

The GORSE Academies Trust First Aid Policy

Designated Person:	Principal
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Annex 1 – Table of Substantive Changes

This table explains where substantive changes have been made.

Throughout this document	Reference has been added to Catastrophic Bleed Kits
2.6.1 pg. 6	Reference added to a role change plus deputy
3.2 pg. 9	Reference added to frequency of parental / carer sharing medical updates for pupils
3.8 pg. 13	Wording amended
Appendix B pg. 16	Contents of catastrophic bleed kit added
Appendix D pg. 18	Section reworded for clarity.
Appendix E pg. 22	Poster updated

THE GORSE ACADEMIES TRUST FIRST AID POLICY

1 Policy Aims

- 1.1 First aid can save lives and prevent minor injuries becoming major ones; therefore, it is essential that all staff and pupils are able to receive appropriate care and support from the trust and its establishments in the event of injury, illness, or medical need.
- 1.2 The GORSE Academies Trust and its establishments¹ are committed to providing suitable and adequate first aid arrangements to enable the timely treatment of injuries or illnesses sustained by staff, pupils, or visitors on our premises or when taking part in activities under our control or significant influence.
- 1.3 The aims of this First Aid Policy are to ensure that:
- First aid needs assessments are carried out to determine the first aid requirements at each establishment, considering routine or foreseeable activities and events.
 - Roles and responsibilities are identified and set out for first aid management across the trust and its establishments to support effective first aid provision.
 - There are sufficient numbers of trained first aid staff on duty and available for the risks present at each establishment and any associated activities or events under its control or significant influence, in accordance with their first aid needs assessment.
 - There are suitable and sufficient first aid facilities and equipment available to administer first aid at each establishment, in accordance with their first aid needs assessment.
 - First aid arrangements are clearly identified and communicated to all affected persons, and that routine monitoring, and checks are carried out to ensure they remain effective.
 - A framework and minimum expectations are determined for responding to, recording, and reporting accidents and incidents requiring first aid treatment.
- 1.4 This Policy supplements and builds upon the trust Health & Safety Policy.
- 1.5 Further details of how these aims will be achieved are given in the Organisation and Arrangements sections below, and within other supporting policies, structures, systems, procedures, and practices.

This policy is informed by and operates in accordance with the Health and Safety (First-Aid) Regulations 1981, the School Premises (England) Regulations 2012, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, and the Department for Education's statutory guidance on Supporting Pupils with Medical Conditions. It also aligns with relevant HSE and DfE guidance relating to first aid provision in educational settings.

2 Organisation

The purpose of this section is to highlight the key roles, responsibilities, and accountabilities in relation to first aid arrangements across the trust and each establishment that are in addition to those specified in the Health & Safety Policy. It is not exhaustive, and each person will need to make themselves aware of any other policies, procedures, systems, or practices that may apply to them.

¹ The term establishments include all academies, colleges, schools, initial teacher training provision and premises under the control, or a part of, the trust

2.1 Trust Board of Directors and Governing Body

The trust Board of Directors have overall responsibility for ensuring compliance with health and safety legislation in relation to first aid provision across its establishments.

2.2 Chief Executive Officer (CEO)

The CEO is accountable for ensuring that the relevant duties under this policy are effectively delegated to, and discharged by, the Executive Principals for the educational settings they are responsible for.

2.3 Deputy Chief Executive Officer (DCEO)

The DCEO will work closely with the CEO, Executive Team, and the Board of Directors, to drive and deliver the organisations First Aid Policy.

2.4 Executive Principals and Deputy Executive Principals

The Executive Principal and Deputy Executive Principal are accountable for ensuring that the relevant duties under this policy are effectively delegated to, and discharged by, the Principal at each of their assigned trust establishment.

2.5 Director of Estates Management

The Director of Estates Management is supported by appropriately trained staff and is responsible for providing suitable advice and guidance to the CEO, DCEO, Executive Principals and Deputy Executive Principals, Principals, and trust establishment colleagues on all aspects of first aid.

2.6 Principals

The Principal has ultimate accountability for the implementation, management, and monitoring of this policy at their establishment, including ensuring:

- The appointed local health & safety manager takes charge of first aid arrangements at the establishment.
- A first aid needs assessment is carried out and reviewed at least each academic year by someone with a suitable level of competence and knowledge of the buildings and premises, staff and pupil demographics, likely hazards, and working arrangements within their establishment.
- Adequate resources are made available to meet the establishment's first aid needs, including ongoing maintenance and training.
- That an appropriate number of trained first aiders are always present in the establishment and on any activities or events under its control or significant influence.
- That first aiders are appropriately qualified; their training is kept up to date and that they remain competent to perform their role.
- All staff are aware of their responsibilities under this policy and the Health & Safety Policy.
- Appropriate risk assessments are completed, and appropriate measures are put in place.
- That adequate space is available for catering to the medical needs of staff, pupils, trainee teachers, and visitors.
- That the overall effectiveness of the first aid arrangements, and adherence to this First Aid Policy, are being monitored at their establishment.

2.6.1 Premises Which Fall Outside of the Direct Responsibility and Accountabilities of a Principal.

Where GORSE premises are not run under the direct responsibilities and accountabilities of a Principal, e.g. The GORSE Boat Club, Lemonroyd Lock, those points highlighted within 2.6 fall to The Partnership Director of Rowing or in their absence a competent person as directed by the executive team.

2.7 Local Governing Bodies and Lead Governor: Health & Safety

Local Governing Bodies and the lead governor for health & safety have responsibilities for:

- Holding the Principal to account against this policy and ensuring that their establishments have suitable and sufficient first aid arrangements in place.
- That the first aid needs assessment and arrangements are reviewed at least each academic year, or sooner should there be any significant changes at the establishment, to ensure the first aid arrangements remain adequate.

2.8 Appointed Health & Safety Leaders

Appointed health & safety leaders shall have joint responsibility with the Principal for ensuring effective first aid management across their establishment, and must:

- Ensure that those with responsibilities highlighted in sections 2.2, 2.5 and 2.6 of this policy are effectively discharging their responsibilities and that these are reviewed on a regular basis.
- Monitoring the effectiveness of overall first aid arrangements and adherence to this First Aid Policy at their establishment.
- Any corrective actions, remedial works and improvement plans identified by inspections, audits and compliance checks are recorded and addressed in a timely manner.

2.9 Appointed Local Health & Safety Managers

Appointed local health & safety managers are responsible for taking charge of first aid arrangements at the establishment, such as looking after first kits and ensuring first aiders are doing their part. This role may be fulfilled by the appointed health & safety leader, where appropriate.

Appointed local health & safety managers are responsible for ensuring:

- First aid facilities are identified, available and maintained in a good condition.
- First aid rooms, first aid boxes, travel first aid kits, Catastrophic Bleed Kits, AED (Automated External Defibrillators) devices, and other first aid equipment are identified, checked, stocked, and maintained in a good condition.
- They take charge, or support the responding first aider, and contacting the emergency services (where necessary), in the event of an accident or incident.
- First aid notices are displayed in prominent location(s) and kept up to date.
- The Principal and or the appointed health & safety leader are informed of any matters or concerns relating to the provision of first aid at the establishment.

2.10 Appointed Health & Safety Training Coordinators

Appointed health & safety training coordinators are responsible for ensuring that:

- The minimum numbers of trained first aiders are identified, monitored, and maintained, based on the outcome of the first aid needs assessment, their training remains up to date, the establishment maintains records of such training, and any training gaps or deficiencies are identified and addressed in a timely manner.
- Copies of all first aider's certificates are provided to and retained by the establishment.

This role may be fulfilled by the appointed local health & safety manager, or health & safety leader, where appropriate.

2.11 First Aiders

A first aider is an individual who has been trained to give first aid treatment in the event of an injury or illness.

First aiders are responsible for ensuring that:

- First aid facilities under their control are available and maintained in a good condition.
- First aid boxes, catastrophic bleed kits, burn kits and other first aid equipment under their control are stocked and maintained in a good condition, including replacing any damaged or out-of-date items.
- They provide immediate first aid treatment to injured or ill staff, pupils, and visitors.
- Where support is provided with the administration of prescription medication, checks are undertaken to ensure that the product is in date, the name on the packaging corresponds with the name of the individual to whom it is being issued, that dosage rates and frequency are accurate.
- They always take a first aid kit with them when evacuating the establishment during a fire or other emergency, as long as it is safe to do so.
- Accidents or incidents requiring first aid treatment are recorded within 48 hours on the GORSE compliance database.
- They take the lead in accidents or incidents involving injury or ill health, and, where appropriate, summoning emergency services, whilst ensuring ongoing communication with them.
- Their training remains up-to-date and that the establishment maintains records of such.
- Copies of their first aid training certificates are provided to the establishment.
- Informing the appointed health & safety leader, local health & safety manager and or Principal of any matters or concerns relating to the provision of first aid at the establishment.

2.12 Senior Leaders, Department Heads, Managers and Supervisors

Senior leaders, department heads, managers, and supervisors are responsible for ensuring that staff, pupils, visitors, contractors and shared site users under their control or influence adhere to this policy.

2.13 All Staff, Pupils, Visitors, Contractors, and Shared Site Users

In addition to the respective responsibilities outlined in the Health & Safety Policy:

- Teachers and support 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

establishment in the same way that parents or carers might be expected to act towards their children.

- Teachers and support staff must be competent to deal with the medical needs of the pupils they are responsible for, as identified within the relevant IPRA's and healthcare plans.
- Parents or carers must notify the establishment about any medical conditions that their child may have that the establishment should be aware of in order to put in place appropriate control measures or in the event of an emergency requiring medical or first aid treatment.
- All staff, pupils, visitors, contractors, and shared site users have a duty to co-operate with the trust and the trust establishment.
- All staff, visitors, contractors, and shared site users must ensure that they have a full understanding of this First Aid Policy and the first aid arrangements at their establishment, including familiarisation with the location of first aid equipment, facilities, and personnel.
- Staff and visitors should notify the establishment about any medical conditions that it needs to be aware of in the event of an emergency or the requirement for first aid treatment.
- Contractors and shared site users are responsible for determining and managing their own first aid arrangements in relation to their activities, unless specific arrangements have been pre-agreed with the establishment, in writing.
- All staff, pupils, visitors, contractors, and shared site users have a duty to report any defects or concerns relating to any first aid arrangements and equipment to a member of staff.

3 Arrangements

The purpose of this section is to outline and improve the awareness of the minimum requirements for first aid arrangements across the trust and its establishments. These arrangements are further supported by other policies, structures, systems, procedures, and practices, which should also be adhered to.

3.1 First Aid Assessment

- The first aid requirements at each establishment must be determined following the guidance in this policy and the local first aid needs assessment.
- Those undertaking a first aid needs assessment must have a suitable level of competence and knowledge of the buildings and premises, staff (including trainee teachers) and pupil demographics, likely hazards, and working arrangements within their establishment.
- It is the responsibility of each Principal to ensure that staff conducting such an assessment are competent to do so. If in any doubt, please contact the trust health & safety team for support.
- Each establishment must review its first aid needs each Academic year, or sooner should there be any significant changes at the establishment, to ensure the first aid arrangements remain adequate.

3.2 First Aid Provision

- Each establishment must ensure local compliance with this First Aid Policy, including the provision of adequate first aid equipment, facilities, trained first aiders and means of communication to enable timely first aid to be given to staff, pupils and visitors if they become injured or ill on any of its premises or during any activities under its control or significant influence.

- It is the responsibility of parents or carers to notify the establishment annually during the first half term about their child's medical condition(s) or following any change in condition or medication.
- It is the responsibility of each staff member to notify the establishment about any medical conditions that it needs to be aware of in the event of an emergency or need for first aid treatment.
- Information about pupil's or staff members medical needs may also be received by the establishment in other ways, such as admission forms, application forms, letters from parents or carers, conversations with teachers or colleagues, etc.
- Where the establishment becomes aware of a pupil's or staff member's medical needs, an IPRA or WASP must be completed.
- First aid at work does not include giving tablets or medicines. The only exception is when Aspirin is used as first aid to a casualty with a suspected heart attack for those over 16. Aspirin should never be given to a child younger than 16, unless it has been prescribed by a doctor.
- Prescribed medications, inhalers, auto-injector pens, etc. must be kept securely in the relevant office or classrooms in a labelled container and clearly marked with the pupil's or staff's details.
- Where relevant, those responsible for overseeing, managing, administering, or monitoring medications should make themselves aware of the Managing and Administering Prescribed and Non-Prescribed Medications Policy.
- In the event of a person requiring first aid, a check of their record for allergies must be made, where ascertainable, known, or available.
- It must be made clear to staff, pupils, and visitors what first aid arrangements are in place at the establishment and how they can summon first aid during an accident, incident, or emergency
(This may be in the form of notice boards displayed in prominent locations across the establishment, and induction or welcome programmes covering first aid information).
- Before undertaking any off-site activities or educational visits, the visit leader should assess what level of first aid provision is needed and identify any additional items that may be necessary for specialised activities.
- Staff should have access to a suitable supply of single-use, disposable gloves, and hand-washing facilities, and should take care when dealing with blood and other bodily fluids (see **Appendix D**).
- Any individuals or organisations leasing any part of the establishment are required to provide their own first aid arrangements, such as first aid kits, first aid trained personnel, etc., unless specific arrangements have been pre-agreed with the establishment, in writing.
- A list of current first aiders and appointed persons should be displayed on all relevant notice boards and brought to the attention of staff, pupils, and visitors.
- Where first aid, in any form is provided, then the event must be recorded on the GORSE compliance database within 48 hours by the first aider administering or providing treatment.
- In the event of an accident or incident requiring first aid treatment, dignity and safety for all staff, pupils and visitors must be ensured, which may necessitate the need to remove the casualty or any bystanders from the immediate area.
- Upon being summoned in the event of an accident or incident requiring first aid, the responding first aider is to take charge of the first aid and emergency treatment commensurate with their training; following assessment of the injured or ill person, they are to administer appropriate first aid and make a balanced judgement as to the requirement to call the emergency services.
- The emergency services should be called immediately if the casualty is or has:
 - o Loss of consciousness
 - o A sudden state of confusion
 - o A seizure that is not stopping

- o Has chest pain, or is suspected of having a heart attack or stroke
- o Breathing difficulties
- o Severe bleeding that cannot be stopped
- o Severe allergic reaction (anaphylaxis)
- o Severe burns and scalds
- o Someone has seriously injured themselves or taken an overdose
- o Sustained gunshot or stab wounds
- o Been involved in a road traffic accident
- o Fallen from height
- o Is having a suspected heart attack
- o Include submergence in water or drowning
- o Involve symptoms of hypoglycaemia or hyperglycaemia
- If the emergency services are called, the call should be made from the location of the injured or ill person so that details of their current status and condition can be given; in such a situation, the reception office must be notified so that they can make arrangements to meet the emergency services and, where appropriate, notify the person's next of kin, parents or carers.
- If it is decided to take the injured or ill person to hospital, those going off site, must sign out to prevent confusion during any potential subsequent evacuations or emergencies.
- **Accidents or incidents involving pupils that sustain a head injury or bumps, regardless of whether they need to leave site or not, should be reported to the pupil's parents or carers, who should be informed to observe the pupil for illness or deterioration for 48 hours.**
- In the event that parents or carers need to be notified and contact cannot be made, a message must be left, where possible, and the establishment must continue to attempt to make contact.
- The trust health & safety function must be informed immediately of any member of staff, pupil, visitor, or contractor who has been injured or becomes ill at an establishment and needs to be taken to a hospital, or where they are involved in a potential RIDDOR² reportable incident.
- The Road Vehicle (Construction and Use) Regulations 1986 (for minibuses) and or the Public Service Vehicles (Conditions of Fitness, Equipment, Use and Certification) Regulations 1981 (for larger vehicles) advise that a suitable, clearly marked first aid box should be readily available and in good condition in all vehicles.

3.3 Mental Health and Suicide First Aid

Provision of mental health first aid is not a legal requirement upon employers.

Each establishment should identify a senior mental health lead as part of its whole school approach to safeguarding and wellbeing. This role should include having strategic oversight of the whole establishment approach to mental health and wellbeing. They will support their establishment to make the best use of existing resources and effort to help improve the wellbeing and mental health of students and staff.

The DfE has published guidance to help establishments identify whether a child or young person's behaviour may be related to an underlying mental health problem, and how to support them in these circumstances.

Following an employer's first aid needs assessment, an establishment might decide that it will be beneficial to have personnel trained to identify and understand symptoms and be able to support

² The reporting of RIDDOR reportable incidents will be completed by the Central Health and Safety Team.

pupils, students and staff who might be experiencing a mental health issue or suicidal ideation (suicidal thoughts or ideas or contemplations). Educational staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Consideration should be given to ways to manage mental health in the workplace. This could include providing information or training for managers and employees, employing occupational health professionals, appointing mental health trained first aiders and implementing support programmes.

Establishment staff are not mental health professionals. Where pupils experience more serious mental health problems, establishments should expect them and their families to be able to access support from sources which include professionals working in specialist Children and Young People's Mental Health Services (CYMPHS), voluntary organisations, and local GP surgery.

3.4 First Aid Equipment

- A sufficient number of first aid boxes, travel first aid kits, burn kits, AEDs and other first aid equipment must be provided and maintained for all locations and situations where these may be required, as determined by the first aid needs assessment.
- Consideration must be given to the types of foreseeable activities and events, including sports fields, outdoor play areas, educational visits, lone workers, etc.
- All first aid kits, catastrophic bleed kits, burn kits, eye wash stations and AEDs should be clearly labelled, be in easily accessible locations around the premises, with these locations clearly identified.
- There is no legal requirement to have an AED onsite; however, there is a duty of care to ensure one is available should such a risk requiring its use be foreseeable, which should be identified as part of the first aid needs assessment.
- All equipment provided in the interests of first aid must be clearly labelled and easily accessible.
- All first aid kits and other first aid items must be checked at least monthly to ensure they contain the minimum content requirements as referenced within BS8599-1:2019 Workplace First Aid Kit Standards and that all items remain fit for purpose and in date (see **Appendix B** for suggestions); AED equipment must be checked at least monthly (see **Appendix C**).
- Tablets and medicines must not be stored in any first aid boxes.
- Once a disposable item from a first aid box, travel first aid kit, catastrophic bleed kit, burn kit, AED kit, or any other first aid equipment has been opened, it must be disposed of and replaced in a timely manner.
- All first aid boxes, travel first aid kits, catastrophic bleed kit and burn kits must be returned to their location after use.
- Under the School Premises (England) Regulations 2012, every establishment must provide readily available, suitable accommodation for the first aid, medical and therapy needs of pupils, which should include hand washing facilities and be located near to a toilet facility
- Rooms used for first aid, medical or therapy needs should:
 - o Provide privacy and dignity to anyone receiving treatment.
 - o Large enough to hold an examination or medical couch, a chair and any necessary additional equipment.
 - o Contain a telephone or other communication equipment.
 - o Contain a supply of first aid materials and disposal containers – foot operated refuse container, and containers suitable for the safe disposal of clinical waste and sharps.
 - o Have washable surfaces and adequate heating, ventilation, and lighting.

- o Kept clean, tidy, accessible, and available for use at all times.
- o Positioned as near as possible to an external access point.
- o Display a notice on the door advising of the names, locations and if appropriate contact details for first aiders.
- o Ideally, have a sink with hot and cold running water.

3.5 First Aid Training

- Unless first aid duties form part of a staff member's contract of employment, people who agree to become first aiders do so on a voluntary basis
- When selecting first aiders, consideration should be given to their:
 - o Reliability and communication skills.
 - o Aptitude and ability to absorb new knowledge and learn new skills.
 - o Ability to cope with stressful and physically demanding emergencies.
 - o Normal duties – a first aider must be able to leave to go immediately to an emergency.
- The Principal and the appointed health & safety training coordinator must ensure that appropriate numbers of qualified emergency first aiders, first aiders, outdoor first aiders and paediatric first aiders are trained and appointed as determined by their first aid needs assessment.
- All first aiders should receive suitable training (including refresher training) in accordance with the first aid needs assessment and HSE guidance.
- EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work.
- FAW training includes EFAW and also equips the first aider to apply first aid to a range of specific injuries and illnesses.
- It should be noted that standard first aid at work training courses do not include resuscitation procedures for young children or outdoor first aid treatment; consideration will need to be given for the need for such specialist training to ensure adequate first aid provision and coverage where such hazards exist.
- There is no requirement for training to use an AED; they are equipped with clear instructions and are designed to be used by persons without training. The device will assess the heart rhythm when attached and will only deliver a shock if it is needed.
- First aid training should only be arranged with and provided by a competent and reputable provider that meets the criteria set out in HSE's selecting a first-aid training provider.
- Blended learning is an accepted method for delivery of first aid training, provided it meets the criteria set out in HSE's selecting a first-aid training provider.
- All training certificates, or copies thereof, for appointed first aiders must be maintained at each establishment for at least six years to support any potential negligence or other legal claims.
- First aid is not to be administered by anyone other than authorised and trained first aiders, and only within the limitations of their training.
- Unless otherwise stated, training certificates are only valid for three years; appointed health & safety coordinators must arrange refresher training within three months of the certificate's expiry date; the new certificate should take effect from the date of expiry.
- If a training certificate expires, the first aider will be unable to provide first aid treatment and will need to undertake another full training course to re-qualify as a first aider.

3.6 Reporting and Recording First Aid Treatment

- As well as the requirements set out under this policy, the accident, incident or near miss reporting and investigation arrangements under the Health & Safety Policy must be adhered to.

- Each establishment must ensure that all accidents and incidents requiring first aid treatment are recorded on the GORSE compliance database within 48 hours of being notified of the event. In addition, any incident that occurs during the course of an on-water rowing activity undertaken at The GORSE Boat House, Lemonroyd Lock must be reported to the British Rowing Organisation monthly, or immediately if the incident is considered major.
- All accident and incident records must be kept for at least six years.

3.7 Monitoring Arrangements

- Compliance with this policy shall be monitored through annual first aid needs assessments, scheduled equipment checks.
- Each establishment's first aid arrangements and compliance with this First Aid Policy shall be reviewed as part of the trust health & safety audit programme.

3.8 Amendments to the Policy

The GORSE Academies Trust reserves the right to withdraw or amend the details of this policy at its absolute discretion.

3.9 Further Information

- [First aid in schools, early years, and further education - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [How to use a defibrillator | St John Ambulance \(sja.org.uk\)](https://www.sja.org.uk)
- [First aid - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- [Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Spare Pens in Schools | Homepage](#)
- [Mental health and behaviour in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Blood-borne viruses in the workplace INDG342 \(polfed.org\)](https://www.polfed.org)
- [DfE Automated External Defibrillators \(AEDs\) Guidance for schools January 2025](#)

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Appendix A: Safe Glove Removal

How should I safely remove disposable gloves?

The principle you need to keep in mind is that you should not touch the external surface of the gloves (which may be contaminated) with your bare hands. Follow this technique to safely remove disposable gloves:



1 Pinch one glove at the wrist and peel it away from your hand.



2 Turn the glove inside out and hold it in the hand that is still gloved.



3 Hook 2nd and 3rd fingers of your bare hand inside the other glove. Be Careful Do not touch the outside of the glove.



4 Pull off the glove, turning it inside out with the first glove inside.



5 Throw the gloves into the bin.



6 Wash your hands thoroughly with soap and water or alcohol hand rub.

Appendix B: Contents of First Aid Kits

Onsite First Aid Kits

All first aid containers must comply with BS8599-1:2019 Workplace First Aid Kit standards and be marked with a white cross on a green background and kept in a prominent location within a reasonable distance of nearby hand-washing facilities.

Exact contents of a first aid kit and the quantity required is dependent on the number of persons occupying the site and the findings of the first aid needs assessment. As a minimum requirement, each kit should contain:

General First Aid Kit (based on medium kit suitable for between 25 and 100 people)	Travelling and Motoring First Aid Kits	Catastrophic Bleed Kit
A leaflet giving general advice on first aid and a content list	A leaflet giving general advice on first aid and a content list	Tourniquet
2 x conforming bandage	1 x medium sterile dressing	Haemostatic gauze dressing
4 x medium sterile dressing	1 x triangle bandage	Chest seal
3 x large sterile dressing	10 x sterile plasters	Trauma dressing pad with bandage
3 x triangle bandage	10 x sterile wipes	Gloves
3 x eye pad sterile dressing	2 x nitrile gloves	Bag
60 x sterile plasters	1 x resuscitation shield	
30 x Sterile wipes	1 x foil blanket	
2 x adhesive tape roll	2 x burn dressing	
9 x nitrile disposable gloves (pairs)	1 x clothing cutter	
3 x sterile finger dressing	1 x adherent dressing	
1 x resuscitation shield	1 x medium trauma dressing	
2 x foil blanket		
2 x burns dressing		
1 x clothing cutter		

Appendix C: AED (Automated External Defibrillator) Checks

Due to the time sensitive nature of an emergency requiring an AED, it is important that establishments carry out monthly checks of these devices on their premises to ensure they remain ready for use and do not fail at the most inopportune time, leading to a potential fatality that could have been prevented.

The responsible person must check that the:

- Accessory pack is in the correct location and includes the following items:
 - Adequate supply of absorbent dressings
 - Clean safety razor
 - Tuff-cut scissors
 - 2 x pocket masks
 - 4 x pairs of nitrile gloves.
- Status indicator is not displaying any error signals or other visual prompts.
- Electrode pads have not expired (expired pads can cause the device to fail in operation).
- Battery is charged, has not expired and is less than five years' old.
- Wires and connections are not fraying or loose.

Figure A: Example Electrode Pad – Expiry Date

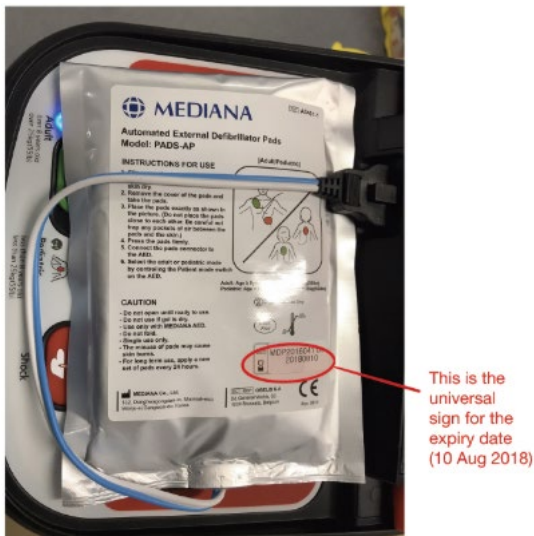


Figure B: Example Battery – Date of Manufacture



Appendix D: – Dealing with the Spillages of Blood and Bodily Fluids

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection, both staff and students should practise good personal hygiene and be aware of the procedure for dealing with body spillages.

Staff Contact

The site manager or superintendent should be contacted initially so that they can arrange for a member of their team to clean the area appropriately; however, the initial clean-up should be carried out by the person who is at the scene of the incident following the initial clean up procedure below.

When Dealing with Bodily Fluids

Following the initial identification of a spillage of bodily fluids the following stages should be followed:

- Isolate
- Clean
- Notify

Isolate the affected area

- fluids should be covered with absorbent material such as disposable paper towel

Cleaning of any spillages of blood, faeces, urine, saliva, vomit or nasal discharge should occur immediately following the incident or identification of a spillage.

- If a bodily fluid spill kit is available, then this should be used strictly in accordance with the manufacturer's instructions. If a bodily fluid spill kit is available, then this should be used strictly in accordance with the manufacturer's instructions.
- Cleaning should be conducted using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with detergent, followed by the use of a disinfectant, is also acceptable. It should be noted that some agents, such as NaDCC (sodium dichloroisocyanurate also known as troclosene sodium, a form of chlorine used for disinfection), cannot be used on urine.
- Any soiled wipes, tissues, plasters, dressings, and cleaning materials should be disposed of immediately in a bin liner which is sealed following the completion of cleaning activities and then placed into a yellow bin, or double bagged and placed into an external bin where no yellow bin is available.
- Following the completion of cleaning activities, the outer pair of gloves should be placed alongside used cleaning cloths in a yellow waste bag and sealed. The inner pair of gloves should be removed once the yellow waste bag has been placed into a bin, with these gloves being discarded directly into the bin.
- A spillage kit should be available for bodily fluids like blood, vomit, and urine. All yellow clinical waste bags should be disposed of in a yellow clinical waste bin. Incorrect disposal could result in the establishment receiving financial penalties.
- Ensure effective hand hygiene practices using warm water and antibacterial handwash are followed after completing any cleaning of bodily fluids.

Erect suitable warning signage or barriers as appropriate to warn or prevent unauthorized access to the area whilst cleaning is in progress.

Management of Accidental Exposure to Blood

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

- Percutaneous injury, e.g., from needles, significant bites that break the skin.
- Exposure to broken skin, e.g., abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Actions to take:

If an injury is the result of contact with a needle-stick or sharp, the advice in Appendix E.1 should be followed.

If the injury is the result of a bite, the advice in Appendix E.2 should be followed.

For all other contact

1. Wash the area thoroughly with soap and water.
2. Flush the nose, mouth, or skin with water. Ensuring that water is not swallowed.
3. Irrigate eyes with clean water, saline, or sterile liquids. If contact lenses are worn, the eyes should be irrigated before and after their removal.
4. Report the incident to the appointed person and senior management.
5. Seek medical advice from GP, NHS 111 or go to the nearest Accident and Emergency (A&E) Department.
6. An accident form will need to be completed, and the incident may need to be reported to HSE.GOV.UK under the Reporting of Incidents of Diseases or Dangerous Occurrences Regulations (RIDDOR).

Appendix D.1 Needle-stick/Sharps injuries

Injuries from needles use in medical procedures are sometimes called needle-stick or sharps injuries.

Sharps can include other medical supplies, such as syringes, scalpels and lancets, and glass from broken equipment.

Once someone has used a needle, viruses in their blood, such as Hepatitis B, Hepatitis C or HIV, may contaminate it. This includes needles used to inject illegal drugs. Blood can also contaminate sharps.

If you pierce or puncture the skin with a used needle, the following first aid advice should be followed immediately.

- Encourage the wound to bleed, ideally by holding it under running water for a minimum of 10 minutes, ideally 20 minutes.
- Wash the wound using running water and plenty of soap.
- Do not scrub the wound while you are washing it.
- Do not suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.

The Principal should be notified about any needle-stick injury and the incident reported on the GORSE compliance database.

The injured person should be encouraged to seek urgent medical advice as treatment may be needed to reduce the risk of infection.

- Contact the employer's Occupational Health service if the injury took place in the workplace.
- Contact GP, NHS 111 or go to the nearest Accident and Emergency (A&E) Department.

Appendix D.2 Bites

If an individual is bitten by either a human or animal:

- Clean the skin around the wound with soap and warm water – antiseptic can be used but should not be allowed to get into the wound.
- Try to remove any objects such as teeth, hair, or dirt from the wound using running water.
- Gently squeeze the wound so it bleeds slightly (unless it is already bleeding) - this can help reduce the risk of infection.
- Press a dry dressing or clean cloth firmly onto the wound to stop the bleeding if it is bleeding heavily.
- After cleaning the wound, gently pat it dry and cover it with a sterile dressing.
- Take paracetamol or ibuprofen to help ease any pain and swelling – children under 16 years of age should not be given aspirin unless prescribed by a medical professional.

Seek medical assistance from NHS 111 if:

You have been bitten and:

- You think there may still be objects like dirt, hair, or teeth in the wound.
- The bite is hot or swollen (it may also be painful, red, or darker than the surrounding skin).
- You have a high temperature.
- Fluid is leaking from a bite.
- The bite smells unpleasant.
- You were bitten on your hands or feet.
- **You were bitten by a person.**

If you have been bitten by an animal or person:

- A doctor or nurse will:
 - Clean the bite thoroughly – if the wound is very dirty, some of the affected area may need to be removed to reduce the risk of infection.
 - Close the wound with stitches, sticky strips, or special glue, or leave it open to heal
 - Give you antibiotics to stop the wound from becoming infected.
 - Check your risk of getting tetanus and rabies – you will be given treatment to prevent these serious infections if needed.

If you have been bitten by a person, you may also be offered a blood test to check for Hepatitis B, Hepatitis C and HIV.

Appendix D.3 Spitting

The risk of catching a contagious disease if you are spat at is very low, however, you do stand a small chance of catching a cold or possibly flu.

Other diseases that are spread through saliva include TB, hepatitis, viral meningitis, cytomegalovirus – a common virus similar to the herpes virus, and the Epstein-Barr virus, which is a common herpes virus that causes many diseases such as glandular fever.

If you are in the unfortunate situation that you are spat at, the **NHS** recommends you should:

- Immediately wash the saliva off with soap and lots of water.
- If the saliva goes into your eyes, nose or mouth, wash it out with plenty of cold water.
- If you think you are at risk of infection, get immediate medical advice.

Appendix E: Allergic Reactions

Symptoms of an allergic reaction, and the steps to take in managing a reaction.

<p>Mild/moderate allergic reaction:</p> <ul style="list-style-type: none"> • Swollen lips, face or eyes • Itchy/tingling mouth • Hives or itchy skin rash • Abdominal pain or vomiting • Sudden change in behaviour 	<p>Action:</p> <ul style="list-style-type: none"> • Stay with the child, call for help if necessary • Locate adrenaline autoinjector(s) • Give antihistamine: • Phone parent/emergency contact • If vomited, can repeat dose
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● Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

<p>AIRWAY</p> <p>Persistent cough, hoarse voice, difficulty swallowing, swollen tongue</p>	<p>BREATHING</p> <p>Difficult or noisy breathing, wheeze or persistent cough</p>	<p>CONSCIOUSNESS</p> <p>Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious</p>
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IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

- Use Adrenaline autoinjector without delay**
- Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, **do NOT stand child up**
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement **after 5 minutes, give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis usually occurs together with more mild symptoms of an allergic reaction (such as an itchy mouth or skin rash) but can also happen on its own without any mild signs being present. **Always give adrenaline FIRST** (before other medicines such as inhalers) **in someone with known food allergy who has sudden-onset breathing difficulties** – even if there are no skin symptoms.