



The
Maltby Learning Trust

First Aid Policy Covid-19

Date Last Reviewed: August 2020
Reviewed by: Primary Executive Principal
Approved by: CEO

OBJECTIVE

First aid must be provided to any person that we owe a duty of care if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate.

The Trust/Academy will ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment to ensure that there are adequate and appropriate equipment and facilities for providing first - aid in the workplace.

Covid-19 – Any first aid which is administered will be done with full regard for government guidance during times of Covid-19 restrictions. This is done for the protection of students, parents and staff. Specific guidance on managing students or adults displaying Covid-19 symptoms can be found in 'Managing Suspected Covid-19 Cases' below. General guidance on adjusting operating procedures during time of Covid-19 restriction is given throughout the main policy.

OPERATING STATEMENT:

Academies within the Maltby Learning Trust will have:

- A responsible person (usually the Principal) who manages the first-aid provision and performs regular (annual) risk assessments of need
- An identified nominated person/persons who is responsible for monitoring incidents, stock control, training programmes etc.
- A suitable number of designated first aiders (as per risk assessment)
- A number of suitably stocked first-aid containers
- Information for employees on first-aid arrangements
- **Covid-19** – A clear Covid-19 plan which includes details of the specific contextual procedures implemented to protect students and staff during the administration of first aid during periods of Covid-19 restriction

First-aid provision must always be available while people are on Academy premises and also off site on educational visits.

The commitment of the Academy to basic first aid is echoed in our aim that all pupils have access to basic first aid training. This will be provided as part of our enrichment programme through approved providers.

RESPONSIBILITIES:

The Employer - The Maltby Learning Trust is the employer for Academies within the Trust. Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In the Academy this includes responsibility for all teaching staff, non-teaching staff, students and visitors (including contractors). The employer is responsible, under the Health and Safety at Work etc. Act 1974 (HSWA), for making sure that the Trust/Academy has a Health and Safety Policy. This should include arrangements for first aid, based on a risk assessment of the Academy, and should cover:

Numbers of first aiders/appointed persons – The Academy will ensure that the statutory minimum number of trained first aiders are available on site.

Numbers and locations of first-aid containers - These are detailed within the policy and the attached appendices.

Insurance - The employer will make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is the employer's responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

Arrangements for off-site activities/trips; The employer will make sure that adequate first aid arrangements are in place for any off-site activity and that this is considered as part of normal risk assessment processes

Out of school hours arrangements; The employer will make sure that provision is made for any out of hours arrangements, including ensuring any organization to whom facilities are let are taking responsibility for first aid arrangements and provision at out of hours events such as parents' evenings

Covid-19 – During times of Covid-19 restriction, the Maltby Learning Trust will ensure that proper procedures for the administration of first aid during an outbreak are in place and that stocks of appropriate PPE (Personal Protective Equipment) are available in all Academies.

The Local Governance Committee (LGC) - The LGC has responsibility for health and safety matters within each Academy with Managers and staff having responsibilities delegated from them. The Trust Board has ultimate responsibility for implementation and oversight.

The Principal - The Principal is responsible for putting the Trust Board's policy into practice and for developing detailed procedures. The Principal should also make sure that parents/carers are aware of the Trust/Academy health and safety policy, including arrangements for first aid.

Covid-19 The Principal is responsible for ensuring that there is a robust plan, individualised for context, in place for the administration of first aid in a period of restriction. The Principal will ensure that detailed procedures are in place for the distribution and use of PPE in their establishment.

Teachers and other Academy staff - A list of pupils with pre-existing or known medical conditions is available for all staff to view on SIMs, this is regularly updated as necessary by designated staff - in an emergency hard copies can be printed as necessary.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the Academy in the same way that parents/carers might be expected to act towards their children.

In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency. The employer must arrange adequate and appropriate

training and guidance for staff who volunteer to be first aiders/appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

The leadership of the Academy is responsible for risk assessing areas of the Academy in general terms. However, class teachers are responsible for risk assessing the individual activities they plan and for determining the suitability of a particular area of the Academy for a particular activity. CLEAPSS guidelines should be used when assessing arrangements for Science, Design Technology and other specialist subject teaching areas.

www.cleapss.org.uk/

Covid-19 – During periods of Covid-19 restriction, all employees should wear fluid resistant gloves and aprons as a minimum requirement when administering first aid. However, in exceptional circumstances, for example where a student has a more serious injury, staff have a duty to provide immediate care for a child. In these rare cases, PPE should be brought to those administering first aid as soon as is practicably possible. The Academy Covid-19 plan will outline site specific measures for this provision at each Academy and this guidance should be followed.

Each Academy will have nominated personnel who are responsible for keeping a record of all first-aid related incidents that occur within the Academy. This person keeps a central record of all first-aid treatment given by a first aider/appointed person. They are responsible for checking the first-aid containers are stocked and re-stocked as necessary. They will ensure that the area(s) used as a medical room are kept hygienically clean and has all the equipment and facilities required. Parents of students with known medical conditions are to give their consent to the Academy's nominated staff member to administer drugs if necessary. Relevant forms can be found at the back of this policy.

Covid-19 - The nominated person is also responsible for monitoring the stocks of PPE available at first aid stations, making sure this is replenished and in date.

DESIGNATED FIRST AIDERS

The First Aider's Main Duties - First Aider's must complete a training course approved by the Health and Safety Executive (HSE).

Within the Academy, the main duties of a first aider are to:

Give immediate help to casualties with common injuries or illness and those arising from specific hazards at the Academy.

When necessary, ensure that an ambulance or other professional medical help is called.

Covid-19 – The Designated First Aider should always have basic levels of PPE available to them (gloves and fluid resistant plastic aprons). Guidance (DfE 2020) states that this is adequate for the vast majority of situations other than where Covid-19 infection is suspected where face masks and eye protection must be used (see 'Managing Suspected Covid-19 Cases').

CONTACTING THE EMERGENCY SERVICES

All staff are able to request an ambulance or other professional medical help. Examples where an ambulance would be called would include:

- chest pain
- difficulty in breathing
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- fitting or concussion
- drowning
- severe allergic reactions.
- suspected broken bones
- epileptic seizure lasting more than 3mins

If in doubt phone for help (NHS Advice 2013)

In the event of a serious incident, such as those outlined above, there is an expectation that an ambulance will be phoned from the nearest phone – **all staff have a responsibility to do this in the event of a serious incident.** Where possible, ambulances should be contacted by mobile phone so an on-going commentary can be kept on the patient's condition. Advice and support will be given by the operator where it is necessary.

When an ambulance is phoned, the office must be informed immediately, the first aider urgently summoned and the most senior member of staff on site made aware. The office will coordinate the ambulance finding the Academy and ensuring access etc. They will also meet the ambulance and lead them to the patient. The first aider's priority is the patient and liaising from a medical perspective.

In the case of a less serious injury, an assessment will be made by the staff supervising at the time as to whether a student can safely move to the First Aider or whether the First Aider should be summoned. Under no circumstances should a student be picked up or moved (unless under their own steam) without the first aider assessing their condition. The first aider will then make an assessment of the student's condition and decide whether any or what level of action needs to be taken and whether the emergency services need to be called.

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance. Calling 999 should not be delayed let the emergency services decide the appropriate course of action based on the information that you give them.

SELECTION OF FIRST AIDERS

Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a voluntary basis. When selecting first aiders, the LGC/Principal should consider the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties, first aider must be able to leave to go immediately to an emergency.

A list of current First Aiders with photos can be found in the appendices at the end of this policy.

NOMINATED PERSONS

A nominated person is someone who:

- takes charge when someone is injured or becomes ill
- looks after the first aid equipment e.g. restocking the first aid container
- ensures that an ambulance or other professional medical help is summoned when appropriate.

Nominated persons are not necessarily first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate. In MLT primary Academies, it is normal for all staff to have this level of first aid training.

These courses don't require HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded or bleeding.

Emergency first-aid training should help an appointed person or staff member cope with an emergency and improve their competence and confidence.

Lists of nominated persons and first aiders can be found in appendix 3 of this policy.

FIRST AID-NEEDS AND EXPECTATIONS

The Employer will provide adequate and appropriate equipment, facilities and qualified first aid personnel. The regulations do oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees.

The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools, which provide a service for others should include them in their risk assessments and provide for them. In light of their legal responsibilities for those in their care, Academies should consider carefully the likely risks to students and visitors and make allowance for them.

COVID-19 FIRST AID IN TIME OF RESTRICTION

During times of restriction due to a Covid-19 outbreak, changes will be made to the first aid practices and procedures in each Academy. General changes are encompassed in this document, but contextual issues will be addressed in individual Academy Risk Assessments and Covid-19 planning document. These should be read alongside this policy. Specific measures for managing suspected cases of Covid-19 can be found below.

RE-ASSESSMENT OF FIRST-AID PROVISION

The LGC and/or Principal should regularly review the Academy's first-aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

Covid-19 - Prior to an academy opening to any number of students, whether partial of full opening, at a time of Covid-19 restriction, the academy Principal should undertake a re-assessment of first aid provision. This should consider the needs of the academy, the availability of staff and PPE requirements. It should also consider any adjustments to physical first aid provision which might be needed to maintain social distancing etc. This reassessment can be incorporated into the Academy's wider risk assessment and Covid-19 plan.

PROVIDING INFORMATION

The employer or the manager with the delegated function (the Principal) must inform all staff (including those with reading and language difficulties) of the first-aid arrangements. This should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the Academy's first-aid needs.

Covid-19 – The Principal will ensure that all staff are aware of adjusted procedures in place during Covid-19 outbreaks. This will include expectations around the use of PPE, locational changes to First Aid provision and procedures for suspected Covid-19 cases.

FIRST AID LOCATION INFORMATION

First aid boxes and first aid record books are kept in key points across the Academy site. A full list of locations is at the end of this document. It is the responsibility of the nominated person to check these regularly – they should be fully audited at least annually. All first aid kits are BS8599-1 compliant.

A central first aid record folder is kept in the Academy office.

CONTACTING FIRST-AID PERSONNEL

Posters detailing a list of current first aiders and their locations, locations of first aid kits and emergency procedures are displayed in the locations around the Academy – see appendix 4.

LIABILITY AND INDEMNITY

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust/Academy level of risk.

The MLT is insured through Zurich insurance and full indemnity is provided to staff providing appropriate medical care through the public liability section of the policy. Further information is provided via the following link:

RISK ASSESSMENT OF FIRST-AID NEEDS

The Academy will include staff, students, and visitors when carrying out risk assessments for first-aid needs. Staff will liaise with the SENCo and any member of staff with specific responsibility for Education Healthcare Plans where appropriate in the preparation of risk assessments for students with physical disabilities.

The LGC/Principal should consider additional first aid provision if there is more than one building. They should consider how many first-aid personnel are needed to provide adequate cover on each floor on a split level site and outlying buildings.

Covid-19 – During times of Covid-19 restriction, consideration should be made of which staff are available to attend work. If any first aid trained staff are shielding or vulnerable, they should not be asked to undertake first aid duties. In these cases, alternative provision must be made and identified risks mitigated.

LOCATION OF BUILDING

It is good practice to inform the local emergency services, in writing, of the Academy's location (giving ordinance survey grid references if necessary) and any particular circumstances that may affect access to the site. If the Academy has more than one entrance, emergency services should be given clear instructions on where or to whom they should report.

ARE THERE ANY SPECIFIC HAZARDS OR RISKS ON THE SITE?

Hazards and temporary hazards, such as building maintenance work, should be considered and suitable short-term measures put in place.

SPECIFIC NEEDS

Staff or students with special health needs or disabilities should always be separately catered for and if appropriate, specific first aid procedures will be included within the Educational healthcare plans for these students. These may include specific instructions on when contacting emergency services – provision for pupils with long term medical conditions is covered in the separate 'Supporting Pupils with Medical Needs Policy'. Different first-aid procedures apply to students in primary and secondary Academics. For example, the resuscitation techniques differ depending on the age of a student. First aid training organisations can provide advice on training for first aid personnel in each sector.

Covid-19 – It should be noted that some students with more severe medical needs may need care which requires enhanced PPE to be provided. This will be built into the students care plan and provision made within the Academy for its supply. For further information see the 'Toileting and Intimate Care Policy' or 'Supporting Pupils with Medical Needs Policy'.

ACCIDENT STATISTICS

Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be useful tool in a risk assessment, highlighting areas to concentrate on and tailor first-aid provision to. It is the responsibility of the nominated person and Business Manager to keep the Accident statistics.

NUMBERS OF FIRST-AID PERSONNEL REQUIREMENT

The LGC/Principal to consider the likely risks to students and visitors, as well as employees, when drawing up policies and deciding on the numbers of first-aid personnel. The HSC provide guidance on numbers of first-aid personnel based on employee numbers. As a general guide, they recommend that:

A lower risk place of work (e.g., shops, offices, libraries) with fifty to one hundred employees, should consider having at least one first aider.

A medium risk place of work (e.g. light engineering and assembly work, food processing) with twenty to one hundred employees, should consider having at least one first aider for every fifty employees (or part thereof). Schools will generally fall into the lower category, but some schools or areas of activity may fall into the medium risk category. The Academy should base its provisions on the results if its risk assessment. If there are parts of the Academy where different levels of risk can be identified, the employer should consider the need to make different levels of provision in different areas/faculties. When considering how many first-aid personnel are required, the LGC/Principal should also consider:

- Adequate provisions for lunchtime and breaks. It is good practice for lunchtime supervisors and SLT/pastoral staff to have first-aid training.
- Adequate provisions for leave and in case of absences.
- First aid provision for off-site activities e.g. educational trips/sporting events etc. If a first aider accompanies pupils off site, there needs to be adequate first-aid provision for all occasions.
- Adequate provisions for practical subjects, such as science, technology, physical education.
- Adequate provisions for out of hours activities e.g. sports activities, clubs.
- Any agreements with contractors, (e.g. Meals) on joint provision for first aid for their employees.
- Adequate provisions for trainees working on site. They have the same status as staff for the purpose of health and safety legislation.
- Procedures for if the nominated person or trained First Aider deals with an emergency in an isolated area e.g. on the playing field. He/She goes go the scene with her radio and radios or in mobile phone contact
- Procedures to meet an ambulance if there is need for one.

Members of staff are to visit the nominated person or Trained First Aider if they require any information on first aid procedures, facilities and personnel. This information is displayed on notices throughout the Academy.

See appendix 3 and 4 for first aiders and kit locations.

Covid-19 – It is particularly important that the above factors are taken into account when planning for provision during times of Covid-19 restriction. When normal operating procedures are not in place, it may be that additional first aid provision needs to be

considered at particular times of the day. This should be built into the individual academy risk assessment and Covid-19 plan.

QUALIFICATIONS AND TRAINING

A first aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. Information on local organisations offering training is available from HSE offices. Training courses cover a range of first aid competences. However, standard first aid at work training courses does not include resuscitation procedures for children. The employer should arrange appropriate training for their first-aid personnel.

Training organisations will often tailor courses specifically to Academics' needs. It is helpful to let the training organisation know in advance of any particular areas that should be covered. First aid at work certificates is only valid for three years. Refresher training and retesting of competence should be arranged before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. However, employees can arrange for first aiders to attend a refresher course up to three months before the expiry date of their certificate. The new certificate takes effect from the date of expiry. The Academy should keep a record of first-aiders and certification dates.

The HSE also produce guidance on the standards and requirements for approval of training including a list of standard first aid competences.

FIRST-AID MATERIALS, EQUIPMENT AND FIRST-AID FACILITIES

Employers must provide the proper materials, equipment and facilities at all times. First-aid equipment must be clearly labelled and easily accessible. Every employer should provide at least one fully stocked first-aid container for each site. The assessment of any Academy first-aid needs should include the number of first-aid containers.

Additional first-aid containers will be needed for split sites/levels, distant sports fields or playgrounds, any other high-risk areas and offsite activities. All first-aid containers must be marked with a white cross on a green background. The siting of first-aid boxes is a crucial element in the Trust/Academy policy and should be given careful consideration. If possible, first-aid containers should be kept near to hand washing facilities.

Covid-19 – Wherever a first aid kit is located, a stock of PPE must also be provided. This should comprise of fluid resistant aprons and gloves. No first aid should be administered without the first aider 'donning' gloves prior to administering treatment. Guidance for the safe donning (putting on) and doffing (taking off) of gloves can be found in appendix 8.

CONTENTS OF A FIRST-AID CONTAINER

There is no mandatory list of items for a first-aid container, however the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- A leaflet giving general advice on first aid (see list of publications in Appendix 7)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)

- Six safety pins
- Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings
- Two large (approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings
- One pair of disposable gloves.
- **Covid 19** – Stock of fluid resistant gloves
- **Covid 19** – Stock of fluid resistant aprons
- **Covid 19** – Stock of fluid resistant masks (for treatment of student with Covid-19 symptoms)
- **Covid-19** – Stock of eye-protection (goggles or face visor – for treatment of student with Covid-19 symptoms)

Equivalent or additional items are acceptable.

The Nominated Person is the person who is responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use.

There should be extra stock in the Academy. Items should be discarded safely after the expiry date has passed.

Stock check forms can be found at appendix 5 of this policy.

Covid-19 – If stocks of PPE are found to be inadequate, these should be ordered in consultation with the MLT central team as these items are subject to centralized purchasing.

TRAVELLING FIRST-AID CONTAINERS

Before undertaking any off-site activities, the risk assessment process should consider what first-aid provision is needed. This should be checked and considered by both the EVC (Educational Visits Coordinator) and Principal who will sign provision off as part of the assessment process. The HSE recommend that, where there is no special risk identified a minimum stock of first-aid items for travelling first-aid containers is:

- Leaflet giving general advice on first aid. See list of publications in Appendix 7
- Six individually wrapped sterile adhesive dressing
- One large sterile un-medicated wound dressing –approx. 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves
- Equivalent or additional items are acceptable.

Additional items may be necessary for specialised activities.

Stock check forms can be found at appendix 5 of this policy.

Covid-19 – In times of Covid-19 restrictions, if off site activities are undertaken, PPE must be taken on the visit and used to administer any first aid needed.

THE FIRST-AID CONTAINER

First aid containers must be:

- Maintained in a good condition
- Suitable for the purpose of keeping the items referred to above in good condition
- Readily available for use; and
- Prominently marked as a first-aid container

Locations of first aid containers with photographs can be found in appendix 5 of this policy.

Covid-19 – PPE must be stored in a clearly labelled container, next to the first aid station. The box should be labelled 'do not administer first aid without use of PPE'. Advice for the safe donning and doffing of PPE (appendix 8) should be displayed prominently in all first aid areas.

FIRST AID ACCOMMODATION

The employers will provide suitable and sufficient accommodation for first aid according to the assessment of the first-aid needs identified. The education (school premises) regulations 1996 require the school to have a suitable room that can be used for medical or dental treatment when required and for the care of students during school hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

Details of the Academy medical room(s) can be found at the end of this policy.

Covid-19 – During times of Covid-19 outbreak, consideration must be made of the suitability of existing first aid areas. Small, enclosed spaces are comforting for students during normal periods of operation but may not provide sufficient scope for social distancing or sufficient airflow during times of restriction. Any changes made to first aid accommodation/procedures must be made as part of the academy Covid-19 risk assessment and communicated to all staff and students.

Covid- 19 – Specific provision must be made for students with symptoms of Covid-19 (see 'Managing Suspected Covid-19 Cases' below) to be isolated. These areas are separate to normal first aid accommodation and provision must be outlined in the academy plan. These isolation areas must comply with the following government guidance:

If a student (with Covid-19 symptoms) is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the student. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

COVID-19 HYGIENE/INFECTION CONTROL

First aiders must follow their training and maintain good standards of infection control. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves

must be worn, and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other inert waste.

Covid-19 – The above guidance is particularly important in times of Covid-19 restriction. Guidance for donning and doffing PPE must be followed at all times (appendix 8) and additional PPE/specific procedures followed if a student is complaining of/displaying Covid-19 symptoms. In these cases, the following guidance must be noted:

- cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

Further, more detailed guidance can be found in the document 'Covid-19: cleaning in non-healthcare settings'.

If a case of Covid-19 is confirmed, the guidance outlined below ('Managing Suspected Covid-19 Cases') must be followed and contact made with the local Public Health Team as a matter of urgency.

REPORTING ACCIDENTS AND RECORD KEEPING

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include:

- the date and method of the reporting, the time and place of the event;
- personal details of those involved and a brief description of the nature of the event or disease.

This record can be combined with other accident records. The nominated person and Business Manager keep a record of such occurrences.

A suggested reporting format can be found in appendix 2 of this policy.

PUBLIC SERVICE VEHICLES

Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on a board a first-aid container which meets regulations. MLT will specify within any contract specifications that this level of

provision is in place where a tendering process takes place. It is the responsibility of coach providers to ensure that adequate provision is in place when vehicles are routinely hired.

ACCIDENTS TO EMPLOYEES

The Academy needs to report the following accidents to employees to the RMBC Risk Management Section as soon as possible after the incident both by telephone and through the relevant form. The CEO should also be informed. RMBC will inform the HSE if the following injuries occur to either the Academy's employees during an activity connected with work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).

Covid-19 Any incident where the correct PPE has not been used, or PPE accidentally becomes damaged during the administration of first aid, should be reported to the academy Principal.

HOW THE ACADEMY SHOULD REPORT ACCIDENTS OR INJURY

Parents/carers will be notified of ANY accident or injury which requires first aid treatment to their student at Academy or whilst on a Academy led activity. Where any pupil has sustained a head injury, the parents/carers will be notified by telephone and a head injury letter will be completed by the First Aider dealing with the incident; the original letter given to the pupil to take home for parents and a copy filed in the first-aid record book.

If any medical treatment is required including hospital treatment, RMBC Risk Management must be notified immediately through the appropriate forms and the CEO informed. The HSE must be notified of fatal and major injuries and dangerous occurrences without delay (by telephone). This must be followed up within 10 days with a written report on Form 2508. Form 2508 can be downloaded from HSE website: www.hse.gov.uk

Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

STUDENTS AND OTHER PEOPLE WHO ARE NOT AT WORK

An accident that happens to students or visitors must be reported to the HSE on Form 2308 if:

- The person involved is killed or is taken from the site of the accident to hospital; and
- The accident arises out of or in connection with work.

Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to the HSE without delay and followed up in writing within ten days on Form 2508.

How do I decide whether an accident “arises out of or in connection with work”?

In HSE's view an accident must be reported if it relates to:

- Any Academy activity, both on or off the premises

- The way a Academy activity has been organised and managed (e.g. the supervision of a field trip)
- Equipment, machinery, or substances
- The design or condition of the premises.

Employers with 10 or more employees must keep readily accessible accident records, either in written or electronic form. These records must be kept for a minimum of 3 years. The Specialist Support Assistant and Business Manager will keep these records.

THE ACADEMY'S CENTRAL RECORD

The Academy should keep a record of any first aid treatment given by first aiders and appointed persons.

This should include:

- The date, time and place of the incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of first aider or person dealing with incident.
- Who notified the parent and whether this was by letter, phone, email or in person.

The nominated person keeps a central record, the information in the record book can:

- Help the Academy identify accident trends and possible areas for improvement in the control of health and safety risks
- Be used for reference in future first-aid needs assessments.
- Be helpful for insurance and investigative purposes.
- In an emergency, the Principal will have procedures for contacting the student's parent/guardian/named contact as soon as possible.
- It is our practice to report all serious or significant incidents including head injuries to the parents/guardians by telephoning the parents and sending a head injury letter home with the student, which includes advice on signs and symptoms of a head injury (See appendices).

A reporting format (suggested) can be found in appendix 2 of this policy.

INFORMING PARENTS/BUMP NOTES

Where an incident involves a significant incident, parents should always be contacted directly and given a full account of how a student became injured. Students will be given a note outlining the nature of an incident or injury whenever there is an injury which requires first aid or for ANY head injury. This note must outline the area injured, how the injury occurred, including, for example, the nature of the surface which a student fell/bumped their head on, and any treatment administered. The note also contains advice for parents on what to look out for if a head injury leads to further issues. For younger students, Academies may find it necessary to have a system for informing parents of an injury beyond this – for example a sticker, conversation at the end of the day or phone call home.

An example bump note is attached to this policy (appendix 6).

COVID-19 – MANAGING SUSPECTED COVID-19 CASES

Any student or adult who is showing symptoms of, coronavirus (a new continuous cough, or fever, or a loss of, or change in, their normal sense of taste or smell (anosmia)), or have someone in their household who is, should not be in the Academy. They should be at home, in line with the guidance for households with possible coronavirus infection and should seek a test at the earliest opportunity. Therefore, If anyone in an education setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste of smell, they must be sent home and advised to follow the guidance for households with possible coronavirus infection.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education settings, such as those with tracheostomies (see Intimate Care Policy or Meeting the Needs of Children with Medical Needs Policy). Therefore, it is imperative that any potential outbreak in an Academy is identified and the potential for spread nullified. This annex outlines the procedures which should be followed in caring for a student or adult who is displaying Covid-19 symptoms.

INITIAL ACTIONS

When a student or adult is identified as showing symptoms consistent with Covid-19, they should immediately be removed from the classroom group and arrangements made for them to be sent home. A student with Covid-19 symptoms should be sent home with a responsible adult who should be asked to arrange for the student to be tested for Covid-19 at the earliest possible time. Any siblings of the student should also be sent home. The academy should request that the test results be shared with them as soon as they become available so appropriate containment measures can be put in place. The adult should also be advised that the student should self-isolate pending the result of the test. If a parent refuses to either have their student tested or share the test result the Academy is to assume the test is positive and follow the guidance below.

While a student is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the student. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, the student should be moved to an area which is at least 2 metres away from other people. If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

CARING FOR A STUDENT WITH COVID-19 SYMPTOMS

PPE should be worn by staff caring for the student while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young student or a student with complex needs). PPE in this case refers to:

- fluid-resistant surgical face masks
- disposable gloves
- disposable plastic aprons
- eye protection (for example a face visor or goggles)

When PPE is used, it is essential that it is used properly; guidance for putting on (donning) and taking off (doffing) PPE can be found in appendix 8. This should be combined with scrupulous hand hygiene in order to reduce self-contamination.

Note – To be effective face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

CLEANING FOLLOWING A SUSPECTED COVID-19 INFECTION

It is essential that good infection control measures are adopted where Covid-19 is suspected. If a student or adult has vomited or other bodily fluids are present, these should not be touched without the use of PPE as outlined above. Whether or not bodily fluids are present, the whole area where a student or adult showing Covid-19 symptoms has been waiting should be thoroughly cleaned. The following steps should be followed and the full guidance document, 'Covid-19: cleaning in non-healthcare settings' should be referred to:

- Clean the area with normal household disinfectant - this will reduce the risk of passing the infection on to other people
- Wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- use a disposable cloth and clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products specified by RMBC. Particular attention should be paid to frequently touched areas and surfaces, such as toilet areas, grab-rails in corridors and stairwells and door handles
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

Once the area where the student or adult has been waiting has been cleaned and any materials used disposed of according to the instructions above, the classroom area where the student or adult has been based should also be cleaned. This is a precautionary measure pending the test outcome. The student's personal possessions and any shared resources they have been using should be stored away from the classroom for 72 hours.

PROCEDURE FOR A CONFIRMED CASE OF COVID-19

Swift action must be taken when an academy becomes aware that someone who has attended has tested positive for coronavirus (COVID-19). The Academy Principal should immediately notify the Trust, who will coordinate the wider response, and contact made with the local health protection team. This team will also contact an academy directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace. In these cases, Principals should also inform the Trust immediately.

The health protection team will work with the academy to carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.

The health protection team will work with the Trust and academy in this situation to guide them through the actions they need to take. Based on the advice from the health protection team, schools must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:

- **direct close contacts** - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
- **proximity contacts** - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual, travelling in a small vehicle, like a car, with an infected person

The health protection team will provide definitive advice on who must be sent home. To support them in doing so, MLT academies should keep a record of pupils and staff in each group, and any close contact that has taken place between children and staff in different groups or bubbles (for examples through HLTAs or peripatetic teachers). This should be a proportionate recording process, for example using the academy's electronic sign-in system or a simple class sign-in sheet. Academies do not need to ask pupils to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.

A template letter will be provided to academies, on the advice of the health protection team, to send to parents and staff if needed. Academies must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others. Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow ['stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection'](#). They should get a test, and:

- **if the test delivers a negative result**, they must remain in isolation for the remainder of the 14-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days.
- **if the test result is positive**, they should inform their setting immediately, and should isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following ['stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection'](#)

Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation. Further guidance is available on [testing and tracing for coronavirus \(COVID-19\)](#).

Once students and adults have completed the ten-day isolation period, they should return to the academy.

APPENDIX 1 - SPECIFIC MEDICAL CONDITIONS/TREATMENTS

Some conditions require students/staff to have constant and rapid access to medication. Where this is the case, consideration should be given to the location of the medication and staff awareness of the conditions. Where medication which is needed immediately can safely be carried by the pupil (for example with asthma) this should be the case. There are various conditions which may require the administration of first aid on site – some, such as epilepsy and diabetes require highly personalised approaches and specialised training. These should be accompanied by care plans (see separate policy on administering medicines/caring for students with medical needs). Outlined below are the provisions for two most common instances, asthma and anaphylaxis.

ANAPHYLAXIS - EPIPEN MANAGEMENT & ADMINISTRATION

Students diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use preloaded automatic injection and is designed to be used as a first aid device by people without formal medical training.

If a student has been prescribed an EpiPen it is necessary that training in its use is a part of professional learning provided each year by a Registered Training Organisation, as a part of development of the Individual Anaphylaxis Management Plan. Records of staff who have received this training are kept at reception or in the Academy office.

If a pupil has been prescribed an EpiPen, a minimum of two EpiPens must be provided by the pupil's parents to the Academy. In primary Academies, one must be kept in the student's classroom (or other accessible place) and one in the main office. Secondary age students would be expected to carry their own EpiPen with an emergency epipen available at student reception

STORAGE OF EPIPENS

- EpiPens should be stored correctly and accessed quickly.

- EpiPens are stored in an unlocked, easily accessible place away from direct heat they should be available to the adults caring for a student at all times, including on the playground/social areas. They should not be stored in the refrigerator or freezer.
- EpiPens should be clearly labelled with the pupil's name.
- Each pupil's EpiPen should be distinguishable from other students EpiPens and medications.
- All staff should know where the EpiPen is located.
- The EpiPen should be signed in and out when taken from its usual place, such as for camps or excursions.
- Depending upon the speed of past reactions it may be appropriate to have the EpiPen in class or in a bag for outside use. In these cases, it should be in a labelled bag and carried by a member of staff who is responsible for monitoring that student.
- It is important that trainer EpiPens (which do not contain adrenaline) are kept in a separate location from students' EpiPens.

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a pharmacy and have an expiry date printed on them. It is the parent/carer's responsibility to supply the pupil's EpiPen to the Academy and to replace it before it expires. It is recommended that a designated staff member, such as the senior first aider, should regularly check the EpiPen at the beginning or end of each term. At least a month before its expiry date, the designated staff member should send a written reminder to the parents/carers to replace the EpiPen. Adopting the practice of returning the EpiPen to the family at the end of each term is suggested. Return or replacement of the EpiPen should take place when the pupil recommences school in the new term. Administration of EpiPen is quite safe: if a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed. EpiPen should be administered if there is difficulty in breathing and an ambulance should be called.

If the ambulance has not arrived and the patient has not recovered a second dose should be administered within 10 minutes.

"If in doubt, give the EpiPen" (from the ASCIA Action Plan for Anaphylaxis)

For additional information about the use of EpiPens refer to the Anaphylaxis Society UK.

ASTHMA MANAGEMENT AND INHALER ADMINISTRATION

All staff receive asthma training as part of their basic first aid training.

Asthma is the most common chronic condition affecting one in eleven children. On average there are two children with asthma in every classroom in the UK and it accounts for over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. Asthma is a serious and potentially life threatening respiratory condition which must be treated promptly and appropriately.

Pupils diagnosed with asthma will be prescribed a 'reliever' blue inhaler by their GP (commonly Salbutamol, trade name is Ventolin) for use during an asthma attack or exacerbation of their symptoms (occasionally they may be advised to take further doses of their 'preventer' inhaler in addition to the reliever if severe, however this is specific to

individuals). If a student has been diagnosed with asthma and prescribed an inhaler their parents/carers must ensure that:

The necessary medical documentation for the Academy is completed in full and signed by a parent/carer; this includes an Education Health Care Plan, Parental agreement for the Academy to administer medicine and Request for student to carry his/her own medication – all of these are included in the administration of medicines point.

- Inhalers must be clearly labelled to avoid cross-infection – however in an emergency they are all one dosage.
- FS/KS1 – The teacher keeps the inhalers in the classroom. They must be available to the student at all times.
- KS2/3/4/5 - The student carries a reliever inhaler on their person at all times, including on the sports pitch.
- The Academy is supplied with a spare boxed reliever inhaler prescribed for that pupil (and a preventer inhaler should this be included in their asthma treatment plan). The box is important as it shows the expiry date of the inhaler.
- The spare inhaler/s will be stored securely in the Medical area, in a clearly labelled box with their name, locked in a secure medical cabinet.
- A list of key holders to this medical cabinet is clearly displayed on the door of the cabinet.
- A record of expiry dates of all medications held in the Medical Room is kept by the Academy and parents will be reminded in advance of any medication that is due to expire and needs replacing.
- It is the responsibility of the parents/carers to ensure that the inhaler carried by the pupil is in date and has sufficient supply.

An asthma attack can be recognised from one or more of the following symptoms:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty in breathing (the pupil could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or speak in complete sentences. Some children will become very quiet.
- They may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

CALL 999 IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT:

- Appears exhausted
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed

IN THE EVENT OF AN ASTHMA ATTACK DURING SCHOOL HOURS THE FOLLOWING GUIDELINES SHOULD BE FOLLOWED:

- Encourage the student to sit up and slightly forward.
- Use the student's inhaler that they carry on them – if it is not available, use their own named spare inhaler kept in the Medical Room.
- Remain with the student at all times and send another person to fetch the inhaler from the Medical Room if necessary (ensure that the Medicine Administration Form is completed).
- Ensure that the spacer device is used with the inhaler if one has been supplied by the parents/carers (not all children will use one).
- Assist the student to take two separate puffs of their reliever inhaler (via the spacer if applicable).
- If there is no immediate improvement/relief, continue to give two puffs at a time every two minutes, up to a maximum of ten puffs.
- Remain calm, reassure the student and stay with them until they feel better. Once better they can return to normal activities.
- If the student does not feel better, symptoms have not eased or you are concerned at ANYTIME before you have administered ten puffs, ask another member of staff to CALL 999 FOR AN AMBULANCE, ensuring you give accurate details of the student's condition to the emergency services.
- If an ambulance does not arrive in ten minutes, give another ten puffs in the same way as detailed above. Inform parents/carers.

Guidance taken from Department of Health: Guidance on the use of emergency salbutamol inhalers in schools, September 2014

APPENDIX 3 – KEY PEOPLE

Role	Name	Working base (eg. Academy office)	Qualification	Date of renewal
Principal <i>(Insert name here)</i>	Photo			
Nominated Person <i>(Insert name here)</i>	Photo			
First Aider <i>(Insert name here)</i>	Photo			
First Aider <i>(Insert name here)</i>	Photo			
First Aider <i>(Insert name here)</i>	Photo			

APPENDIX 4 – FIRST AID KIT LOCATIONS

Location – eg. Medical cupboard in Academy office	Photo of storage area	Designated first aid area? At what time (eg lunchtime)?
	Photo	

APPENDIX 5 – FIRST AID KIT STOCKLIST/STOCKCHECK – ACADEMY KIT

Date Checked		Kit location		Checked by	
Stocklist	Missing (Cross)	Present (Tick)	Exp date	Comment (eg reorder date)	
A leaflet giving general advice on first aid (see list of publications in Appendix7 of first aid policy)					
20 (min) individually wrapped sterile adhesive dressings (assorted sizes)					
Two (min) sterile eye pads					
Four (min) individually wrapped triangular bandages (preferably sterile)					
Six (Min) safety pins					
Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings					
Two (min) large (approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings					
Disposable gloves.					

APPENDIX 5 – FIRST AID KIT STOCKLIST/STOCKCHECK – TRAVEL KIT

Date Checked		Kit number		Checked by	
Stocklist	Missing (Cross)	Present (Tick)	Exp date	Comment (eg reorder date)	
A leaflet giving general advice on first aid (see list of publications in Appendix 7 of first aid policy)					
Six individually wrapped sterile adhesive dressing					
One large sterile un-medicated wound dressing –approx. 18cm x 18cm					
Two triangular bandages					
Two safety pins					
Individually wrapped moist cleansing wipes					
One pair of disposable gloves					

Dear Parent/Carer

Your childhas had an accident today/bump on the head today,..... at.....am/pm.

It was not serious enough to notify you at the time but with every injury which requires first aid/head injury we now send out this note.

For Your Information: Head Injuries to Children

Dr Ian Adams, Consultant Physician, Accident and Emergency Department, St. James's Hospital, Leeds has provided the following guidance notes for when a child has a bump on the head.

If a child has been unconscious, he or she **must** attend an Accident and Emergency Department.

Children with apparently minor injuries should be watched carefully for 24 hours. They can be allowed to go to sleep but in the first 2 hours after the injury the child should be roused every 30 minutes.

After this time check every 3 to 4 hours including through the night. Parents/carers should check the child when they go to bed, again at about 3.00am and again when they get up in the morning. The child should merely be roused so as to open their eyes and move their arms and legs.

Children should be seen at Hospital if they:

- have a fit, or
- become difficult to rouse, or
- repeatedly vomit, or
- complain of increasing headache, or
- have weakness in an arm or leg

Below are details of accident.

.....

.....

.....

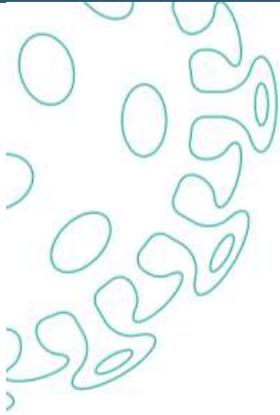
.....

.....

Appendix 7 – Useful publications

<p>Department for Education & Employment (DfEE) Circular 3/94 - The Development of Special Schools</p> <p>Circular 10/96 - The 1996 School Premises Regulations</p> <p>Circular 14/96 - Supporting Pupils with Medical Needs in School*</p> <p>Supporting Pupils with Medical Needs - Good Practice Guide*</p> <p>HIV and AIDS: A Guide for the Education Service</p> <p>School Governors - A Guide to the Law All these publications are available free of charge from: DfEE Publications Centre PO Box 5050 Sudbury Suffolk CO10 6ZQ Tel: 0845 6022260 Fax: 0845 6033360 * Joint publication with the Department of Health.</p>	<p>First aid at work - The Health and Safety (First Aid) Regulations 1981 - Approved Code of Practice and Guidance (1997) L74 ISBN 0 7176 1050 0 £6.75</p> <p>5 steps to successful health and safety management: special help for directors and managers IND(G)132L - free leaflet</p> <p>5 steps to risk assessment: A step by step guide to a safer and healthier workplace 1994 IND(G)163L - free leaflet or available in priced packs ISBN 0 7176 0904 9</p> <p>A guide to risk assessment requirements: common provisions in health and safety law (1996) IND(G)218 - free leaflet or available in priced packs ISBN 0 7176 1211 2</p> <p>Everyone's guide to RIDDOR '95 (1996) HSE31 - free leaflet or available in priced packs ISBN 0 7176 1077 2</p>	<p>Signpost to safety signs regulations (1996) IND(G)184 - free leaflet or available in priced packs ISBN 0 7176 1139 6</p> <p>List of current health & safety legislation 1996: Book and disk ISBN 0 7176 1311 9 £11.95</p> <p>HSE priced and free publications are available from: HSE Books PO Box 1999 Sudbury Suffolk CO10 6FS Tel: 01787 881165 Fax: 01787 313995 HSE priced publications are also available from good booksellers.</p> <p>Department of Health (DH) Child Health in the Community: A Guide to Good Practice Developing Emergency Services in the Community: The Final Report EL(96)28 LAC(96)10 - Children's Services Planning: Guidance These publications are available free of charge from: Department of Health PO Box 410 Wetherby LS23 7LL Fax: 01937 845381</p>
<p>Health & Safety Commission (HSC)/Executive (HSE)</p> <p>Basic advice on first aid at work (1997) IND(G)215L - free leaflet or available in priced packs ISBN 0 7176 1070 5</p>	<p>Reporting school accidents (1997) EDIS 1 - free information sheet Workplace Health, Safety & Welfare Regulations 1992 (1995) IACL97 - free leaflet or available in priced packs ISBN 0 7176 1049 7</p>	

<p>First aid at work - your questions answered (1997) IND(G)214L - free leaflet or available in priced packs ISBN 0 7176 1074 8</p> <p>First-aid training and qualifications for the purposes of the Health and Safety (First Aid) Regulations 1981 (1997) ISBN 0 7176 1347 X £8.50</p>	<p>Workplace health, safety and welfare - a short guide (1995) - free leaflet or available in priced packs ISBN 0 7176 0890 5</p> <p>Essentials of health & safety at work (1994) ISBN 0 7176 0716 X £5.95</p>	
---	--	--

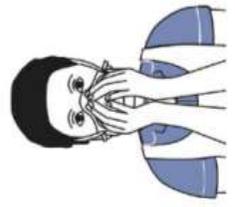
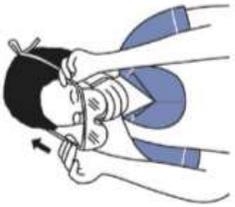
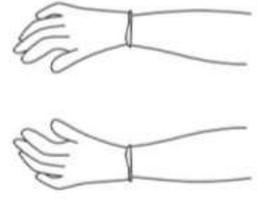


Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

<p>1 Perform hand hygiene before putting on PPE.</p> 	<p>2 Put on apron and tie at waist.</p> 	<p>3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.</p> 
<p>4 With both hands, mould the metal strap over the bridge of your nose.</p> 	<p>5 Don eye protection if required.</p> 	<p>6 Put on gloves.</p> 



Public Health
England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

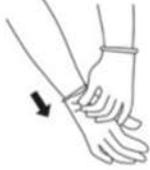
Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1

Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.



Peel the remaining glove off over the first glove and discard.

2

Clean hands.



3

Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4

Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5

Clean hands.



6

Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7

Clean hands with soap and water.

