



Stormont School

13a FIRST AID: POLICY GUIDANCE

Policy Type	Statutory
Regulation	ISSR Part 3, Paragraph 13
Approval Committee	Health & Safety Committee
Last Review	Spring 2024
Next Review	Spring 2025

The policy will be published on the website for current and prospective parents, governors, staff and volunteers.

Hard copies are available from the School Office.

FIRST AID POLICY STATEMENT

1. Scope

This policy guidance applies to staff, visitors and pupils at Stormont School including those pupils covered by the Statutory Framework for the Early Years Foundation Stage (EYFS). References to staff includes all relevant adults, including volunteers and visitors

2. Objectives

- 2.1. To ensure that there is an adequate provision of appropriate first aid at all times.
- 2.2. To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

3. Statutory Guidance

This statutory policy has been reviewed in accordance with the paragraph 13 of the Independent Schools Regulatory Requirements (ISRRs):

The standard in this paragraph is met if the proprietor ensures that first aid is administered in a timely and competent manner by drawing up and effective implementation of a written first aid policy.

4. Responsibilities

4.1. Board of Governors. The **Board of Governors** is responsible for:

- ensuring that Stormont School has an appropriate policy;
- ensuring that the School meets the requirements of statutory regulations.
- ensuring that suitable provision is made for the short-term care of sick and injured pupils;
- ensuring that staff are appropriately consulted and trained;
- ensuring that accidents are recorded and parents informed; and
- ensuring there are arrangements for pupils with particular medical conditions (for example, asthma and diabetes).

4.2. Headteacher. The Head Teacher delegates to the Bursar responsibility for

- the internal management of first aid;
- determining the first aid needs of Stormont School, taking into account, among other things, the number of staff and pupils, size, location and work activity;
- developing and reviewing detailed procedures;
- monitoring the training and expertise of first aid staff;
- liaising with the person responsible for first aid;

- informing staff of the arrangements that have been made in connection with the provision of first aid (including the location of equipment, facilities and personnel) and ensuring that there is at least one appropriately qualified person on site when children are present;
- ensuring that staff, pupils and parents are aware of Stormont School's health and safety and first aid policy and procedures.
- ensure that adequate space is available for catering to the medical needs of pupils
- report specified incidents to the HSE when necessary

4.3. First Aid Coordinator. Ms Sarah Cunningham has been appointed by the Headteacher as the competent person responsible for the day to day management of first aid who will:

- be responsible for the implementation of this policy.
- ensure that the first aid provision is adequate and appropriate; including ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
- carry out appropriate risk assessments and ensure that they are completed and appropriate measures are put in place (in liaison with the Bursar);
- ensure that the number of first aiders/appointed persons meets the assessed need (in liaison with the Bursar);
- ensure that appropriate training is provided and monitor the competence of first aiders (in liaison with the Bursar);
- ensure that the equipment and facilities are fit for purpose;
- ensure that all staff know the procedures for calling for first aid, and their duties towards any person requiring first aid; and
- regularly keep the Headteacher and Bursar informed of the implementation of the policy.

4.4. Employed Staff.

- Teachers' conditions of employment do not usually include giving first aid. Staff may, however, volunteer to undertake first aid tasks. Certain support staff will be required to administer first aid as part of their contract. They must be appropriately trained.
- All staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.
- Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.
- If First Aid is required for more than a minor injury, staff must not move the patient unless the patient needs to be moved away from an immediate hazard or danger.

- Staff who deal with a first aid incident must ensure that the incident is recorded. This includes incidents on out-of-school activities. (See section 14)
- Staff should report any low stock of first aid items or missing items to the First Aid Coordinator
- Ensuring they know who the first aiders in school are
- Completing accident reports on Engage for all incidents they attend to where a first aider is not called
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

4.5. Appointed Person(s) and First Aiders.

4.5.1. The school will ensure it has sufficient and appropriately trained paediatric first aiders and Emergency First Aid at Work trained staff. It will also ensure it has sufficient numbers of staff who have the Pool Responder Qualification.

The Paediatric First Aiders are responsible for:

- Taking charge when an injury or illness is more serious
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

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

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary, after liaising with the Form Tutor
- Filling in an accident report and completing the First Aid report on Engage on the same day, or as soon as is reasonably practicable, after an incident
- Reporting any low stock of first aid items or missing items to the First Aid Coordinator
- Keeping their contact details up to date. Our school's paediatric first aiders are listed in Appendix 1. Their names will also be displayed prominently around the school.

5. **First Aid Provision**

5.1. The minimum first aid provision is:

- one suitably stocked first aid container;
- information for staff on first aid arrangements;
- arrangements for off-site activities; and
- out-of-school hours provision e.g. lettings.

- 5.2. The level of first aid provision and number of first aiders is determined on the basis of the likelihood of injury arising in school. A risk assessment of first aid needs will consider the following factors:
- Proximity and accessibility to emergency services;
 - Staffing levels;
 - New members of staff (untrained staff);
 - Risk levels and any areas with specific hazards (kitchen, playground);
 - The needs of individuals (lone workers, pupils with special needs and disabilities);
 - Members of public on the site;
 - Unforeseeable absence of first aiders.
- 5.3. The number of certificated first aiders will not, at any time, be less than the number required by law. The school (Bursar) will ensure that there are sufficient suitable persons trained either as first aiders, paediatric first aiders or emergency first aid trained persons. Guidance recommends at least one adult is First Aid at Work (FAW) trained and there are sufficient paediatric first aid trained staff in the Early Years setting to ensure effective administration of first aid. A list of members of staff who are trained and appointed persons will be displayed on noticeboards in the School in Pre-prep, the Office, Staff-Room and On Teams.
- 5.4. In particular, the school will ensure that there is always at least one first aider on site when pupils are present.
- 5.5. In addition, to meet the requirements of the Statutory Framework for the Early Years Foundation Stage there will always be a member of staff trained in paediatric first aid on the premises or on outings when EYFS children are present.
- 5.6. The school will also ensure there are suitably trained first aid persons present for school events on site, including those run by the Stormont Parents' Association.
- 5.7. First Aid provision will be considered as part of the planning process for trips away from school. Suitable arrangements will be put in place in accordance with the Educational Visits Policy, to include the requirement for a qualified first aider to accompany the trip, who will be responsible for taking charge of a situation should it arise (for example, calling for assistance if a serious injury or illness occurs).
- 5.8. Contractors, visitors, service users and others working temporarily on the premises shall be made familiar with the first aid arrangements. Where contractors have their own site compound, they will be responsible for including such arrangements within their site documentation and for the communication of the same to their operatives as part of their independent site induction.
- 5.9. The arrangements for First Aid provision when facilities are hired to third parties will be confirmed at the time the booking contract is entered into. Unless expressly advised to the contrary, hirers will have access to the First Aid boxes relevant to the areas that have hired and will be required to report to the school any accidents or incidents requiring First Aid or other treatment that may arise during the course of the hire.

6. Duties of a First Aider

6.1. Qualifications

- 6.1.1. No person should administer first aid unless he or she has received proper training.
- 6.1.2. All staff providing first aid in Stormont School must have an appropriate first-aid qualification and remain competent to perform their role. Typically, first-aiders will hold a

valid certificate of competence in either First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). EFAW training enables a first-aider to give emergency first aid to someone who is injured or becomes ill while at work. FAW training includes EFAW and equips the first-aider to apply first aid to a range of specific injuries and illnesses.

6.1.3. In addition, the Statutory Framework for the Early Years Foundation Stage (EYFS) mandates specific first aid requirements for all schools and early years' providers attended by young children (i.e. children up to the end of the academic year in which the child has their 5th birthday).

6.1.4. Qualified first aiders will receive updated training every three years. There will be general staff training on first aid matters on a regular basis. Details of qualifications are recorded by the First Aid Coordinator who also makes arrangements for renewals as and when they become due.

6.2. A First Aider must:

- complete a training course every three years;
- give immediate help to casualties; and
- ensure that when necessary, an ambulance or other professional medical help is called.

First aiders will be expected to follow any appropriate government guidance.

7. First aid procedures

7.1. **In-school procedure. See Appendices for more detailed guidance.** In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, they should liaise with the form tutor if appropriate, then parent will be contacted and asked to collect their child. Upon their arrival, the first aider will inform parents of steps taken and, if appropriate, recommend next steps to the parents
- If emergency services are called, the Headteacher or if not available, the School Administrator team will contact parents immediately
- The first aider will complete the First Aid Report form on Engage or, in the case of a staff member, an accident report form, on the same day or as soon as is reasonably practical after an incident resulting in an injury
- The first aider will contact one of the Housekeeping Staff or Caretakers to support the safe cleaning of spillage of body fluids.
- See appendices for policy regarding removal of splinters and bumped head procedure

7.2 **In-school procedure. See Appendices for more detail.** In the event of onset of illness:

- The closest member of staff present will assess the seriousness of the illness and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment

- If the staff member or first aider judges that a pupil is too unwell to remain in school, they should liaise with the form tutor where possible, then the parent will be contacted and asked to collect their child. Upon their arrival, the first aider will inform parents of steps taken and, if appropriate, recommend next steps to the parents
- The first aider, if called, will assess the illness and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the ill person should be moved or placed in a recovery position
- If emergency services are called, the Headteacher or if not available, the School Administrator team will contact parents immediately
- The first aider will complete the First Aid Report on Engage or, in the case of a staff member, an accident report form, on the same day or as soon as is reasonably practical after an incident resulting in an injury
- The first aider will contact one of the Housekeeping Staff or Caretakers to support the safe cleaning of spillage of body fluids.

7.3 Off-site procedures When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
Record keeping resources- either a device to access Engage or the paper version
Information about the specific medical needs of pupils
- Access to parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

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

There will always be at least one first aider on school trips and visits in Key Stage 1 and 2

8 Number and Location Of First Aid Boxes

8.2 The minimum requirement is for one suitable stocked first aid box, but first aid boxes will be provided in areas of the school where accidents are considered most likely.

8.3 There is no mandatory list of items to put in a first aid box. As a guide, where activities involve low-level hazards, a minimum stock of first aid items would be per the guidance given in HSE document "Basic advice on first aid at work" INDG 347. The contents of the first aid boxes will be reviewed regularly and replenished as necessary.

8.4 See appendix 2 for a list of contents for Green First Aid Boxes and Bags at Stormont School

8.5 First aid boxes are placed in clearly identified accessible locations around the school and are fully stocked with the first aid materials listed in Appendix 2. No medication is kept in first aid kits.

8.6 Green First Aid Kit Boxes are stored in:

- The School Office
- Pre-Prep Link Area
- The Sports Hall
- Art Room
- Science Room
- Extended Care Room
- Computer Suite
- Kitchen

8.7 Green First Aid Kit Bags are stored in:

- In the porch by the Main Door (for Prep Break times)
- The Pre-Prep (for Pre-Prep Break times)
- 2 Spare kits for trips off site are kept in the medical room
- 1 kit for sports fixtures is kept in the PE office
- A residential trip kit, in a larger bag, is kept in the medical room
- Further supplies are kept in the medical room

8.8 Details of the closest first aid box will be displayed in each classroom, office and other general areas and will be included on the First Aid notices displayed on relevant school noticeboards

8.9 In addition, each classroom without a main kit has a small red first aid bag with a stock of plasters and Alcohol-Free Cleansing Wipes for minor cuts as well as ice packs and sick bags/pulp-bowls nearby.

8.10 The qualified first aider accompanying a school trip will be responsible for the travel First Aid kit whilst it is off-site.

9 Risk Assessments

9.2 The persons responsible for First Aid, in liaison with the Bursar, must make suitable and sufficient risk assessments in the school to determine any extra provision required over and above the minimum provision.

9.3 The risk assessments must also cover the risks to staff and also any non-staff who may come into the school.

10 Insurance

10.2 Stormont School has in place adequate insurance arrangements that provide appropriate cover for claims arising from actions of staff acting within the scope of their employment.

10.3 Stormont School also has adequate liability insurance in place to cover accidents to pupils, visitors and staff.

11 Training

11.2 Stormont School will provide adequate and appropriate training for first aid staff and appropriate information for all staff to enable them to carry out their duty of care.

11.3 Stormont School will ensure that there are sufficient trained members of staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off-site.

11.4 Appropriate records will be maintained to record details of staff members who are trained to provide first aid and to monitor the provision of updates to training. The First Aid

Coordinator will review first aid training needs at minimum on an annual basis to ensure that the provision remains adequate.

12 Guidance

National guidance is provided in the government's document 'First Aid in Schools' (2014), and in the Health and Safety Executive's 2013 guidance on The Health and Safety (First Aid) Regulations 1981.

13 Equal Opportunities

13.2 Stormont School will take particular care with the first aid provision for its disabled staff and pupils.

13.3 As appropriate, risk assessments will be done by the Bursar and the person responsible for first aid, in liaison with the Headteacher, and suitable provision will be made.

13.4 Where necessary, a Personal Emergency Evacuation Plan (PEEP) will be put in place in accordance with the Fire Prevention Policy.

14 Records and Reporting

14.2 First aiders must ensure that accidents and incidents for which they have provided support are accurately recorded on Engage.

14.3 Where first aid is given off site. A paper record should be used (see appendix 7) and the records entered into Engage upon return to school.

14.4 The First Aid Coordinator monitors recorded incidents regularly and significant, avoidable or high-risk incidents will be reviewed at the Health and Safety Committee meeting on a termly basis and discussed with the Governor who sits on the Health and Safety Committee reporting to the Board of Governors. The record must include:

- (a) date, time and place of the incident;
- (b) name (and job, if relevant) of the injured or ill person;
- (c) details of the injury/illness and what first aid was given;
- (d) what happened to the person immediately afterwards (for example, went back to work, went home, went to hospital);
- (e) Parents are automatically sent First Aid Reports completed on the Engage portal. In the case of using off site paper record; record when parents were contacted if applicable;
- (e) name of the first-aider or person dealing with the incident.

14.5 The reporting of accidents and incidents will be done under Stormont School's reporting arrangements including those that need to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

15 Reporting to the HSE

15.2 The Bursar will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7)

15.3 The Bursar will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

15.4 Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm) <http://www.hse.gov.uk/riddor/report.htm>

16 Monitoring and Review

16.2 Monitoring of the first aid arrangements will be done via the health and safety management system.

16.3 The Health and Safety Committee will review the first aid needs and arrangements annually, and will ensure that the appropriate level of first aiders/appointed persons are in post, and that the appropriate standards are met.

16.4 As part of the Health and Safety management arrangements, the Health and Safety Committee will report any First Aid matters to the Governor who sits on the committee on a termly basis, and will review the policy annually.

17 Medical Care

17.2 Any medicines needed to be kept at school for the provision of first aid are kept as follows: (see list of general medicines kept on site in appendix 3) ,

- Asthma inhalers prescribed to individuals in pre-prep are kept in red bags on the hook in the child's form room and are taken with the child when leaving the main building for PE, outdoor play or on trips.
- Asthma inhalers prescribed to individuals in prep are kept in red bags within the child's back pack and are taken with the child when leaving the main building for PE, outdoor play or on trips
- Auto injectors prescribed to individuals in pre-prep are kept in red bags on the wall hook within the child's form room. They are taken with the child when leaving the main building for PE, outdoor play or on trips.
- Auto injectors prescribed to individuals in prep are kept in red bags within the child's back-pack. They are taken with the child when leaving the main building for PE, outdoor play or on trips
- Spare auto injectors and inhalers with spacers are kept in the locked cabinet in the Medical Room

- Other medicines prescribed for individuals in pre-prep, such as Piriton are kept in the locked cupboard in the prep-prep link area above the sink.

- Other medicines for children in prep are kept in the locked cupboard in the medical room

- If medicines kept onsite require refrigeration, these are kept in the staff room fridge.

17.3 The locked cupboard in the medical room should also be used for the safe storage of any staff medicines.

17.4 Keys for the locked medical cupboards are kept on top of the cupboards. An additional key for each cupboard is kept in the key cabinet in the staff room and in the main office.

17.5 This procedure is limited to the provision of first aid, but the school also has arrangements in place for:

- (i) dealing with pupils who have special educational needs or specialist medical needs. Where appropriate, an Individual Health care plan will be created should there be additional medical needs and an Administering Medicine Permission form will be completed by parents where short or long term administration of a medicine is required. This will be led by First Aid Coordinator in liaison with the parents.
- (ii) provision of immunisations; and
- (iii) holding medical records.

17.6 Where deemed necessary, the school will administer prescribed medications and medications directed by a medical professional. See Administering Medicines Policy. For children requiring such medication in school, the First Aid Coordinator is responsible for ensuring that parents complete the relevant form 'Administering Medicines- Parent Request Form' and allocating a trained member of staff to administer the medicine at the directed and agreed times.

Appendix 1: List of Paediatric Trained First Aiders- See separate document.

Appendix 2:

The 8 Main First Aid kits in our school will typically include the following:

- foil blankets
- microporous tape
- sterile wipes
- triangular bandage
- scissors
- gloves
- face shield
- burnshield dressing
- sterile eye dressing
- med. sterile dressing
- lrg. Sterile dressing
- sterile finger dressing
- sterile gauze pads
- sterile adhesive dressings
- conforming bandages
- assorted plasters
- sick bags
- disposal bags
- saline solution pods
- First Aid booklet
- Disposable tweezers
- Disposable cold packs

Appendix 3: General Use Medicines Kept on Site

Medicines kept on site for general use are as follows. These are stored in locked cabinets in the original packaging. The first aid coordinator is responsible for monitoring expiry dates and stock. (See Administration of Medicines policy)

- Calpol meltlets for children over age 6 (for school residential trips when consented by parents)
- Calpol medicine (for school residential trips when consented by parents)
- Spare inhalers (for use if prescribed or instructed by emergency medical personnel)
- Spare auto-injector (for use if prescribed or instructed by emergency medical personnel)
- 300mg dispersible aspirin for heart attack first aid, labelled NEVER FOR CHILDREN

Appendix 5: Splinters and Tweezers

- We will remove a splinter if the child wishes us to do so, and there is enough of the splinter exposed to enable it to be gripped by tweezers
- In the event that splinter is firmly embedded and cannot be gripped by tweezers or the child does not wish us to pull it out we will telephone the parent to inform them that their child has a splinter and suggest that they may wish to attend school to remove it or to bring antiseptic cream to apply.
- What can a parent do that we can't?
The parent can break the skin to remove the splinter, or administer antiseptic cream (which a school cannot do) and cover with a plaster which will help to draw the splinter out. If the splinter is still there at the end of the school day, they could soak the affected area of skin which will help to soften it to squeeze the splinter out.

Policy, Appendix 6: Bumped Head Procedures

- Bumped heads should always be taken seriously and time taken to fully assess
- Where a member of staff is unsure, a first aider must be contacted to assess
- If impact force was significant, involved height or speed, or the child is distressed, a cold pack should be applied and the child must be given a florescent wrist band to alert others throughout the day should they report feeling unwell.
- A First Aid Report must be completed immediately on Engage, which will alert parents to the injury. The child's form tutor should also be added to the alerted persons when completing this record. If off site, and a paper record is used- the first aider completing the record should immediately telephone parents to make them aware and add the record to Engage upon return to school

Appendix 7: Paper First Aid Record

This form should only be used where access to Engage is not possible. The information should be transferred to Engage upon return to school or as soon as otherwise possible.

Appendix 8: Further Deatil of Procedures for First Aid and Unwell Children**Day-to-Day Common Injuries**

The adult to whom the injury is first reported has responsibility for treating and recording the injury and first aid actions taken, unless they feel unable to do so, or lacking training. In this case, they must contact the qualified first-aider on duty, who will take responsibility for treating and recording the incident/injury.

Accidents, injuries and the first aid given in response, must be recorded on Engage. Parents are automatically notified and sent the completed report.

More Serious or Concerning Injuries

Examples: dirty or large grazes, large or deep cuts, burns, potential breaks or bad sprains, heavy nose bleeds etc, injuries to eyes or teeth, more forceful bumps to the head etc.

In the event of injuries that are potentially more serious, the qualified first-aider on duty should be called and should take responsibility for treating and recording the incident/injury.

As with all accidents and injuries, the first aid given in response must be recorded on Engage. Parents are automatically notified and sent the completed report.

In addition, the qualified first aider on duty should telephone parents and give them the option to come to school and assess the injury for themselves. This action should be recorded on Engage, whether parents decide to attend or not.

The qualified first aider may recommend the child is taken to see a medical professional. If parents do decide to take the child out of school, this action must also be recorded on Engage and the First Aider should contact the Form Tutor as well.

If parents do not take the child home, the first aider should email all relevant staff to advise that the child is monitored and advise the child sits out of certain activities, e.g. PE if necessary. This action should also be recorded on Engage as part of the first aid report.

Unwell Children (Record keeping TBC)

If a child reports feeling unwell during a lesson or playtime, and continues to feel unwell at the end of that session, the adult to which the symptoms were reported should notify the Form Tutor and next supervising adult by a brief telephone call.

If the adult supervising the child feels that the child may need to go home, this must be discussed with the Form Tutor first. If necessary, the First Aider on duty may be called to assess the child, for example, by taking their temperature.

If it is necessary for the child to go home, where possible, the Form Tutor or First Aider on duty should telephone parents to request collection and explain the circumstances. If this is not possible, office staff should telephone parents.

If staff or parents decide the child should remain in school, the Form Tutor should send a brief email or call the other teachers that will be supervising the child and communicate any necessary information or plan.

Appendix 9: Protection from Blood Borne Viruses and Other Bodily Fluids Body Fluid Spillage Policy

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.

Actions to be taken after direct contact with blood / bodily fluids

If direct contact with another person's blood or other bodily fluids occurs the area should be washed as soon as possible with soap and water.

If contact is made with the lips, mouth, tongue, eyes or broken skin, these should be washed out thoroughly with clean, cold tap water. Where running water is unavailable saline is provided to wash out the eyes.

Hands should be washed using soap, water and dried using paper towels.

If a cut or puncture wound is sustained (e.g. by hypodermic needle from an adrenalin device, bite etc.) the wound should be squeezed to encourage bleeding, washed with soap and water and covered with a waterproof dressing and the patient should seek emergency medical advice

Any incident in which another's blood may have entered a person's bloodstream through a cut or abrasion or by splashing in the mouth or eyes should be reported firstly to the School Bursar and then to a doctor.

Staff Contact

Housekeeping or Caretakers to be contacted initially so that he can arrange for a member of his/her team to clean the area appropriately.

The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.

In the event of a member of Housekeeping or Caretakers not being available then there are disposable clean up kits available in the Pre-Prep First Aid area.

Initial Clean Up Procedure

Get some disposable gloves from the nearest First Aid kit.

Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).

Put more absorbent towels over the affected area and then contact the Caretaking Staff for further help.

The bin that has had the soiled paper towels put in, then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.

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 a cleaner is not immediately available then a disposable cleaning kit will need to be used.

If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Mops should never be used for cleaning up blood and bodily fluid spillages. Use disposable paper towels or cloths.

Separate cloths and mops should be used for general cleaning of kitchens, toilets and other general areas. Disposable cloths should, where possible, be used. If it is necessary to use a non-disposable brush, they should be thoroughly disinfected.

Protective gloves, and where appropriate protective clothing, should be worn when handling soiled laundry. Soiled pupil's clothing should be bagged to go home, never rinsed by hand at School.

Procedure for Blood and Other Body fluid Spillage

Personal Protective Equipment (PPE)

Disposable vinyl or powder free gloves and disposable aprons should be worn for any activity where there is risk of contamination with blood or bodily fluids. Hands should be washed immediately after removal of gloves. PPE can be found in Pre-Prep and in the First Aid Room. They are single use and are to be discarded after the task is completed.

Gloves to be worn at all times.

Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin (yellow bags). The waste should be bagged in a nappy sack prior to be thrown away. If not available, then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.

When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.

If a disposable spillage kit is available then the instructions for use should be followed.

If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.

The area must be cleaned with disinfectant following the manufacturer's instructions.

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 manufacturer's instructions.

Wash hands.

Action To Take

If broken skin encourage bleeding of the wound by applying pressure.

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 a member of Senior Management.

If necessary take further advice from NHS Direct.

An accident form will need to be completed and it may need to be reported to HSE

Poisons

Trauma kit