

City of London School First Aid Policy

1. Introduction

- 1.1 The aim of the policy is to provide clear guidance and information on how City of London School fulfils first aid requirements, manages illness and accidents and the reporting process within the school.
- 1.2 This policy has been devised by the School Nurse for use by Parents, Pupils and Staff. The policy adheres to the principles set out by the Department for Education in [Guidance on First Aid in Schools](#) (2014) and [Supporting pupils at school with medical conditions](#) (2017).
- 1.3 The policy covers the following areas:
 - First Aid
 - Illness and Accidents
 - Guidance for dealing with Head injuries
 - Guidance on when to call for an ambulance
 - Reporting of incidents
 - Hygiene procedures for spillage of body fluids
- 1.4 This policy should be read in conjunction with:
 - The Health and Safety Policy
 - The Medicines and Medical Conditions Policy
 - The Educational Visits Policy
- 1.5 This policy has regard to Part 3 (Welfare, health and safety of pupils), Paragraph 13 (First Aid) of the Independent School Standards Regulations.

2. General Principles

- 2.1 In the event of an accident or injury to a pupil, it is important to remember the responsibilities of the School 'in loco parentis'. Not only must the pupil receive immediate attention, either at the site of the accident or in a Treatment Room, but it is important to ensure that all necessary follow up action is taken.
- 2.2 Parents should be informed immediately if the accident is sufficiently serious that a pupil may have difficulty getting home or if he has to be referred to hospital. The pupil's Form Tutor (or Head of Year) and the Senior Deputy Head are also informed at the earliest opportunity.

- 2.3 If the School Nurse is absent for more than a day, an Agency Nurse will be employed. [In the event of an unplanned absence of a day, an Agency Nurse will be employed where possible.](#)

3. First Aid

- 3.1 The arrangements for first aid provision will be adequate to cope with all foreseeable major incidents.

- 3.2 Supplies of first aid material is held at various locations throughout the School (as given in Appendix 1), as determined by the School Nurse. This includes the provision of First Aid Stations. Signs are posted around the School indicating the location of the nearest First Aid Station and where First Aiders can be found in the case of an emergency, and all staff will be advised of their position. The [contents of these First Aid Stations](#) will be checked regularly and any deficiencies made good without delay.

- 3.3 The number of certificated first aiders will not, at any time, be less than the number required by law ([a ratio of 1 first aider per 50 pupils and staff](#)), with a minimum of 3 first aiders at Grove Park, the only other School site. The **School Nurse**, in consultation with the Senior Deputy Head, is responsible for maintaining a list of current certificated First Aiders¹. This is updated at the beginning of each academic year, and at other times as necessary.

This list will be available in:

- Medical Centre
- Reception
- Staff Common Room
- Staff Departmental Rooms
- The Head's EA's Office
- PE Office
- Notice-boards around the School
- Grove Park Pavilion
- [Staff Intranet](#)

- 3.4 Anyone needing first aid should, in the first instance, contact the School Nurse. When the School Nurse is unavailable, the person seeking first aid should go to Reception, from where a First Aider will be summoned.

3.5 First Aid training

The School Nurse is responsible for facilitating first aid training for School staff. At the discretion of the [Head \(as delegated by the Board of Governors\)](#) other staff will be given such training in first aid techniques as is required to give them a basic, minimum level of competence. The [Head](#) will agree this level after seeking appropriate advice. The number of such trained but uncertificated first aiders will be determined by the [Head](#) as that being sufficient to meet the needs of all foreseeable circumstances.

¹ This list will be published around school and on the Staff Intranet by the School Nurse. A copy of this list is also kept by Human Resources.

3.6 **Automated External Defibrillation (AEDs)**

The School recognises that in the case of cardiac arrest early intervention is vital to optimise survival and this includes the early use of a defibrillator. If used in the first 3-5 minutes of a collapse the survival rates can be as high as 50-70%².

AEDs are located in Reception at the main school and in the First Aid Room at Grove Park. AEDs are designed so that even lay bystanders can use them by following the voice prompts, and this is then combined with cardiopulmonary resuscitation (CPR). However, the School aims to give an awareness and basic training to school staff and pupils in their use. This will be delivered by the School Nurse.

3.7 **Trips and visits**

Adequate and appropriate first aid provision will form part of the arrangements for all out-of-school activities. First Aid Kits are to be taken on School trips and the Qualified First Aider is appointed to be responsible for the kit and for taking charge of the situation (i.e. calling for assistance if a serious injury or illness occurs). Further information about the First Aid arrangements for School Trips and Visits is contained in the Educational Visits Policy.

3.8 **Recording incidences of the provision of First Aid**

A record will be made of **all** occasions that any member of staff, pupil or other person receives first aid treatment either on the School premises or as a part of a school-related activity. *The person giving the first aid should report this using the School's Health and Safety reporting form on the Staff Intranet. (Also see the *Reporting Incidents* section below.)*

4. **Illness and Accidents**

4.1 In the event of a pupil becoming ill or having an accident the following procedures are to be followed.

4.2 **Illness**

4.2.1 When a pupil feels ill at School, he should be escorted to the School Nurse who will decide on what action should be taken. Staff with First Aid qualifications may be asked to administer aid, but it is the School Nurse (or, in their absence, a member of the Senior Management Team (SMT)) who is responsible for deciding whether the pupil should be allowed to go home or be sent to hospital. In the event of the School Nurse and the SMT all being absent, it is incumbent on staff to act as a reasonable parent would act in the circumstances (i.e. they must fulfil their duties 'in loco parentis').

4.2.2 If the School Nurse is not available, a pupil requiring treatment should report to Reception who will arrange for a First Aider to be summoned.

4.2.3 If the illness is not severe and does not require treatment, the pupil may be invited to rest in the nursing bay within the Medical Centre or to sit *in the Medical Centre waiting area* or, at Grove Park, the First Aid Room until he feels better.

² e.g. see <https://www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated-external-defibrillation/#sequence>

- 4.2.4 If the School Nurse or a member of SMT decides that a pupil should go home, then a parent / carer must be contacted to collect the pupil. If the pupil is not fit for lessons but can safely return home and there is no one available to collect him, he may be allowed home if the parent gives permission. In such cases the pupil is to be instructed to ring the School to confirm he has returned home safely. In exceptional cases, the School Nurse or a member of SMT may ask a member of staff to accompany the pupil home.
- 4.2.5 If the pupil requires medication, the School Nurse may administer it according to the guidelines within the School's Medicines and Medical Conditions Policy.
- 4.2.6 If the pupil requires care at a hospital, the parents / carers are to be informed immediately. If deemed to be a non-emergency, a parent / carer should be asked to collect the pupil without delay and accompany him to a hospital of their choice. If it is deemed necessary to attend hospital without delay, the pupil is to be accompanied to the hospital by a member of the School staff³ who will wait with the pupil until a parent arrives and assumes responsibility for their son. In these circumstances, parents must make every effort to attend to their son as quickly as possible.
- 4.2.7 If the pupil has to be taken to hospital, the School Nurse (or a member of SMT) will arrange for one of the following methods of transport to be used, depending upon the urgency and nature of the circumstances:
- School minibus
 - taxi (black cab or contract)
 - ambulance

4.3 **Accidents**

- 4.3.1 Victims of accidents should be taken to the School Nurse where the same procedures as above will apply. However, if the accident is of such a nature that the victim should not or cannot be moved the School Nurse and / or a qualified First Aider should be contacted immediately.
- 4.3.2 The Head or Senior Deputy Head (or, in their absence, another member of the SMT) must be contacted immediately if the injury is of a serious nature.

4.4 **Head Injuries**

For head injuries and suspected concussion please refer to the *Head Injuries and Concussion protocol* (see Appendix 2).

4.5 **Recording illness, injuries and accidents**

All incidences of illness or injury or accidents which result in a visit to the School Nurse are to be recorded, as outlined in the *Reporting Incidents* section below.

³ This will usually be a School Keeper.

5. Guidance on when to call for an Emergency Ambulance

5.1 An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (*make sure to use this word when requesting an ambulance in this case*)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT

5.2 If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

5.3 How to call for an emergency ambulance

Should the need arise for an emergency ambulance to be summoned, the First Aider should:

- remain calm
- ask a bystander⁴ to call 999 or 112 and, when prompted for which service is required, ask for an ambulance

The caller should:

- be ready to provide details of their name, telephone number, address and exact location within the School
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender if these details are known
- ask that ambulances come to 'the bus stop beside the Salvation Army on Queen Victoria Street, EC4V 3AL'; if possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to meet the ambulance on arrival
- communicate any dangers or hazards into which the ambulance may be arriving
- stay on the line with the emergency operator until they have cleared the line

⁴ Should a bystander not be available it may be necessary for First Aiders to leave the casualty and make the call themselves, relaying this information to the operator.

- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket and AED if necessary

6. Reporting Incidents

6.1 The School Nurse records **all** visits by pupils and staff requiring attention or treatment. This is done on the confidential database on iSAMS which the School Nurse maintains. This covers illnesses and accidents. The following details are recorded:

- Name
- Date
- Time
- nature of illness / accident (and location if appropriate)
- details of and first aid administered
- whether parents are contacted and whether a pupil is sent home or to hospital

When a pupil is sent home, the Form Tutor and Head of Year are notified by e-mail, and when a pupil is sent to hospital the Senior Deputy Head will additionally be notified.

6.2 Any accidents involving pupils which may have been preventable, or which arose out of, or in connection with work, are to be recorded on a Health and Safety Form on the School Intranet⁵. These forms should be used **to report accidents, near misses or other Health and Safety concerns**. Details of the accident should be recorded as promptly as possible, together with names of any witnesses, while details are still fresh in the mind. The following information should be recorded:

- Name of person reporting the incident
- Date of the incident
- Time of the incident
- Location of the incident
- Name of affected person (and year group, if known, for a pupil)
- Nature of illness / accident
- Details of any First aid administered
- whether parents are contacted and whether a pupil is sent home or to hospital

6.3 The School Nurse, who is line-managed by the Assistant Head Pastoral, is responsible for:

- Reporting accidents under RIDDOR guidelines.
- Reporting accidents on the correct form to the City of London Corporation Health and Safety department and, where appropriate, the HSE.
- Maintaining, **in conjunction with the Senior Deputy Head**, accident records for both pupils and adults

6.4 It is important that any lessons learned from accidents are taken fully into account to prevent a recurrence. All incidents, including “near misses”, are fully investigated. The more serious the incident, the more intensive the investigation should be to determine:

- What happened
- The lessons that can be learned

⁵ See <http://intranet.cityoflondonschool.org.uk/home/health-and-safety/health-and-safety-reporting>

- The changes, if any, that need to be made to risk control measures to avoid a recurrence.

6.5 Further information regarding Accident reporting and recording can be found in the Health and Safety Policy.

7. Hygiene procedures for spillage of body fluids

7.1 The Hygiene Procedures for dealing with the spillage of Body Fluids are given in Appendix 3.

8. First aid in the event of an Internal Evacuation

8.1 The procedures relating to the provision of First Aid in the event of an Internal Evacuation are given in Appendix 4.

8.2 Further information regarding Internal and External Evacuations is available in the Security Policy.

9. Review of policy

9.1 This policy will be reviewed annually (or more regularly where required) prior to approval by governors.

Last reviewed by:	Richard Brookes (Senior Deputy Head)
Date last reviewed:	September 2019 (changes as shown)
Approved for Governors:	Board of Governors
Date approved:	8 October 2019

Appendix 1: Locations of First Aid stations

- 1.1 First Aid Stations (*First Aid Kit, Eyewash Kit, Burns Kit and Biohazards Kit*) can be found in the following locations:

Level 1	<i>South</i>	Reception	<i>North</i>	Outside the Fencing Salle
	<i>Technology Block</i>	IT&C Staff Room		
Level 2	<i>South</i>	Staff Common Room; Medical Centre	<i>North</i>	Kitchen
Level 3	<i>South</i>	Art Department	<i>North</i>	PE Office
Level 4	<i>South</i>	Geography Staff Room	<i>North</i>	OG & First Form HoYs' Office
Level 5	<i>South</i>	Beside the Vivarium (Biology)	<i>North</i>	Science Staff Room
Grove Park		First Aid Room		

The kits at the First Aid Stations are stocked by the School Nurse with contents that are HSE compliant. At Grove Park, the Sports Physiotherapist (who is first aid trained) is responsible for keeping the first aid kits fully stocked.

- 1.2 First Aid boxes are also situated in:
- Biology, Chemistry and Physics Departments
 - Swimming Pool and Sports Hall
 - Winterflood Theatre
 - CCF Office
 - And other locations around the school
- 1.3 The members of staff responsible for re-stocking (i.e. the [School Nurse](#) and / or [Sports Physiotherapist](#)) should be informed if the First Aid Stations or First Aid boxes have been used.

Appendix 2: Head Injuries and Concussion Protocol

2.1 Protocol aims

- To provide a safe environment.
- To ensure all staff have a clear understanding of how to manage someone who has sustained or potentially sustained a head injury.
- To be able to recognise the signs and symptoms of concussion and manage it correctly.
- To ensure all significant head injuries are reported on the School's accident form.
- To ensure all parents and pupils receive appropriate advice on managing a head injury.

2.2 Head injuries

Not all head injuries cause damage to the brain, but they can have symptoms including:

- Nausea
- Headaches
- Dizziness
- Tiredness

Pupils that sustain a head injury should be assessed by the School Nurse or the Sports Physiotherapist and head injury advice will be given to the pupil and parents in every case.

2.3 Red Flags for potentially more serious head injuries

If any of the following are observed or develop then the pupil needs to be immediately seen by the School Nurse or the Sports Physiotherapist, and, where appropriate (or in the absence of the School Nurse or Sports Physiotherapist), an ambulance for urgent medical assessment:

- Deteriorating conscious state
- Increased confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizures (fits) or convulsions
- Double vision or deafness
- Weakness in arms or legs (may appear to be walking strangely)
- Clear fluid coming out of ears and / or nose
- Slurred speech, difficulty speaking and understanding.

2.4 Concussion

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination. Concussion can occur at any time within the school environment and can occur if a pupil's head comes into contact with a hard surface such as a floor or a desk. It can also occur during sporting activities. Concussion can also occur when the head and the upper body are violently shaken, such as in whiplash injuries.

Concussion can affect academic performance and behaviour and can also put a pupil at risk of further serious consequences if he sustains another concussion before he has recovered. The School takes concussion seriously to safeguard the long-term welfare of pupils. The School recognises that if the brain is not allowed to fully recover the brain is more vulnerable to further injury and may result in further long term consequences such as prolonged concussion symptoms and possible consequences such as dementia, and a further concussive event could cause brain swelling which can be fatal.

Pupils who sustain a head injury during sports sessions (practice / training and fixtures) will be removed from play and initially be assessed by the School Nurse or Sports Physiotherapist. If concussion is suspected further medical advice will be sought.

The School understands that it is important to recognise the signs of concussion as early as possible but is aware that symptoms can present themselves at any time after the incident.

2.5 **What to do if a concussion is suspected**

If a concussion is suspected, and in the absence of the School Nurse or Sports Physiotherapist, it is the member of staff's responsibility to:

- Communicate with the parents what happened and recommend that the pupil should undergo diagnosis and assessment from a medical practitioner or visit an emergency department for further assessment.
- Give the pupil and parents the head injury advice sheet (see *Head Injury Advice for Parents* below; this may also be accessed via the Medical Centre page of the School's intranet).
- Inform the pupil and parents that the pupil should see the School Nurse on the pupil's return to school.
- Complete an accident report form (accessed via the Staff intranet) and inform the School Nurse and / or Sports Physiotherapist.

2.6 **The Graduated Return to Play protocol (GRTP)**

Pupils diagnosed with concussion or suspected of having concussion will undertake the Graduated Return to Play protocol (GRTP).

The GRTP will be undertaken under the supervision of the Sports Physiotherapist, who will organise sessions to meet the pupil's needs and assess the pupil at every stage using the [SCAT 5 Child](#) process. The School recommends that pupils also receive medical clearance before returning to play: it is the responsibility of the pupil's parents to organise for medical clearance before returning to play. The School Nurse and / or Sports Physiotherapist will keep a record of the parent's confirmation that clearance has been obtained.

Following a concussion, it is reasonable to expect a pupil to miss a day or two of academic studies but extended absence is uncommon. The pupil should initially rest, and this should involve avoiding reading, TV and computer games. These can be gradually reintroduced. Thereafter, the GRTP follows the timescale and activities shown below:

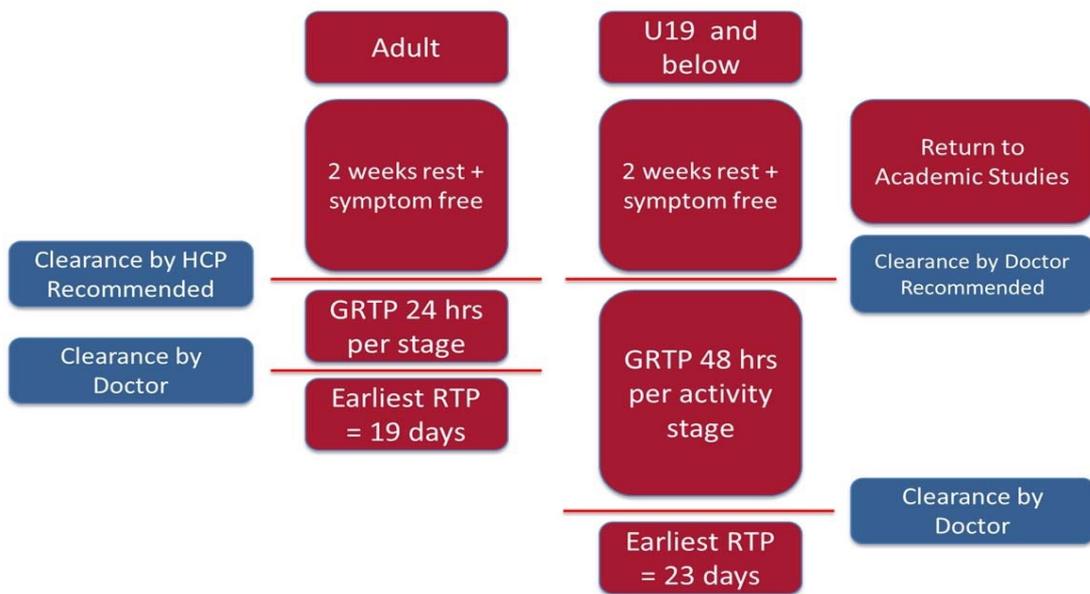


Table 1 Graduated return to play protocol

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg, passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load
5. Full-contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

On return to academic studies, the pupil’s teachers will be made aware of the pupil’s concussion by the School Nurse. Adjustments or support that the School will consider, on an individual basis, during the return to play period are:

- Extra time to complete assignments and tests
- Access to a quiet room to complete assignments and tests
- Avoidance of noisy areas such as the dining hall and assembly rooms
- Frequent breaks, as required, during class, homework and tests
- Shorter assignments

- Use of a peer helper
- Reassurance from teachers that the pupil will be supported through their recovery

The pupil may not return to sport until they have successfully returned to school and learning without worsening of symptoms.

2.7 Staff Education

All staff have been issued with a *Pocket Concussion Recognition Tool*⁶ as a recognition guide for potentially serious head injuries and concussion. General awareness of the seriousness of head injuries and concussion will be raised regularly during staff training sessions.

Pocket CONCUSSION RECOGNITION TOOL™
To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE
Concussion should be suspected if **one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion
Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing / Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion
Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness	- Headache
- Seizure or convulsion	- Dizziness
- Balance problems	- Confusion
- Nausea or vomiting	- Feeling slowed down
- Drowsiness	- "Pressure in head"
- More emotional	- Blurred vision
- Irritability	- Sensitivity to light
- Sadness	- Amnesia
- Fatigue or low energy	- Feeling like "in a fog"
- Nervous or anxious	- Neck pain
- "Don't feel right"	- Sensitivity to noise
- Difficulty remembering	- Difficulty concentrating

3. Memory function
Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS
If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain	- Deteriorating conscious state
- Increasing confusion or irritability	- Severe or increasing headache
- Repeated vomiting	- Unusual behaviour change
- Seizure or convulsion	- Double vision
- Weakness or tingling / burning in arms or legs	

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

All staff involved in coaching sports carry the *Pocket Concussion Recognition Tool* upon their person. These staff undertake the [online "Headcase" course](#) (provided by the RFU) which provides guidance on concussion awareness for coaches. This is to be undertaken annually and a register and copies of certificates are to be held by the School Nurse to ensure training is current.

2.8 Monitoring Head Injuries and Concussion

The School Nurse is responsible for monitoring accident reports and informing the [Senior Deputy Head](#) of any areas of concern. This is then followed up by the Health and Safety Committee who will risk assess any areas of concern to minimise the risk(s) to pupils and staff of sustaining a head injury.

2.9 Other sources of information

- [The FA's concussion guidelines](#)
- [World Rugby concussion management](#)

⁶ Also available on the [England Rugby website](#)

Annex 3.1: Head injury advice for parents



Date:

Time of injury:

This is to inform you that your son sustained a head injury.

Few head injuries sustained at school are likely to result in significant complications. It is, however, important to recognise that, though injuries to the head may initially appear minor, the condition of your son may deteriorate.

Please monitor your son closely over the next 48 hours and follow the guidance provided on the back of the slip. If at all concerned seek immediate medical advice / attention from your local accident and emergency department (A&E).

Take your son to A&E department if they:

- Are unusually sleepy or you cannot wake them
- Have a headache which is getting worse
- Are unsteady when they walk
- Develop a squint or blurred/double vision
- Repeatedly vomit
- Have a seizure (fit)
- Decreased/loss of consciousness

Please do not hesitate to contact the School Nurse or Sports Physiotherapist if you have any further queries regarding this. They may be contacted at:

- School Nurse: 0203 680 6369 or schoolnurse@cityoflondon.org.uk
- Sports Physiotherapist: sam.dorrington@cityoflondon.org.uk

Appendix 3: Hygiene Procedures for Spillage of Body Fluids

3.1 General statement

The aim is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of micro-organisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

3.2 Legal position

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine

3.3 Personal Protective Equipment (PPE)

PPE is available from the Facilities Manager, [Operations Manager](#) or School Nurse. All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron.
- Wear disposable gloves.
- Protect eyes and mouth with goggles and mask (or full-face visor) if splash or spray is anticipated
- Wear protective footwear when dealing with extensive floor spillages
- Use the Body Fluid Disposal Kits provided by the school (not “just a cloth or mop”)
- Always dispose of PPE and contaminated waste into a yellow clinical waste bag

3.4 Procedure

All biohazard spills are to be reported to the School Health & Safety Co-ordinator (the Facilities Manager).

All staff dealing with a biohazard spill are to:

- wear appropriate PPE.
- take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided.
- use the Body Fluid Disposal Kits provided by the Facilities Manager, School Nurse or cleaning staff, or located at the First Aid Stations.
- place all soiled paper towel and gloves into a yellow clinical waste bag to dispose of in an approved manner.

- wash hands, including arms to the elbow, with warm water and soap immediately after **every** clean-up of blood or body fluid. This should be performed **even** if gloves have been worn.
- wash all areas that have come into contact with blood.

Appendix 4: Procedure in the event of an Internal Evacuation

- 4.1 In the event of an Internal Evacuation, the School Nurse will collect the green first aid backpack and the Emergency Salbutamol box from the Medical Centre.
- 4.2 The School Nurse will then meet a Keeper at the Emergency Equipment cupboard (in the access corridor to the toilets adjacent to the Bookshop on Level 1) in order to collect the red Grab Bags and green Emergency First Aid Kits to take to the Internal Evacuation muster points (the Great Hall and Winterflood Theatre).
- 4.3 A second keeper and the Sport Physiotherapist (if he is on site) will also collect red Grab Bags and green Emergency First Aid Kits and bring these to the Great Hall and Winterflood Theatre (or to the Sports Hall if there are exams). The second Emergency Salbutamol box and Defibrillator will be collected from the PE office (normally by the Director of Sport or a Keeper) and taken to the Great Hall (or to the Sports Hall if there are exams).
- 4.4 The Keepers are responsible for collecting the Defibrillator and Pupils' Emergency Medication Kits (containing emergency adrenaline auto-injectors) for those pupils who have severe life threatening allergies and, if it is safe to do so, bringing them to the Great Hall.