

**OLD VICARAGE SCHOOL
FIRST AID POLICY
INCLUDING PROCEDURE FOR ADMINISTERING MEDICINES**

EYFS, Pre-Prep & Prep

Scope of the Policy

This policy, which applies to the whole school inclusive of the Early Years Foundation Stage, is in support of the Health and Safety policy and the individual health and safety assessments. This policy is publicly available on the school's website. On request a copy may be obtained from the school's office.

This Policy must be read in conjunction with the School's Health & Safety Policy, Safeguarding Policy and Behaviour Policy. This Policy must also be read in conjunction with the Schools' Health and Safety Risk Assessment for Covid-19.

Legal Status:

- This policy is drawn up and implemented to comply with The Education (Independent School Standards) (England) (Amendment) (Regulations) 2012, Part 3, Standard 14.
- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 2013 (RIDDOR).
- Complies with the Guidance on First Aid for Schools Best Practice Document published by the Department for Education (DfE) and *Health and Safety: Advice on legal duties and powers* (2014)
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009

The Old Vicarage School has an Appointed Person - the School Secretary, who is the designated lead first aider and is responsible for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). The Head of School ensures that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), the out of school care and extra-curricular activities inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), the proprietors and volunteers working in the school

Related documents:

- Health and Safety Policy; Medication (administration and storage)

Administration

This first aid information is a sub-section of the School's Health and Safety Policy. Responsibility for health and safety rests with the Bursar, who controls the first aid budget and has authority to purchase supplies.

Availability

This policy is made available to parents, staff and pupils in the following ways: on the School website and on request a copy may be obtained from the school office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Head of School.
- The Proprietors undertake an annual review of this policy and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

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This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed arrangements, and it will be made available to them in writing or electronically.

Signed:

Date: March 2023

Kerry Wise
Head of School

Matthew Adshead
Proprietor

Jenny Adshead
Bursar and Proprietor

Introduction: This policy is designed to ensure that all children can attend school regularly and participate in activities. It outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors (including contractors) and the procedures in place to meet that responsibility. The School pays regard to the Guidance on First Aid for Schools Best Practice Document published by the DfE. Staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do.

All companies are required by The Health and Safety (First Aid) Regulations (as amended) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Old Vicarage School aims to provide a safe environment for pupils and staff to learn and work, and as part of this to provide appropriate first aid from trained staff. To achieve this the school ensures teaching and support staff have regular first aid training and this is backed up by access to first aid materials both on site and on off site visits and school trips.

The school will provide:

- practical arrangements at the point of need;
- the names of those qualified in first aid and the requirement for updated training every three years;
- information on how accidents are to be recorded and parents informed;
- access to first aid kits;
- arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes).
- hygiene procedures for dealing with the spillage of body fluids;
- guidance on when to call an ambulance;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)

Methodology: This First Aid Policy will consider the following topics:

- The nature of the work, the hazards and the risks;
- The new classification of first aiders;
- The nature of the workforce;
- The school's history of accidents and illness;
- Excursions/Sports Fixtures;
- Lone Workers;
- The distribution of the workforce;
- The remoteness of the site from emergency medical services;
- The assessment of the number of first aiders required.

This policy is updated annually, with due consideration of these factors, and this annual re-assessment of our first aid needs informs our Health and Safety Policy.

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Aims:

- To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1992 and 1999, along with all legislation referenced in the government's [First Aid in Schools guidance](#).
- 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.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives:

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school, EYFS, after school clubs and off site lessons.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's First Aid arrangements.
- To keep accident records and report to the HSE as required under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Classification for first aiders: There are now three levels of workplace first aider:

- Emergency First Aid at Work (EFAW) – 6 hour course
 - Paediatric First Aid – 12 hours paediatric course
 - First Aid at Work (FAW) – 18 hour course.
- (Details of the type of training needed for EFAW and FAW alongside details of basic First Aid are attached at Annex A)

The school will:

- Provide the names of those qualified in first aid and the requirement for updated training every three years;
- Have at least one qualified person on the school site when children are present;
- Show how accidents are to be recorded and parents informed;
- Have hygiene procedures for dealing with the spillage of body fluids;
- Give guidance on when to call an ambulance;
- Make reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)
- Have access to first aid kits with all first-aid containers are marked with a white cross on a green background;
- Ensure first aid containers are also kept in the Main Office and Sick Bay, near to hand washing facilities (arrangements for the refurbishment of supplies are in place).
- Make arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes) and special medical needs charts (which include photos) are displayed accordingly.
- Check and restock the first-aid containers, ensuring it is carried out regularly by office staff.
- Ensure medication such as inhalers and Epipens are checked regularly by office staff to ensure they have not passed the expiry date and new medication is requested to replace any due to expire.
- Ensure there are staff members who have completed the First Aid at Work course.
- Check a paediatric first aider(s) will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit.

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- Make arrangements that should a pupil feel unwell or be injured at school they will see a First Aider who will respond in accordance with the standard procedure.

Definitions

First Aid: The arrangements in place are to initially manage any injury, sickness or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out.

Full First Aider: A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive (HSE), and holds a current certificate.

Full Paediatric First Aider: A person who has completed a full (2-day) course of first aid training with a training establishment approved by the HSE, and holds a current certificate.

Appointed Person: A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

Policy Statement: Old Vicarage School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for pupils, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. It will be reviewed annually or following a change in legislation.

First Aid Facilities: The Head must ensure that the appropriate number of first-aid containers are available. See HSE guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background;
- First aid containers always accompany children when using specialist facilities and during any offsite activity /educational visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles carry a first aid kit, sufficiently stocked to meet HSE recommended standards;
- First aid containers should be kept near hand-washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of a qualified First Aider. The First Aiders must notify the known first aider responsible for re-stocking with any necessity of restocking of the First Aid boxes.

First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the School Office, Sick Bay, Nursery (Coach House), Outside Music Room and during Games sessions. Any action taken should be recorded. Accidents of a more serious nature should be recorded on an accident report form and if serious, parents should be informed by telephone. If an injury or illness involves spillage of body fluids gloves should be worn.

IT IS THE POLICY FOR-

The Prep Department

- Staff are to inform the School Secretary when stock needs replenishing.
- Miss Zoe Smedley has undertaken the full 'First Aid at Work' course. All the other members of staff have a basic first aid certificate.
- Prep staff are trained in Paediatric First Aid on a three year rotation.
- Certificates and records of courses are held in personnel files and Staff are retrained regularly as required.

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- All accidents are reported and recorded in the accidents file, which is located in the Main Office. These reports are passed on to the Head of School at the end of each month. An incident and accident report is presented to the Proprietors by the Head of School every term.
- Any staff who need medication must keep this in the locked cabinet in the Main Office and report it to the Head of School.

The Pre-Prep Department

- There is a full First Aid kit located in the Nursery (Coach House), Reception Classroom and the Main Office. A First Aid box is located in the main hallway for playground use. Pre-Prep Staff are to inform Miss Smedley when stock needs replenishing.
- The Teachers and Teaching Assistants in Nursery and Reception are trained in 'Paediatric first aid'. Most of the other members of staff are also trained in Paediatric First Aid. At least one paediatric first aider accompanies every EYFS trip.
- Any staff in EYFS who need medication must keep this in the locked cabinet in the Main School office.
- Certificates and records of courses are held in personnel files and Staff are retrained as required.
- All accidents are reported and recorded in the Accident File, which is located in the Main Office. These reports are passed on to the Head of School at the end of each month. An incident and accident report is presented to the Proprietors by the Head of School every term.
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Nursery

- The Coach House has a First Aid Box which is visible at all times
- EYFS Staff are to inform the School Office when stock needs replenishing.
- All staff are trained in 'Paediatric first aid'. Staff are retrained as required.
- At least one Paediatric First Aider accompanies every EYFS trip.
- Any staff in EYFS who need medication must keep this in the locked cabinet in the OVS Office.
- Children may keep additional inhalers or Epi Pens in the medical cabinet in the Art Room.
- Certificates and records are held in the School Office and on file.
- All accidents are reported and recorded on the Accident Forms located in the School Office. These reports are passed onto the Head of School at the end of each month. An incident and accident report is presented to the Proprietors by the Head of School every term.
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INJURIES

IN THE EVENT OF A MINOR INJURY

- Minor injuries are treated using first aid supplies.
- Children who need ice packs are monitored accordingly.
- The child's teacher will be informed.
- Accident forms are completed, acknowledged by parents and categorised accordingly.

IN THE EVENT OF A HEAD INJURY

- Head injuries are assessed and treated immediately.
- Parents and the class teachers are informed.
- Accident forms are completed and from October 2021 will be signed by the child's parent.
- The Proprietors are informed.

IN THE EVENT OF AN INJURY NEEDING HOSPITAL REFERRAL

- First Aid assessment is made.

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- An ambulance is called if necessary.
- Miss Smedley is informed.
- Head of School, Mrs Wise is informed and advised of the action to be taken.
- The parent/guardian is informed of the circumstances and the nature of the emergency.
- Where possible the parent/guardian should collect the child from school and transfer to hospital by their own transport.
- If an ambulance is called and the parent/guardian is present, they will accompany the pupil in the ambulance. If the parent is not present, the Head of School or Head of Pre-Prep will accompany the child.
- The incident/accident must be recorded at the earliest opportunity.
- The Proprietors are informed.

IN THE EVENT OF AN ACCIDENT REPORTABLE UNDER RIDDOR (see Health & Safety Policy) Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013

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

- The death of the person, and arose out of or in connection with a work activity
- 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

The responsible person(s) should consider whether the incident was caused by;

- a failure in the way a work activity was organised
- the way equipment or substances were used and/or
- the condition of the premises

All incidents must be reported to The Head of School and the Bursar who will report online or via the HSE's telephone service. A record must be kept by School of any reportable death, specified injury, disease or dangerous occurrence that require reporting under RIDDOR

Plastic gloves should be worn for the benefit of the casualty as well as the First Aider. All soiled materials should be wrapped and disposed of safely.

Supporting sick or injured children: With reference to sick children and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues;
- Isolate a child if we feel that other children or staff are at risk;
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease;
- Ring emergency contact numbers if the parent or carer cannot be reached;
- Make every effort to care for the child in a sympathetic, caring and sensitive manner;
- Respect the parents' right to confidentiality;
- Keep other parents informed about any infectious diseases that occur;
- Expect parents to inform the school if their child is suffering from any illness or disease that may put others at risk;
- See policy on administration of medicines.

PROTOCOL FOR SENDING PUPILS HOME DUE TO ILLNESS

- Observe safe practice at all times for pupils and staff.
- Teaching staff and/or School Secretary will assess pupils deemed unwell.

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- The parent will be notified by telephone, informed about the nature of the illness and that collection is necessary.
- It is the responsibility of the parent/guardian to arrange for the collection of the child, if not in person, then by a responsible adult.
- Unwell pupils will be either kept with the class or taken to a suitable location until they have been collected (Sick Bay).
- Children must be supervised at all times.
- All children must sign out before leaving.
- Pupils are not permitted to travel home alone by public transport or taxi when unwell.

BREAKFAST CLUB/PLAYGROUND SESSION/AFTER SCHOOL CLUB SESSIONS

- There are always two members of staff on site.
- Administer first aid or send to School Secretary.
- Contact the parent/guardian if necessary.
- Record/report incident at the earliest opportunity.

THE ISSUE OF MEDICATION

School Secretary, Teaching Staff and Teaching Assistants may administer medication when supplied by a parent. The medication should be handed in to the School Secretary and kept in the School Office. The parent must complete an Administration of Medication Form (kept in the Main Office) or write a letter covering all the necessary medical information.

PROCEDURE FOR ADMINISTERING MEDICINES

- Parents are to sign and complete an Administration of Medication Form.
- All medication brought in by parents/guardian should be clearly marked with the child's name. The dosage, time to be administered and instructions of how to administer is clearly written on the medication form.
- Medication must be appropriately stored e.g. penicillin to be kept in Medicine cabinet or fridge.
- Children keep their inhaler in the Main Office. Children may keep a second inhaler in their classroom.
- Other medication will be situated in a locked cabinet.
- Medication should be administered with two members of staff present.
- Dosages administered are recorded on a form in the Main Office. Name, date, time, medication, quantity and signature should be completed.
- Children keep their Auto-Injectors in the School Office and keep an additional Auto Injector with them at all times. No other medication must be held by the children.

THE ISSUE OF PARACETAMOL

Dosage: Prep children will be given the stated dosage according to their age and with the consent of their parents (see medical consent forms kept in main office).

Maximum Dose: The dose should not be repeated more frequently than every four hours.

1. The administration of Paracetamol will be the responsibility of the School Secretary in the first instance. In the absence of this member of staff, the responsibility for the administration of Paracetamol will be the Head of School.
2. Paracetamol will be stored in a locked medicine cupboard in the Main Office from where it will be issued. Access to the cupboard will be for the appointed persons only.
3. The School Secretary is responsible for the purchasing of Paracetamol.
4. The procedure for issuing Paracetamol is:
 - (a) Seek permission from a parent/ carer.
 - (b) On an Administration of Medicines form; record the name of the pupil

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- (c) Age
 - (d) Check that the pupil is not taking or has not taken any medicine already
 - (e) Inform the pupil or parents that there should be a 4 hour interval before repeating the dose.
5. The following details will also be recorded on the form, which will be initialled and kept in the Main Office:
- (a) Date
 - (b) Time
 - (c) Dose
 - (d) Name of Pupil

SHORT TERM MEDICAL CONDITIONS

Short-term conditions requiring medication are dealt with by liaising with the parents and completing the appropriate medical forms.

LONG TERM MEDICAL CONDITIONS

Long-term medical conditions are dealt with on an individual basis. Health professionals are involved as appropriate. Reviews are ongoing and children are closely monitored. Risk assessments are carried out and shared on an individual basis.

INFECTIOUS/CONTAGIOUS ILLNESSES

- Parents must inform the school as soon as possible if a child has an infectious illness.
- Children with impetigo, hand, foot and mouth or chicken pox should remain at home until the lesions/blisters are crusted or healed over (at least 48 hours).

DIARRHOEA AND VOMITING ILLNESS

- No child should return to school for a minimum of **48 hours** from the last episode of diarrhoea or vomiting
- All staff should follow basic hygiene procedure when dealing with spillage of body fluids and to avoid infection e.g. Use disposable rubber gloves and Hand washing facilities

AUTO INJECTOR USE

Any child requiring an **Auto Injector** must store this in the School Office as well as on their person. All staff should be aware of their whereabouts. Staff have **Epi-pen** training regularly.

PARTICULAR MEDICAL CONDITIONS asthma, epilepsy, diabetes

- All parents complete a medical condition form on entry which is updated as required or annually.
- Children with specific conditions are listed clearly by year group with medical conditions and allergies.
- If the child has an individual medical plan issued by the doctor, then School needs a copy of this and it is, together with the child's photo, clearly displayed in the School Office.
- A Medical List documenting children with particular medical conditions and Allergies is created annually and updated accordingly.
- The list is also on Sharepoint, posted in School Office and circulated to all staff every new school year or when updated.
- Medical conditions must be highlighted on Risk Assessments for off site visits.

ASTHMA

Staff must-

- Recognise that immediate access to the pupil's reliever inhaler is vital and accessible at all times.
- Appropriate support to fully participate in all physical activities.
- Recognise the need of children with asthma.

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- Ensure that children with asthma participate fully in all aspects of school life.
- If practitioners take the children out of the building for walks or school trips, reliever inhalers must always be on hand.
- Children with asthma are included on the medical list. Individual emergency treatment details are also clearly stated where applicable.
- Parents will be asked to ensure that their child's inhaler is clearly labelled, in date and in good working order.

Written parental consent must be given and recorded to enable practitioners' to administer reliever inhalers. This data must be recorded on the child's Medical Form.

In the event of an asthma attack

- Ensure that the reliever inhaler is taken immediately. Whenever possible, allow medication to be taken where the attack occurred.
- Stay calm and reassure the child. Stay with the child until the attack has resolved.
- Help the child to breathe by encouraging them to breathe slowly and deeply as possible.
- The child's parents must be informed of the attack.

Emergency Situation

Call the ambulance urgently if:

- The reliever has no effect after 5-10 minutes.
- The child is either distressed or unable to talk.
- The child becomes exhausted.
- If you have any doubts or concerns about the child's condition.
- Continue to give the reliever medication in accordance to the instructions until help arrives.

Guidance

All staff must have a clear basic understanding about asthma and the use of inhalers.
All staff are aware of the procedures to follow should a child have an asthma attack.

CONTENTS OF FIRST AID CONTAINER (WHICH ARE CHECKED REGULARLY BY THE SCHOOL SECRETARY AND FIRST AIDERS)

- A leaflet giving general advice on First Aid
- Individually wrapped sterile adhesive dressings
- Antiseptic wipes
- Sterile eye pads
- Triangular bandages
- Medium sized (12x12cm) individually wrapped non-medicated wound dressings
- Disposable gloves
- Icepacks

NB Equivalent items are acceptable

Travelling First Aid containers to be taken on 'off site' activities and in the minibus, should contain the above but in smaller quantities.

Reporting to HSE: Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Head must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the 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.

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The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence);
- accidents which prevent the injured person from doing their normal work for more than three days;
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work, *i.e.* if it relates to:
 - any school activity, both on or off the premises;
 - the way the school activity has been organised and managed;
 - equipment, machinery or substances;
 - the design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Head of School is responsible for ensuring this happens. The Bursar will report the incident to HSE and also to our insurers.

Record keeping: Statutory accident records: The Head of School must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Head of School must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- the date, time and place of incident;
- the name of the injured or ill person;
- details of their injury/illness and what first aid was given;
- what happened to the person immediately afterwards;
- name and signature of the first aider or person dealing with the incident.

Reporting: The First Aider should complete an Accident Report Form. All injuries, accidents and illnesses, however minor, must be reported to the Bursar and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

A copy of the Accident Report Book page is filed in the pupil's file and parents are informed by email, phone or face to face contact. All details need to be filled in, including any treatment given. Accidents of a more serious nature should be recorded on an A4 accident report book and reported to parents by telephone and email.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as is practicable. Parents are always informed if there is a head injury, no matter how apparently minor. In more serious cases parents are telephoned as well as emailed and class teachers of primary pupils will ensure a parent/ carer is informed face to face when the child is collected.

Accidents involving Staff: Work-related accidents resulting in death or major injury (including as a result of physical violence) must be reported to the HSE immediately. Major injury examples include: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs.

Work-related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported to the HSE within 10 days. Cases of work-related diseases that a doctor notifies the School of must be reported without delay. (*e.g.* certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences should also be reported by the Bursar in conjunction with the Head of School. (reportable examples of near misses: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises);
- the way a School activity has been organised or managed (*e.g.* the supervision of a field trip);
- equipment, machinery or substances;

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- the design or condition of the premises;
...need to be reported without delay to HSE, followed by Form F2508.
For more information on how and what to report to the HSE, please see:
<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link

Annex A:

Basic First Aid:

Knowing what to do in an emergency is vitally important. All staff should consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations below. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 / 112 immediately; contact a First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness

If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

Bleeding

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing. Call an ambulance.

Burns

For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

Broken bones

Try to avoid as much movement as possible. Make the patient comfortable. Call an ambulance.

Head Injury

If a child has been treated for a head injury and there are concerns, an ambulance will be called. In all head injuries, even those considered minor, parents will be informed. Staff are also required to complete a special Head Injury form which gives information about where the injury is located.

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed, as it may be stemming bleeding, and further damage may result. Leave splinter in place, carefully clean the area; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

As part of our aftercare and concern for our children, whenever a call has been made to 999 we will contact the parents/carers immediately to ensure we have connected the three part triangle between school, medical professionals and parents.

Annex B: Anaphylaxis

What is anaphylaxis? Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (*e.g.* dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (*e.g.* bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. A person would not necessarily experience all of these symptoms at the same time.

Medication and control: Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in the medical room where it is readily accessible, in accordance with the School's Health and Safety Policy. If a pupil has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.

All pupils who have anaphylaxis will require an 'Action Plan' which parents or guardians should complete prior to starting at Old Vicarage School. This should give basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.

Following discussion with the pupil and parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction. The school has a 'no nut' rule in place that parents and pupils are regularly reminded of.

Managing pupils with anaphylaxis:

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an EpiPen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from the First Aid Staff Members in staff meetings)

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- If a pupil feels unwell, the Head of School should be contacted for advice.

Issues which may affect learning: Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day, but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimise risk whenever possible.

Off-site trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils' medication, if the pupils cannot carry it themselves. Staff supervising the trip must be aware of the pupils' condition and of any relevant emergency procedures.

What are the main symptoms?

- Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

What to do if a pupil has an anaphylactic reaction:

- Ensure that a paramedic ambulance has been called, stay calm and reassure the pupil, encourage the pupil to administer their own medication as taught, or administer first aid if qualified to do so. Summon assistance immediately via the Bursar and/or Head of School and liaise about contacting parents.

Annex C: Asthma

What is Asthma? Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

Medication and control: Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place (the medical room) and is clearly marked with the pupil's name.

Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. All asthmatic pupils will require a medical form which parents or guardians should complete prior to starting at Old Vicarage School. The medical form should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

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Managing pupils with asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- PE staff should ensure that all pupils with asthma have their inhaler with them prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.
- If a pupil feels unwell, the Head of School should be contacted for advice.

Off-site trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils' medication, if the pupils cannot carry it themselves. Staff supervising the trip must be aware of the pupils' condition and of any relevant emergency procedures.

Issues which may affect learning: Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

What are the main symptoms?

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from a First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance. 112 or 999
- Contact the pupils parents/guardians to keep them informed.

Annex D: Diabetes

What is diabetes? Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control: Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an Individual Pupil Risk Assessment. In most cases pupils will have their insulin injections before and after

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school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school s/he will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic pupils will require an Action Plan which parents or guardians should complete prior to starting at Old Vicarage School. The medical form should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- PE staff should ensure that all pupils with diabetes have a high sugar snack with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.
- If a pupil feels unwell, the Head of School should be contacted for advice.

Off-Site Trips: A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils' medication, if the pupils cannot carry it themselves. Staff supervising the trip must be aware of the pupils' condition and of any relevant emergency procedures.

Issues which may affect learning: Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms are:

Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration

Care of pupils in a hypoglycaemic episode:

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- i. Get someone to stay with the pupil - call the Head of School/ First Aider and be prepared to call an ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse).
- ii. Give fast acting sugar immediately (the pupil should have this), *e.g.*:
Lucozade, fresh orange juice, sugary drink, *e.g.* Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents whether this should be taken on trips off site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, *e.g.* a couple of biscuits, a sandwich.
- v. Inform the Head of School and parents of the hypoglycaemic episode.
- vi. In some instance it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (112 or 999).

What to do in an emergency if a pupil has A hyperglycaemic episode (high blood sugar)

Common Causes are:

Eating too much, over snacking, lack of exercise, stress, missing medication, over treating an episode of low sugar level.

Common symptoms are:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain, a change of behaviour.

Care of pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Pupil likely to need to self-medicate with insulin.
- Contact the parents if concerned.

In both episodes, liaise with the Head of School about contacting the pupils parents/guardians.

Annex E: Epilepsy

What is Epilepsy? Epilepsy is a common condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms. Epilepsy can start at any age, but usually starts either in childhood or in people over 60. Epilepsy is usually a lifelong condition, but most people with it are able to have normal lives if their seizures are well controlled. Most children with epilepsy are able to go to a mainstream school, take part in most activities and sports, and get a job when they're older.

Medication and Control:

Treatment can help most people with epilepsy have fewer seizures or stop having seizures completely.

Treatments include:

- medicines called anti-epileptic drugs – these are the main treatment
- surgery to remove a small part of the brain that's causing the seizures
- a procedure to put a small electrical device inside the body that can help control seizures
- a special diet (ketogenic diet) that can help control seizures

Some people need treatment for life. But you might be able to stop treatment if your seizures disappear over time.

Managing Pupils with Epilepsy:

- Staff should be aware of those pupils under their supervision that have epilepsy.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.
- If a pupil feels unwell, the Head of School should be contacted for advice.

Off-Site Trips:

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A member of staff trained in how to respond to a pupils having an epileptic fit should be present when off-site for any reason. Staff supervising the trip must be aware of the pupils' condition and of any relevant emergency procedures.

Issues which may affect learning: Pupils with epilepsy should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic.

What to do in an emergency if a pupil has an epileptic seizure

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but the most important thing is to keep calm and know where to find help.

Tonic-Clonic Seizures

Symptoms:

Loss of consciousness, the body stiffens, then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely due to irregular breathing. The child may lose bladder and or bowel control.

Treatment:

Protect from injury by removing harmful objects, cushion the head, keep calm and reassure them. Once seizure has finished place them gently into recovery position to aid breathing.

Call for an ambulance if it is their first seizure, it lasts more than five minutes, the child becomes injured, they have multiple seizures or you feel they need urgent medical attention.

Parents should be contacted immediately with full details of the seizure.

DO NOT- try and restrain them, move them, put anything in their mouth, try and give them food or drink or attempt to bring them round.

Seizures involving altered consciousness or behaviour

Simple Partial Seizures:

Symptoms

Twitching, numbness, sweating, dizziness or nausea, disturbances to senses or a strong sense of déjà vu.

Complex Partial Seizure:

Symptoms

Plucking at clothes, smacking at lips, swallowing repeatedly or wandering around, child becomes unaware of their surroundings or what they are doing.

Atonic Seizures:

Symptoms

Sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Absence Seizures:

Symptoms

Person becomes momentarily unconscious and totally unaware of what is happening around them. They may appear to be day dreaming.

Treatment for all of the seizures involving altered consciousness or behaviour

Guide the person from danger, stay calm and reassure, explain what they may have missed, stay with them until recovery is complete.

Call for an ambulance if they have multiple seizures, they injure themselves or you feel they need urgent medical attention.

DO NOT- Restrain the person or make any movements that may frighten them. Allow them to come round on their own.

Parents should be contacted immediately with full details of the seizure.

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Annex F: Burns and Scalds

What is a burn or scald?

Burns and scalds are damage to the skin usually caused by heat. Both are treated in the same way. A burn is caused by dry heat – by an iron or fire, for example. A scald is caused by something wet, such as hot water or steam. **There are three types of burns: Superficial, partial and full.**

Medication and control

Appropriate first aid must be used to treat any burns or scalds as soon as possible. This will limit the amount of damage to the skin. Risk assessments are in place to minimise the chance of burns and scalds. The kitchen has a fire blanket readily available and obviously access to running water. Pupils are well supervised during practical activities involving hot substances, such as cookery lessons involving hot fats and water, DT lessons involving equipment such as a glue gun and science lessons involving chemicals.

What to do in an emergency if a pupil suffers a burn or scald

Call an ambulance immediately for any burn that is serious or chemical.

Stop the burning process as soon as possible. This may mean removing the person from the area, dousing flames with water, or smothering flames with a blanket. Do not put yourself at risk of getting burnt as well.

For a general burn- run the affected area under cool running water for a minimum of ten minutes.

For a chemical burn- run the affected area under cool running water for a minimum of twenty minutes.

[Acid and chemical burns](#) can be very damaging and require immediate medical attention at an A&E department.

Electrical burns may not look serious, but they can be very damaging. Someone who has an electrical burn should seek immediate medical attention at an A&E department.

Important things to remember when a burn occurs:

- Keep calm and reassure the pupil.
- Wear gloves.
- When the cool running water has been applied for the above times cover the burn with non-adhesive, sterile dressing. Ensure you wrap and don't bind.
- Assess the pupil for shock and treat accordingly.

All the staff will be made aware of any emergency/special health requirements of individual children.

All illness/allergy information is kept in the School Office as well as with the child's class teacher.

Please see our register of qualified first aiders below.

Appendix G: First Aid Qualifications (EYFS Staff highlighted in magenta)

First Aid Qualifications (EYFS staff highlighted in magenta)

NAME	APPOINTMENT	COURSE	DATE	
			COMPLETED	RENEWAL
Zoe Smedley *	Office Secretary	Firs Aider at Work (requalification)	26/8/22	25/8/25
Emma Garner	Office Secretary	First Aider at Work	10/3/23	9/3/26
P Whysall *	KS 2 Teacher	Level 3 First Aid QCF	22/10/19 Expired	
O Nutt	EYFS Teacher	Level 3 Paediatric First Aid QCF	13/5/22	12/5/25
		Full Paediatric First		

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K Wise *	Head of School	Aid (Blended)	4/1/21	3/1/24
G Murfin	KS2 Teacher	Full Paediatric First Aid (Blended)	4/1/21	3/1/24
L Rees-Jones	Breakfast & After School Supervisor	Full Paediatric First Aid (Blended)	4/1/21	3/1/24
R Crook	KS2 Teacher	Full Paediatric First Aid (Blended)	4/1/21	3/1/24
S Grundy	Head of Pre Prep	Full Paediatric First Aid (Blended)	4/1/21	3/1/24
B Watson	KS2 Teacher	Full Paediatric First Aid (Blended)	4/1/21	3/1/24
B Watson	KS2 Teacher	Full Paediatric First Aid (Blended)	4/1/21	3/1/24
A Hitchcock	KS1 TA	Full Paediatric First Aid (Blended)	4/1/21	3/1/24
S Hitchcock	EYFS Teaching Assistant	Paediatric first aid	8/11/21	7/11/24
A Roberson	EYFS and KS1 Teaching Assistant	Paediatric first aid	8/11/21	7/11/24
M Clarkson	EYFS Teaching Assistant	Emergency Paediatric First Aid	15/8/22	14/8/25

* denotes members of staff who have agreed to administer diabetes medication (via injection) and have received the relevant training.

Appendix H - First Aid Kit Locations

Medicines, Inhalers, Epipens and spare supplies available in School Office

1	Coach House (Nursery) Art Room
2	Reception Classroom
3	Catering Kitchen
4	Black Minibus
5	White Minibus
6	BMW
7	Playground Kit kept by front door when not on playground
8	School Office (ready for off site trips)
9	School Office (ready for off site trips)
10	School Office (ready for off site trips)
11	Music Room
12	Science Lab
13	Sick Bay

Appendix I- Body Fluid Spillage Policy

The Old Vicarage School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection.

In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

Cleaner to be contacted so that they can clean the area appropriately. They must follow the 'Clean Up Procedure'.

Clean Up Procedure

- Get some disposable gloves and apron.
 - Place Chemex RTY 240 (Emergency Clean Up Power with Deoderiser) over the affected area and allow the spill to absorb. Sweep up the spill using the yellow dustpan and brush in Henry's Stall and then place in a bin liner. (Yellow for blood, double black bagged for any other)
 - Spray disinfectant over the area and then apply absorbant towels over the area to dry out.
- If hard floor mop with yellow mop and bucket and disinfectant. Wet floor sign to be used.
- The bin liner that has had the soiled paper towels put in, then needs to be tied up and double bagged and put in the outside bin including gloves, apron and any paper towels.
 - Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
 - The area then needs to be cordoned off until cleaned.
 - If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned thoroughly.

Procedure for Blood and Other Body fluid Spillage

- Gloves and apron to be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin (Yellow bag).

If not available then the gloves being used needs to be taken off inside out so that the soiled item is contained within and placed in a double bagged bin liner.

- When dealing with a spillage, Please follow instructions above.
- Contaminated paper towels need to be placed in a bin liner, tied up and put in another bin liner and put in an outside bin.
- The area must be cleaned with yellow mop and bucket and disinfectant. Alternatively, if carpeted, a yellow dustpan and brush followed by disinfectant as detailed above.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturers instructions.
- Wash hands.
- All bags to be disposed of in outside bins as the school could potentially be fined if not adhered to.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.

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- Exposure of mucous membranes, including the eyes and mouth.

Action To Take

- If broken skin encourage bleeding of the wound by applying pressure – do not suck.
 - Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the Lead First Aider
- If necessary take further advice from NHS Direct.
- An accident form will need to be completed and it may need to be reported to RIDDOR.