



CITY OF LONDON SCHOOL FOR GIRLS

FIRST AID POLICY

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Contents

1.	Introduction
2.	General Principles
3.	First Aid Provision and Responsibilities
4.	Illness and Accidents
5.	Guidance on when to call for an Emergency Ambulance
6.	Reporting Incidents
7.	Hygiene Procedures for spillage of body fluids
8.	Review of Policy
	Appendix 1 Locations of First Aid Kits
	Appendix 2 Head injury and concussion protocol
	Appendix 2.1 Head injury advice for parents
	Appendix 3 Hygiene procedures for spillages of bodily fluids

1. Introduction

- 1.2 The policy adheres to the principles set out by the Department for Education in Guidance on First Aid in Schools and the guidance notes published by the Health and Safety Executive to assist us in complying with the duties placed us by the Health and Safety (First Aid) Regulations 1981.
- 1.3 This document forms the basis of our risk assessment to ensure that we have suitable provisions i.e. sufficient numbers of first aiders, first aid accommodation, information sharing, appropriate reporting systems and individual responsibilities.
- 1.4 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
- 1.5 This policy should be read in conjunction with:
- The Health and Safety Policy
 - The Medicines and Medical Conditions Policy
 - The Educational Visits Policy
 - CoL HSG 44 – First Aid Guidance
- 1.6 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 The first aid provisions set out in this document apply to staff, pupils and all visitors to site. These arrangements are in recognition that first aid can save lives and prevent minor injuries from becoming major ones.
- 2.2 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 medical room, but it is also important to ensure that all necessary follow up action is taken.

- 2.3 Parents should be informed immediately if the accident is sufficiently serious that a pupil may have difficulty getting home or if she has to be referred to hospital. The pupil's Form Tutor, Head of Year, the Pastoral Head and Senior Deputy Head are also informed at the earliest opportunity.

3. First Aid Provision and Responsibilities

- 3.1 The arrangements for first aid provision will be monitored by the School Nurse in conjunction with the Senior Deputy Head. The nurse will liaise with Heads of Department to ensure the appropriate provisions are available throughout the school, and where necessary, off-site.
- 3.2 Line managers will ensure that all staff are informed, as part of new starter induction programme as well as when changes are made, of the first aid procedures. This will include: basic protocols, locations of equipment, facilities, first aid personnel and reporting systems. New pupils will be informed about first aid arrangements through their Form Tutor.
- 3.3 Supplies of first aid materials are held at various locations throughout the School (see Appendix 1), this is determined through our risk assessment process by the School Nurse. 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 are advised of their position at induction. The contents of these first aid stations will be checked termly by the School Nurse. Where first aiders, or other staff, have used first aid materials from the boxes, they should notify the Nurse so that the stock can be replenished and any deficiencies made good without delay.
- 3.4 The School Nurse, in consultation with the Senior Deputy Head, is responsible for maintaining a list of current certificated first aiders. This is updated at the beginning of each academic year, and at other times as necessary. This list will be posted on notice boards in common areas across the school, in practical classrooms and in the staff room. The School Nurse will ensure that, at any time, numbers of **certificated** first aiders (including outside school term or core teaching hours) **will not, at any time, be less than the number required by legislation and/or guidance (a ratio of 1 first aider per 50 pupil and staff)**.
- 3.5 When selecting first aiders, consideration will be given to the individual's reliability, communication skills, aptitude, ability to cope with stressful and physically demanding emergency procedures and practicality on being available when required i.e. able to leave their normal duties and immediately attend to an emergency.

- 3.6 The role of the first aider is to give immediate assistance to casualties who are injured or become unwell. Where necessary they will ensure that professional medical help e.g. School Nurse is called and/or an ambulance. They will need to keep proper records when treatment is provided, even if first aid assistance has been refused.
- 3.7 First aiders will need to ensure they continually update and practice their skills and become familiar with the layout and equipment available in the medical suite by arranging a visit to the School Nurse.
- 3.8 Where required in the educational visits risk assessment, first aiders may be called upon to attend to provide appropriate levels of support.
- 3.9 Anyone needing first aid should, in the first instance, contact their local first aider who will deal with immediate treatment and refer them on to the school nurse, if necessary. If a local first aider or the School Nurse are unavailable, the person seeking assistance should go to Reception, from where a first aider will be summoned.
- 3.10 **First Aid Training:** The School Nurse is responsible for **acquiring suitable** first aid training for School staff. They will also ensure that at any given time (including outside of school term and evening) there are sufficient numbers of first aiders to meet or exceed legislative guidelines. An assessment will be made in terms of age and activities undertaken to ensure appropriate coverage of skills and available staff to deal with emergencies, this will include those trained as follows:
- Registered nurse on duty during core school hours;
 - First Aid at Work (FAW) – 3-day certificated training
 - Emergency First Aid at Work – (EFAW) – 1-day certificated training

Where appropriate, additional types of training will be taken into account when assessing our level of cover (e.g. DoFE Outdoor First Aid and Lifeguard First Aid courses). At the discretion of the Senior Deputy Head other staff will be given basic training in first aid techniques as is required to give them a basic, minimum level of competence where an assessment has been made that this may be beneficial for staff.

- 3.11 **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. The CoL document HSG 51 Guidance on Defibrillators sets out the approach the school follows. It will be the responsibility of the School Nurse to ensure the AED is checked, as per manufacturers guidance, and is effectively maintained. 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 or external trainer.

- 3.12 **Trips and visits:** Adequate and appropriate first aid provision will form part of the risk assessment for all out-of-school activities. First aid kits will need to be requested from the School Nurse for every school trip and a responsible person allocated to take 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.
- 3.13 **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, she 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 Medical Room, supervised by a member of staff, until they feel better.
- 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 her, she may be allowed home if the parent gives permission. In such cases the pupil is to be instructed to ring the school to confirm she 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 in a taxi.
- 4.2.5 If the pupil requires medication, the School Nurse may administer it according to the guidelines within the School's Medical Conditions, Medicine and Infection Control 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 her 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 staff who will wait with the pupil until a parent arrives and assumes responsibility for their daughter. In these circumstances, parents must make every effort to attend to their daughter as quickly as possible.

4.3 **Accidents**

4.3.1 If an accident is of such a nature that the casualty 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. The [CLS Head of Facilities and Compliance](#) and/or the [CLSG Head of Facilities](#) should also be contacted so that an accident investigation can be conducted, if required.

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 section 6.

5. **Guidance on when to call for an Ambulance in an Emergency**

5.1 An emergency 999 ambulance should be called when the School Nurse or 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 **Contacting emergency services**

Should the need arise for an emergency ambulance to be summoned, the first aider should:

- remain calm
- ask a bystander to call 999 and request 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 City of London School for Girls, St Giles Terrace, Barbican, London EC2Y 8BB. 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
- 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 requiring attention or treatment. This is done on the confidential school management information system and 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

6.2 Any accidents involving pupils or staff 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 Intranet. These forms should be used to report accidents, near misses or any other Health and Safety concerns. Details of the accident should be recorded as promptly as possible, together with names of any witnesses, whilst 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 form group, if known, for a pupil)
- Nature of incident
- Details of any first aid administered
- Outcome and any further action required
- Whether parents were contacted and whether a pupil returned to class, is sent home or went to hospital

6.3 The School Health and Safety form captures all incidents to our staff, pupils and visitors for our own records so we can track and review trends. However, certain categories of accidents / incidents need to be reported to the Corporation so they have oversight of accidents to staff, visitors (including pupils and contractors) as well as safety concerns within the premises. They also oversee the management of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regs) reports to the Health and Safety Executive.

The system for reporting accidents to the Corporation changed in Dec 2022 with the introduction of a new online accident form. These reports are submitted by the CLS Head of Facilities and Group Head of Compliance and/or the Health and Safety Apprentice using the information in CoL guidance: *HSSG 01 Reporting School Accident, Incidents and Dangerous Occurrences*. Any resulting investigation reports will be completed by the CLS Head of Facilities and Compliance or, in their absence, The CLSG Head of Facilities, the Senior Deputy Head or the Head of Department. *In the absence of the Head of Facilities and Compliance, Health and Safety Apprentice and Senior Deputy Head any member of staff can report an incident, the form can be found on CoLNET using the Tools and Apps tab.*

6.4 It is important that any lessons learned from accidents are taken fully into account to prevent a recurrence. The CLS Head of Facilities and Group Head of Compliance will assess all incidents, including “near misses”, and decide on the level of investigation required,

working in conjunction with Department Managers, using the CoL guidance: *HSG 01*. The more serious the incident, the more intensive the investigation should be to determine:

- What happened
- The lessons that can be learned
- The changes, if any, that need to be made to risk control measures to prevent 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.

Appendix 1: Locations of First Aid kits

- 1.1 We have evaluated hazards within different areas of the school and assessed that the following areas will be provided with first aid kits.

Level	Department	Location
A	DT	DT workshops
A	Premises	Maintenance room
A	Staff room	Main Hall
B	Pastoral	Medical Room
B	Reception	Main desk
B		
B	PE Dept	PE staff office
		Gym
		Dance Studio
		Tennis Court
		Swimming Pool
C	Science	All Labs C1 – C13
C	Kitchen	Main kitchen
D	Drama	Drama Studio Theatre (Black Box)
D	Art	Room1
		Room3

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 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 and, where appropriate (or in the absence of the School Nurse), 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, blurred vision, changes to hearing
- Weakness in arms or legs (may appear to be walking strangely)
- Clear fluid coming out of ears and / or nose
- Slurred speech, increased 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 she sustains another concussion before she 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. 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 up to 72 hours, or beyond, 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, 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 Appendix 2.1*)
- Inform the pupil and parents that the pupil should see the School Nurse on the pupil's return to school.
- Complete an incident report form (accessed via the Staff intranet) and inform the School Nurse, Head of Year, Form Tutor and Senior Deputy Head.

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 Head of PE, 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 Head of PE 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:

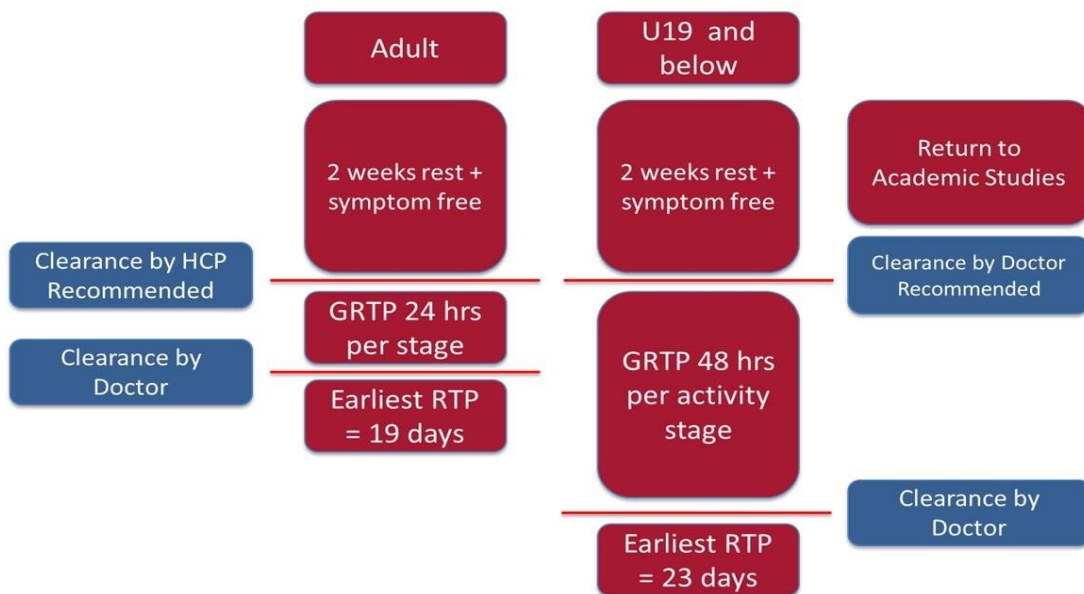


Table 1 Graduated return to play protocol

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
- 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 to return to sport until they have successfully returned to school and learning without worsening of symptoms.

2.7 Staff Education

All staff involved in coaching sports will be provided with a copy of the *Pocket Concussion Recognition Tool* by the School Nurse and they should carry this at all times. Training needs for concussion will be identified as part of the risk assessment process.

872

Edemundia RL et al. Br J Sports Med 2017;51:872. doi:10.1136/bjsports-2017-095863

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CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/games/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

• Neck pain or tenderness	• Severe or increasing headache	• Deteriorating conscious state
• Double vision	• Seizure or convulsion	• Vomiting
• Weakness or tingling/ burning in arms or legs	• Loss of consciousness	• Increasingly restless, agitated or combative

Remember:

• In all cases, the basic principles of first aid (danger, response, always breathing, circulation) should be followed.	• Do not attempt to move the player (other than required for airway support) unless trained to do so.
• Assessment for a spinal cord injury is critical.	• Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

• Lying motionless on the playing surface	• Disorientation or confusion, or an inability to respond appropriately to questions	• Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
• Slow to get up after a direct or indirect hit to the head	• Blank or vacant look	• Facial injury after head trauma

STEP 3: SYMPTOMS

• Headache	• Blurred vision	• More emotional	• Difficulty concentrating
• "Pressure in head"	• Sensitivity to light	• More irritable	• Difficulty remembering
• Balance problems	• Sensitivity to noise	• Sadness	• Feeling slowed down
• Nausea or vomiting	• Fatigue or low energy	• Nervous or anxious	• Feeling like "in a fog"
• Drowsiness	• "Don't feel right"	• Neck Pain	
• Dizziness			

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

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

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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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 Head injury advice for parents



Date:

Time of injury:

This is to inform you that your daughter 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 daughter may deteriorate.

Please monitor your daughter 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 daughter 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 if you have any further queries regarding this. They may be contacted at:

- School Nurse: schoolnurse@clsg.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.

3.2 Personal Protective Equipment (PPE)

PPE is available from the [CLSG Head of Facilities](#) 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 Bodily 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, obtained from the premises team or the School Nurse.

3.3 Procedure

All biohazard spills are to be reported to the [CLSG Head of Facilities](#).

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 Bodily Fluid Disposal Kits provided by the [CLSG Head of Facilities](#), cleaning staff or School Nurse.
- 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.