable incidents

RIDDOR stands for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work. Reporting should be carried out via the HSE website: www.hse.gov.uk/riddor/report

A telephone service is also provided for reporting fatal and specified injuries only - call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm).

HSE set out the types of reportable injury which must be reported to RIDDOR. HSE set out guidance for schools and can be found on https://www.hse.gov.uk/pubns/edis1.pdf

Incidents involving contractors working on the premises are normally reportable by their employers. If a self-employed contractor is working in the school and suffer a specified injury or an over-seven-day injury, the Head of School will report this to RIDDOR. The majority of accidents / incidents that happen in schools or on educational visits do not need to be reported.

Only in a few circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

Incidents to pupils and visitors

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in the section only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable.

How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The responsible person at the school should consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.

What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- The condition of the premises or equipment was poor, eg badly maintained play equipment; or
- The school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

What about violence between pupils?

This is a school discipline matter and will be dealt with using the school Behaviour policy. This may result in completion of an accident investigation.

What about pupils on work experience placements?

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement.

In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

What about when pupils are using the school minibus?

If another vehicle strikes the school minibus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, we do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Record keeping

The Trust will keep records of any reportable death, specified injury, disease or dangerous occurrence which requires reporting under RIDDOR. Additionally, any occupational injuries where a member of staff is

away from work or incapacitated for more than 3 consecutive days – these do not need reporting but must be recorded in the HS157 form completed. See the section on staff & visitor accidents on page 7.

All records must be kept for at least 3 years in line with the **retention policy**.

Any incident of physical violence which results in a minor injury to staff by a pupil will be recorded on an HS157 form which is held by the office. These are then held in a file in the main office and kept locked away as they contain personal information. These forms should be checked by the Head. In line with the **Parent/carer code of conduct**, this could result in additional actions being taken.

Responsible person

It is the duty of the responsible person to notify any incident which must be reported to HSE. The 'responsible person' is ultimately the employer but this duty may have been delegated for day to day operational purposes to the Head of School/Head Teacher.

The Head MUST ensure accidents / incidents are reviewed periodically to ensure reports have been submitted if required. They should provide suitable training and information to the nominated responsible person in order that RIDDOR reports are completed if required. The Emergency team review accident reports and summary information is shared with the Operations Committee.

What should be reported to RIDDOR?

RIDDOR requires deaths and injuries to be reported only when:

- There has been an **accident** which caused the injury
- The accident was **work-related**
- The injury is of a type which is **reportable**

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.
- A report must be received by RIDDOR within 10 days of the incident

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases'). You can find detailed guidance about RIDDOR reporting and online reporting procedures at www.hse.gov.uk/riddor/report.htm

Reportable specified injuries

These include:

- 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:
  - cover more than 10% of the body; or
  - cause 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; or
  - requires resuscitation or admittance to hospital for more than 24 hours.

Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

See **Parent/carer/visitor code of conduct**.
These must be recorded on the HS157 form which is held by the school offices with the RIDDOR report attached to it.

Reportable occupational diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. (See www.hse.gov.uk/riddor for details of the reporting arrangements for self-employed people.)

These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

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.

- Dangerous occurrences / Near-misses should be recorded via the HSE website. Such incidents should be emailed to the health and safety Coordinator / responsible person in the school. They will log and investigate the incident.
- The responsible person will complete a RIDDOR report if applicable.
- Dangerous occurrence / near-miss statistics should be reported to the Governors

Monitoring and evaluation

The school will review regularly the first aid policy and ensure that the necessary legal standards are being met and that, where improvements to the policy can be made in the light of monitoring accident reports, such improvements will be made.

Equal Opportunities

At BA MAT we are committed to ensuring equality of opportunity for all members of our school community irrespective of race, religion or belief, gender, gender reassignment, disability, sexual orientation, age, pregnancy or maternity, marriage and civil partnership or socio-economic background. We are determined to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and ability to participate fully in school life. We tackle discrimination through the positive promotion of equality by challenging stereotypes and by creating an environment that champions respect for all. We believe that diversity is a strength that should be respected and celebrated by all those who learn, teach and visit us.

All school policies have an explicit aim of promoting equality and will be reviewed in terms of their contribution and effectiveness in achieving this aim.

Impact assessment

An initial impact assessment has been carried out for this policy and is graded as follows:

A	Positive impact is explicitly intended and very likely
B	An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist
C	An adverse impact is unlikely. On the contrary there is potential to reduce barriers and inequalities that currently exist. There is insufficient evidence, however, for this assessment to be made with as much confidence as is desirable
D	Adverse impact is unlikely, but positive impact is also unlikely
E	Adverse impact is probable or certain, since certain groups will be disadvantaged, either proportionately or absolutely, or both. Remedial action is therefore necessary