

## First Aid Policy

*This policy is available from our website ([halcyonschool.com](http://halcyonschool.com)) and in hard copy on request.*

*This policy should be considered alongside and in conjunction with the suite of policies concerning the safety and welfare of students: Anti-Bullying; Behaviour & Discipline; Educational Trips; Fire Safety; First Aid; Security and Crisis management procedures; Health & Safety; PSHEE; Risk Assessment; Safeguarding & Promoting Welfare of Children; Supervision*

### 1. Introduction

Halcyon London International School seeks to fulfil its statutory responsibility to provide adequate and appropriate first aid to students, staff, parents and visitors and has the procedures in place to address those responsibilities.

- This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#) 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
- [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)
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

### 2. Objectives

- I. To identify the first aid needs of the school in line with The Management of Health and Safety at Work Regulations 1992 and 1999.
- II. To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- III. To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school population.
- IV. To provide sufficient and appropriate resources and facilities.
- V. To inform staff and parents of the school's First Aid arrangements.

- VI. To keep accident records and to report to the Health & Safety Executive (HSE) as required under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

### 3. Who is responsible for this policy?

#### I. Board of Trustees are responsible for:

- a. the health and safety of their employees and anyone else on the premises (this includes the Director and teachers, non-teaching staff, students and visitors (including contractors)).
- b. ensuring that the required daily and periodic risk assessments of the site is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.
- c. ensuring that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

**II. The Director** is responsible for putting the policy into practice and for developing detailed procedures. He/she ensures that the policy and information on the school's arrangements for first aid are made available to parents. The Director need not be a First Aider, but should have undertaken emergency first aid training.

**III. The First Aider** must have completed, and keep updated, a training course approved by the HSE. This is a voluntary post. He/she will:

- 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;
- ensure that any casualty who has sustained a significant head injury is seen by professionals, either by sending them directly to hospital or by asking parents to do so;
- ensure that parents are aware of all head injuries promptly.

**IV. The Appointed Person** is in charge of First Aid arrangements. They do not need First Aid Training. He/she will:

- look after the first aid equipment eg: restocking the first aid boxes
- call the emergency services when required
- provide emergency cover, within their role and competence, where a First Aider is absent due to unforeseen circumstances (annual leave does not count).

**Please refer to Appendix A for an up-to-date list of Appointed Persons and First Aiders.**

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**V. All Halcyon staff** are expected to do all they can to ensure the welfare of the students. They will:

- a. familiarise themselves with the first aid procedures in operation and ensure that they are aware who the current First Aiders are
- b. be aware of particular medical details of individual students when publicised in the individual student files/welfare noticeboard in the staff workroom
- c. be aware of the needs and appropriate approaches for specific conditions (detailed guidance on asthma, epilepsy, diabetes, and anaphylaxis can be found below)
- d. never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger
- e. send for help to Reception as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be sought
- f. reassure, but not attempt to treat a casualty unless he/she is in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed
- g. send a student who has minor injuries to the nearest available First Aider on duty or to Reception if they are able to walk where a First Aider will see them; the student should be accompanied
- h. ensure that staff have a list of special medical/health conditions for every student that they take out on school trip which includes particular conditions or medications of which they should be conscious, and ensure that a bespoke risk assessment has been carried out for those students
- i. ensure that they have a current medical consent form for every student that they take out on a residential school trip which indicates any particular conditions or medications of which they should be conscious
- j. ensure that an ambulance is called for under the following circumstances: if the student has an asthma attack, goes into anaphylactic shock, has a serious head injury, is suffering from vomiting and dizziness or has a possible fracture or serious sprain
- k. ensure that they have carried out a risk assessment of their own workspace and are aware of any particular safety hazards in their teaching areas or departments and forward any concerns to the Director always have regard to personal safety.

## 4. Implementation

### I. Risk assessment

Reviews of all workspaces are required to be carried out annually, and when circumstances alter, by the Health and Safety Officer - Jon Taylor - and the Director. Recommendations on

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measures needed to prevent or control identified risks are forwarded to the Director and Board of Trustees.

## II. Providing Information

The Director will ensure that:

- a. staff and volunteers are informed about the school's first aid arrangements
- b. information is provided for new staff as part of their induction programme
- c. a first aid noticeboard is maintained in the staff workroom
- d. all staff are given information on the location of equipment, facilities and first aid personnel.

## III. Provision

The Director will consider the findings of the risk assessments in deciding on the number of first aid personnel required. They will consider the needs of specific times, places and activities in deciding on their provision.

In particular they should consider:

- a. Off-site PE
- b. Supervised park visit (e.g. lunch time)
- c. School trips
- d. Science labs
- e. Technology/Art rooms
- f. Adequate provision in case of absence, including trips
- g. Out-of-hours provision (e.g. clubs, events).

A full list of students and staff with medical conditions is displayed in the staff workroom and the class teacher, or supervising staff member, is made aware of the needs of the student. The students' Epipens are kept in the school office and tagged with their name and class; asthma inhalers are normally kept by the student, with a spare inhaler in the school office. The supervising staff member will ensure that any student with a medical need takes their medical aid on any educational visit outside school.

## IV. First Aider Qualifications and Training

The school maintains the requisite number of trained first aid personnel, including fully qualified staff who are enrolled on a two-day refresher course every three years. See Appendix A for details.

## V. Accommodation

The school has a dedicated sick room with adequate facilities to care for sick persons, including a sick bed and hot and cold water supply.

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### VI. First aid materials, equipment and facilities

First aid boxes are available in the school office and at Reception. The boxes are checked regularly and topped up as required. Portable first aid boxes are available for off-site activities. All first aid containers are marked with a white cross on a green background.

Halcyon's nearest hospital is the children's A&E department located next to the main emergency department at St Mary's Hospital, Praed Street, London W2 1NY. Telephone: 020 3312 6666 / 020 3312 6139.

### VII. Hygiene/Infection control

To ensure safe hygiene procedures gloves are worn to negate the possibility of infection spreading, separate bins are supplied with yellow bags for discarded material. Sick bags are supplied as required; in the event of spillage of body fluids the compound Bioman 999NC or similar is used after which the area is thoroughly cleaned with anti-bacterial spray.

Any students or staff member with injuries involving blood must have the wound covered at all times.

## 5. Record Keeping

### I. Statutory requirements:

Under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ([RIDDOR](#)) some accidents must be reported to the HSE:

- a. accidents resulting in death or major injury (including as a result of physical violence).  
For definitions of reportable major injuries, see Appendix B.
- b. accidents which prevent the injured person from doing their normal work for more than seven days (to be reported within 15 days of the accident).

All incidents can be reported online, by telephone, post and fax. An out of hours telephone service exists for reporting fatal and major injuries to HSE: 0151 922 9235.

The Director must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

### Statutory accident records

The Director must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.

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A staff member who witnesses an incident which results in the need for first aid treatment should complete an accident form. This should include:

- c. the date, time and place of incident
- d. the name (and class) of the injured or ill person
- e. details of their injury/illness and what first aid was given
- f. what happened to the person immediately afterwards
- g. name and signature of the first aider or person dealing with the incident.

Parents/carers will be called if the injury is serious, such as breaks or sprains, or injuries to the head; if the injury is minor the parent will be notified at dismissal.

## 6. Administration of Medicines

A record must be kept of all drugs to be administered at school. Requests to administer medication to a child must be agreed first with the Director and supported by a written authorisation from a parent. All medicines must be prescribed by a registered medical practitioner. Medicines from any other source must not be given; medicines should be stored in a safe place when not in use. Schools should ensure that medicines held on the student's behalf are 'in date'. If medicines become out of date, parents should be notified and the medicine returned to them.

## 7. Guidance on Asthma

The number of children with asthma is on the increase. Asthma is a condition that affects the airways which start to swell, it secretes mucus and the muscles that surround the airway become tighter. The triggers to an asthma attack could be allergens, emotion, exercise or infection. Most attacks are mild and easily controlled, older children are usually able to predict their attacks, younger children may ignore the symptoms, in some cases the attack will happen with little warning. Symptoms before an attack include pallor, lethargy, coughing, wheezing and a tightness of the chest, not every child will get all these symptoms. Medication is by inhaler, nebuliser, tablets or a spacer attached to the inhaler.

Halcyon will liaise with parents as to the severity of their child's condition, inform the parents of the school's policy and encourage them to support the policy.

- I. The school will encourage and help children with asthma to participate in activities as much as possible
- II. The school will ensure that, where appropriate, other children understand asthma, as they may notice the symptoms before the sufferer or staff member. This will also help them to support their classmates
- III. The school will ensure children keep their reliever inhalers with them at all times, especially when on outside school activities



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- IV. The parents are requested to supply a spare inhaler marked with the child's name, this is kept in the school medicine cabinet
- V. Staff will inform the school office when a child uses their inhaler
- VI. Staff will be trained in the administration of the inhalers and the spacers
- VII. Whenever possible a First Aider will be called to attend each attack. The Staff member can assist the child in the first instance where a First Aider is not available
- VIII. If the child does not recover within 2-3 minutes arrangements will be made to take the child to hospital. Parents will be informed immediately
- IX. A record will be kept each time a child takes the medication
- X. If a preventer inhaler is needed the children may need to be reminded to take them
- XI. Students are advised to take their reliever inhaler before starting any exercise.

## 8. Guidance on Epilepsy

Halcyon recognises that epilepsy is a common condition affecting children. The school will endeavour to support children with epilepsy in all aspects of school life and encourage them to achieve their full potential. This policy ensures that all relevant staff receive training about epilepsy and if necessary, about administering emergency medicines. All new staff and supply staff will also receive training.

When a child with epilepsy joins the school, or a current student is diagnosed with the condition, the Director will arrange a meeting with the parents (and student, if appropriate) to establish how the epilepsy may impact their school life. This will include, depending on the age of the child, the implications for learning, playing, social development, and out of school activities. They will also establish any particular arrangements that the student may require. Children in the same class/ year group will be introduced to epilepsy in a way that they will understand. This will help ensure that the child's classmates are not frightened if the child suffers a seizure in class. A photo and brief details of the child's condition, procedures to follow in an emergency (detailed below), will be displayed in the staff workroom. All staff involved in teaching the child, including supply teachers and external coaches, will also be made aware of these procedures.

### I. Action Plan in case of epileptic fit (Tonic-Clonic/Grand Mal):

- a. Clear a space around the child to prevent injury
- b. Place something soft under their head
- c. NEVER TRY TO PUT ANYTHING INTO THE MOUTH
- d. Move all the other children out of the classroom/area
- e. Call for help
- f. If the fit lasts more than 5 minutes, 999 and state that a child is having a tonic-clonic seizure
- g. Ask someone to inform the child's parents

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- h. When the fit has finished,
  - stay with the child and reassure them
  - do not give them any food or drink until they have fully recovered
  - roll them into the recovery position if possible.

## II. Medicines for Epilepsy

Staff need to be aware if the student requires emergency medicine and whether this medicine is rectal diazepam or buccal midazolam. Administration of this medicine will only be carried out by trained staff, and in alignment with our policy on the administration of medicines. The names of staff trained to administer the medicine should be made known to all staff. The school will follow the correct storage procedures of the medicine as detailed in this policy.

## III. Learning and Behaviour

Halcyon recognises that children with epilepsy can have particular needs as a result of their condition. If this is the case, the procedures for helping children with their needs will be put in place.

## IV. School Environment

Halcyon recognises the importance of having a school environment that supports the needs of children with epilepsy. Any child suffering from epilepsy will be able to rest in a quiet, peaceful place if necessary away from other children.

The above policy applies equally within the school and at any outdoor activities organised by the school, including school visits. Any concerns held by the student or parent, or member of staff will be addressed at a meeting prior to the activity or visit.

## 9. Guidance on Diabetes

Diabetes exists when blood glucose builds up to high levels. It is not contagious. There are two main types of diabetes: Type 1 Diabetes usually occurs in childhood or early adulthood. However it can occur at any age. It is due to a severe deficiency of insulin and is fatal without lifelong insulin injections. Type 2 Diabetes occurs in adults (usually over 40 years). However it is now being seen in adolescents. It may be accelerated by lifestyle factors (obesity, lack of regular exercise, overeating) and can be treated by diet, exercise, tablets and occasionally insulin injections.

For children with special requirements, a written Individual Management and Emergency Treatment Plan incorporating medical recommendations should be developed with the school in association with parents/carers and medical practitioner. This should be attached to the student's records.



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Most children with diabetes are treated each day with:

- I. 2 to 4 injections of insulin or insulin via insulin pump. The dose is adjusted according to blood glucose tests done several times during the day
- II. A regular pattern of snacks and meals. The timing of injections and food intake is most important.

Carbohydrate foods are essential as they raise blood glucose levels while insulin and exercise lower them. Maintaining a balance so that the level of glucose is neither too high nor too low is very important. However it is sometimes difficult to achieve.

### III. General

For the student with diabetes the school is responsible for:

- a. ensuring supervising staff know of the student's diabetes and their routine and emergency support plans
- b. recognising that if the student's behaviour is unusual it may be due to a low blood glucose level and the student may require something to eat
- c. enabling the student to eat meals or snacks on time
- d. allowing the student to eat at additional times, especially before exercise or an exam
- e. allowing the student access to the toilet when requested outside usual times
- f. ensuring supervision if unwell (students with diabetes should never be sent to the sick room alone or left unattended when feeling unwell)
- g. contacting the parents/carers if vomiting is present. If this is not possible transfer the student by ambulance to hospital
- h. ensuring privacy if testing blood glucose levels or injecting insulin at school, providing a written log, as requested, of any episodes of hypoglycemia and the action taken while supervised by staff.

### IV. Special Considerations

Regular exercise is encouraged as with other students but requires extra care and planning. As exercising muscles use more glucose for energy, blood glucose levels may fall during, immediately after, or several hours after exercise.

What to do:

- a. Give extra carbohydrate food before sport (a mixture of rapidly and slowly absorbed carbohydrates)
- b. Give additional food for each half hour of exercise
- c. Give extra food after the sport as well if the sport has been particularly vigorous or lengthy

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- d. Provide more supervision during exercise
- e. Food/drinks for the treatment of hypoglycemia need to be available on site
- f. Any sport in which hypoglycemia may cause risk to either the student or someone called upon to help should be modified or only be considered after careful planning. It should always occur under strict supervision
- g. Water sports need very careful planning and supervision as hypoglycemia increases the risk of drowning.

### V. Residential Trips

Students are able to attend residential trips when they are reliably independent in the management of their diabetes or if not independent when they are accompanied by a parent/carer. Parents/carers need to meet with the organisers prior to the trip and provide:

A written list of special needs; adequate supplies for treatment and testing; details of insulin dosage; and emergency contact details.

### VI. First Aid Treatment for Diabetics

The student with diabetes should never be sent to the sick room alone or left unattended when feeling unwell or showing signs of hypoglycemia (low blood glucose level –“hypo”).

If vomiting is present, contact the parents/guardians. If this is not possible contact the doctor or transfer the student by ambulance to hospital. If there is a delay in transferring the student, observe for hypoglycemia and ensure adequate carbohydrate and fluid intake.

### VII. Hypoglycemia (low blood glucose or hypo)

Hypoglycemia occurs when the level of glucose in the blood drops enough to cause signs and symptoms. Hypoglycemia is most likely to occur if there is a significant change in the student's routine such as a change in insulin dose, unexpected exercise, delay in eating or insufficient carbohydrates. If a diabetic is showing any signs of hypoglycemia, even mild signs, sugar must be given immediately. NO HARM will come from giving a diabetic sugar even if it turns out they didn't need it as it could save their life.

- a. **Hypoglycemia may occur at any time**, but there is a greater chance of this happening with exercise or around the time the next meal or snack is due. Hypoglycemia can range from mild to severe. The signs of hypoglycemia can progress from mild to severe in a few minutes.
- b. **Signs of mild hypoglycemia include:**

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Sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (eg crying, argumentative outbursts, aggressiveness) inability to concentrate, lack of coordination, headache, abdominal pains or nausea.

In moderate hypoglycemia additional signs may develop including:

Inability to help oneself, glazed expression, being disoriented, unaware or seemingly intoxicated, inability to drink and swallow without much encouragement.

In severe hypoglycemia the signs may have progressed to include:

Inability to stand, inability to respond to instructions and extreme disorientation (may be thrashing about), inability to drink and swallow (leading to danger of inhaling food into lungs), unconsciousness or seizures (jerking or twitching of face, body or limbs).

### VIII. First aid response to these observable signs of mild to moderate hypoglycemia:

- a. **Act swiftly**
- b. **Give sugar immediately** (e.g. 4 large or 7 small jelly beans, or 125-200 mls of ordinary soft drink, or 2-3 teaspoonsful of sugar, jam, or honey). Repeat this treatment if there has been no response within 10-15 minutes
- c. **When recovery begins** to occur give slowly absorbed carbohydrate food eg sandwich, biscuits, or fruit
- d. **Supervise.** Remain with the student to ensure physical safety and that s/he does not become distressed. As soon as the student is able, a blood glucose test should be done if the meter is available. Parents should be informed that the student has had hypoglycemia.

### 10. Guidance on the use of Epipens to counter Anaphylactic Shock

- I. Permission must be obtained in **writing** from the parent or guardian for qualified staff to administer the Epipen
- II. The Epipen must be stored at room temperature in a secure cabinet, but must be accessible to the First Aiders
- III. It should be labelled clearly with the child's name and instructions for use. Responsibility for ensuring the medication is "in date" rests with the parents
- IV. The Epipen can only be administered by First Aiders or Appointed Persons who have received training in the use of Epipens
- V. While the Epipen is being administered an ambulance must be called and the parents or guardian informed

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- VI. The Epipen should then be replaced in the yellow tube provided and taken to the nearest hospital for disposal, alternatively to the nearest pharmacy
- VII. Students who are identified as possibly needing Epipen treatment have the details of their condition and photograph posted on the notice board in the staff workroom
- VIII. Such students should not go on class outings without someone who is qualified to administer the Epipen. This may involve asking one of the parents to accompany the child
- IX. The school insurance arrangements will provide full cover for staff acting within the scope of their employment
- X. The school will provide explicit reassurance that staff who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified. This will provide legal security in the unlikely event of a claim for alleged negligence
- XI. The Epipens are checked at the start of each academic year to ensure the use by date has not expired.

*Approved by Board of Trustees, February 2013. Reviewed 9 August 2013. Reviewed 17 August 2014.  
Revised 5 October 2015. Approved by Board of Trustees 17 February 2016. Revised 4 September  
2018. Approved by the Board of Trustees 20 September 2018  
Revised August 2019. Approved by the Board of Trustees 17 September 2019.  
Revised, reviewed and approved by the Board of Trustees, September 24 2020.  
Reviewed August 2021. Approved by the Board of Trustees, October 7 2021. Reviewed and  
approved by the Board of Trustees, September 2022. Reviewed and approved by the Board of  
Trustees, September 26 2023.*

*This policy will be reviewed annually, or more regularly in light of any significant changes in statutory requirements and legislation.*



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## Appendix A

### i) Appointed Person

Name	Title	Training renewal date
Nito Harvey	Student Wellbeing Leader	29/11/2024
Magali Duenas	Receptionist	

### ii) First Aiders

Name	Training date received	Training date expiry
Nathalie Bolzan	25/08/2022	24/08/2025
Timothy Burtenshaw	25/08/2022	24/08/2025
Oisin Byrne	22/03/2022	21/03/2025
Faye Ellis	25/08/2022	24/08/2025
Lori Fritz	08/03/2022	07/03/2025
Celeste Gardner	26/09/2023	25/09/2026
Tewolde Hagos	07/02/2022	06/02/2025
Kerry Jenkins	08/03/2022	07/03/2025
Anne Liao	26/09/2023	25/09/2026
Katie Limchaikul	22/09/2021	21/09/2024
Michel Logsen	25/08/2022	24/08/2025

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Barry Mansfield	03/03/2022	02/03/2025
Stacy Marshall	04/02/2022	03/02/2025
Elizabeth Mitchell	25/08/2022	24/08/2025
Sandra Rautavuori	22/09/2021	21/09/2024
Maria Rosengren	28/04/2022	27/04/2025
Martyn Steiner	09/03/2022	08/03/2025
Monika Steyer	25/08/2022	24/08/2025
Vicky Morgan	26/09/2023	25/09/2026
Sandra Stoneman	26/09/2023	25/09/2026
Saba Lodhi	26/09/2023	25/09/2026
Pilar Delgado	26/09/2023	25/09/2026
Olivia Ceballos	26/09/2023	25/09/2026
Maya Yoshida	26/09/2023	25/09/2026
Raymond Smith II	26/09/2023	25/09/2026
Corrine Wolfe	26/09/2023	25/09/2026
Barnaby McKendry	26/09/2023	25/09/2026





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### Appendix B

Reportable major injuries include:

- a. a fracture, other than to fingers, thumbs and toes
- b. amputation
- c. dislocation of the shoulder, hip, knee or spine
- d. loss of sight (temporary or permanent)
- e. chemical or hot metal burn to the eye or any penetrating injury to the eye
- f. injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours
- g. any other injury leading to hypothermia, heat-induced illness, or unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours
- h. loss of consciousness caused by asphyxia or exposure to a harmful substance or biological agent
- i. either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin
- j. an acute illness requiring medical treatment; or
- k. loss of consciousness
- l. acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent, its toxins or infected material.