First Aid Policy and Procedures
Learning in Harmony Trust

Version name	Signed off by Trustees
Version 2.0	12 December 2017 Section 10 updated July 2018
Version 3.0	22 February 2023
Version 4.0	June 2026

Introduction

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In schools this includes responsibility for the head teacher and teachers, support staff, pupils and visitors (including contractors).

The Learning in Harmony Trust (LiHT) is responsible, under the Health and Safety at Work Act 1974 (H&S), for ensuring each trust member academy follows this health and safety First Aid policy and procedures.

Part One of this document sets out the trust's Policy with regards to First Aid

Part Two sets out the procedures for situations requiring First Aid.

Part One - Learning in Harmony Trust First Aid Policy

1 - Regulations

1.1 The Trust complies with the Health and Safety (First Aid) Regulations 1981 which set out what employers have to do with regards to providing adequate and appropriate equipment, facilities and qualified first aid personnel.

1.2 Our Policy is to provide first aid to anyone on the school site that requires first aid treatment (staff, pupils and visitors).

2 - Risk assessment and training provision

2.1 Every Trust school will undertake a first aid risk assessment (Appendix 1) which should cover the following aspects:

- Consideration of the size of the school and its layout and location.
- Number of pupils and staff
- numbers of first aiders/Emergency first aiders / appointed persons/paediatric needed;
- numbers and locations of first-aid containers;
- arrangements for off-site activities/trips;
- Specific needs, numbers of epi-pens, blue asthma pumps and defibrillators.
- Specific hazards or risks on the site.
- Consideration of community facilities, lettings and activities on the premises

2.2 Each Head Teacher **must ensure that a termly review** of the risk assessment is undertaken of the school's first aid needs. The risk assessment for each school should specify how many first aiders and other (paediatric) appropriately trained staff are required, to be on the premises at all times including non-term time, or on each EYFS educational visit.

2.3 The half termly Health & Safety meetings with each Trust school will be the vehicle for ensuring that the First Aid risk assessment is reviewed.

2.4 Each Head Teacher **must** ensure that there is a mechanism in their school to arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. In selecting a first aider, the following factors should be considered:

- 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
- availability to respond to an emergency immediately

3 - Information to be displayed on school sites and provided to staff

3.1 Each Head Teacher **must** ensure that staff are aware of the first aid arrangements in place, this can be through new starter induction, or regular start of academic year induction events and through the staff handbook.

3.2 First Aid notices **must** be displayed in a prominent place, preferably at least one in each building if the school is on several sites. For an example refer to Appendix 2.

3.3 Posters for allergic reaction management (link) must be displayed in classrooms, medical rooms, staffrooms, kitchens, and Educational visits packs.

4 - First Aid roles and training requirements

4.1 Each Head Teacher **must** ensure that at least one member of staff must be designated as the **Appointed Person:** someone who takes charge when someone is injured or becomes ill, looks after the first aid equipment and ensures that an ambulance or other medical professional help is summoned when required. Appointed persons are not 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.

42. Each Head Teacher **must** act on the outcome of the Risk Assessment and appoint an appropriate number of staff as Emergency First Aid at Work (EFAW) This is a **basic, one-day qualification**.

- Covers:
  - CPR and use of AED
  - Managing unconscious casualties
  - Choking, bleeding, minor injuries
  - Basic shock management
- Valid for **3 years**

4.3 Each Head Teacher **must** act on the outcome of the Risk Assessment and appoint an appropriate number of staff as First Aid at Work (FAW) qualified staff, following completion of an approved training course (or refresher course).

This is the **full, comprehensive qualification** (typically 3 days).

- Covers everything in EFAW plus:
  - Fractures, spinal injuries
  - Major illnesses (heart attack, stroke)
  - Burns, eye injuries, poisoning
  - Detailed casualty assessment
- Valid for **3 years**
- Strongly recommended to include **annual refresher training**

4.4 Each Head Teacher **must** ensure that there is a mechanism to ensure that at least one person who has a current paediatric first aid certificate will be on the premises at all times when children are present. There must be at least one person on outings who has a current paediatric first aid certificate. A **Paediatric First Aid (PFA)** certificate in the UK is valid for **3 years**. There is **no grace period** once the certificate expires—if it lapses, the individual is no longer considered qualified for compliance purposes. In regulated settings, that can immediately affect staffing ratios and operational compliance.

4.5 Each Head Teacher must ensure that their school maintains a record of the names, qualifications and the expiry dates of all First Aiders – see example record sheet at Appendix 2. This should be shared with all staff during staff training and displayed clearly for staff to access.

4.6 Selection of first aid training providers must comply with HSE GEIS3 (2024),

5 - First aid information and records

5.1 Each Head Teacher **must** ensure that there is an appropriate system to record when first aid has been given to pupils or staff. First Aid treatment MUST be recorded, this includes first aid for injuries, accidents or illnesses. Schools may use the first aid record form (Appendix 3) to create a first aid book or other suitable record sheet (paper or electronic copy). These records may be reviewed by parents and will be required as evidence to provide for personal injury claims. Head injuries must also be reported to parents as soon as possible after the injury.

5.2 The First Aid record **must** be completed for all first-aid treatment. The following information must be recorded:

- Date, time and location of accident or illness
- Name of pupil / person in receipt of first aid
- If a 'pupil' or an 'employee', or state occupation
- Description of injury sustained or illness and the first aid that was given (e.g. went, home returned to class, resumed duties or went to hospital (how) etc).
- Name of person administering first aid or dealing with the incident/illness.

5.3 The First Aid Book **must** indicate whether the Incident Reporting form was completed. Refer to the LiHT Dealing with Incidents Reporting Procedures in the policies hub to check when the Incident Reporting Form should be used. Contact the Central Team for RIDDOR reporting requirements.

5.4 The First Aid Book **must** be retained in the school for a period of 10 years from the last entry date.

6 - First aid kits and emergency care resources

6.1 The **Appropriate Person** is responsible for first aid kits and resources. The number of first aid kits (including travelling first aid kits) that will be made available at each school will be determined by the First Aid Risk Assessment. The Appropriate Person will ensure that the first aid kits remain stocked and will refer to the First Aid at Work, Guidance to Regulations (updated 2024), which provides further information on the contents of workplace first aid kits.

6.2 Appendix 4 provides guidance on the use and disposal of PPE and first aid equipment to assist with infection control.

6.3 The Trust supplies each school with an Anaphylaxis Kit which must be maintained in line with the Kitt Medical guidance.

6.4 The Trust expects all schools to consider as part of the risk assessment if blue asthma inhalers will be supplied and administered by staff as part of the first aid provision. The Department of Health issued guidance, setting out how schools should safely keep and administer spare emergency inhalers and spare adrenaline auto-injectors guidance.

7 – Infection control and dealing with communicable disease

7.1 The Head Teacher and the Appropriate Person **must** ensure that the school is following the Trust's Guidance on Reporting Infectious Diseases and relevant guidance currently set out in the Public Health England document "Health Protection in Schools and other childcare settings"and adhere to the list of notifiable diseases. Schools must refer to the guidance in Appendix 4 relating to use of and disposal of PPE when working with expected infectious diseases and refer to guidance in Appendix 5 regarding cleaning and waste management.

8- Administering medicines (including AAIs) in educational establishments

8.1 The Head Teacher and the Appropriate Person **must ensure that** only suitable and qualified staff are permitted to administer medication. Please refer to the LiHT Medicines in School Policy.

8.2 **LiHT Policy decision**: Schools **must** purchase and hold in a secure location spare adrenaline auto-injectors (AAIs) for emergency use in children who are at risk of anaphylaxis and their own device is not available or not working (e.g. because it is broken, or out-of-date).
The Trust's Anaphylaxis Kitts Management Procedures document provides more detailed information..

8.3 The Anaphylaxis Kitt is provided for use in unforeseen circumstances where an AAI may need to be used:

- when an individual's own prescribed devices are unavailable or not functioning, or,

- in the event of a first anaphylactic episode where there is no assigned AAI, under the direction of 999 ambulance services

8.4 Where an AAI has been used to support a pupil, records **must** be kept in the First Aid book and the parents **must** be informed as soon as possible that the medication has been administered. Any used AAIs must be disposed of in the school's sharps bin, or given to the ambulance crew for disposal.

9 - Administering medicines (Salbutamol / blue asthma pumps) in educational establishments

9.1 The Head Teacher and the Appropriate Person **must ensure that** only suitable and qualified staff are permitted to administer medication. Please refer to the LiHT Supporting Pupils with Medical Needs in School Policy.

9.2 **LiHT Policy decision:** Schools **must** purchase and hold in a secure location spare emergency salbutamol inhalers for emergency use in children who are at risk of asthma attacks but their own device is not available or not working (e.g. because it is broken, or out-of-date). The number of inhalers and the locations of storage will be defined through risk assessment, including contextual information relating to pupils' needs.

9.3 The school's spare inhalers should only be used on pupils known to be at risk of asthma attacks. Schools **must** obtain consent for those pupils known to be at risk of asthma to use the spare inhaler.

9.4 Where an inhaler has been used to support a pupil, records **must** be kept in the First Aid book and the parents **must** be informed as soon as possible that the medication has been administered.

10- Automated External Defibrillators

10.1 **LiHT Policy decision:** Schools **must** purchase AED devices and the number and location of these will be determined where centrally easily accessible.

Summary of policy responsibilities:

Head Teacher

Risk assessment and review

- Must ensure a **first aid risk assessment is completed**
- Must ensure a **termly review of the risk assessment**
- Must ensure outcomes define:
    - Number of first aiders (EFAW / FAW / paediatric)
    - Coverage at all times (including non-term time and visits)

Training and staffing

- Must ensure a **system exists to provide appropriate first aid training**
- Must appoint:
    - At least one **Appointed Person**
    - Appropriate numbers of **EFAW-trained staff**
    - Appropriate numbers of **FAW-trained staff**
- Must ensure:
    - At least one **paediatric first aider is present at all times when children are present**
    - At least one **paediatric first aider accompanies EYFS outings**

Communication and information

- Must ensure staff are **informed of first aid arrangements**
- Must ensure **first aid notices are displayed prominently**
- Must ensure **allergic reaction posters are displayed in specified locations**

Records and documentation

- Must ensure a **system is in place to record all first aid treatment**
- Must ensure **records are complete with required details**
- Must ensure **records are retained for 10 years**
- Must ensure **records of first aiders' qualifications and expiry dates are maintained and shared**

Medical and safety compliance

- Must ensure:
    - Compliance with **infectious disease guidance**
    - Only **trained staff administer medication**
- Must ensure schools:
    - **Hold spare adrenaline auto-injectors (AAIs)**
    - **Hold spare salbutamol inhalers**
- Must ensure **AED provision is in place (as per Trust decision)**

Appropriate Person (Appointed Person) – operational responsibility

Equipment and resources

- Must be responsible for **first aid kits and resources**
- Must ensure appropriate consents are obtained for the use of spare inhalers and AAIs

- Must ensure:
    - Kits are **appropriately stocked**
    - Kit numbers align with **risk assessment**

Infection control and medicines (joint responsibility)

- Must work with Head Teacher to ensure:
    - Compliance with **infectious disease guidance**
    - Only **qualified staff administer medication**

Part 2: First Aid (including AAIs and Salbutamol) Procedures

1. If a pupil feels unwell

Immediate actions:

- The pupil must inform a member of staff straight away.
- The staff member assesses the situation.
- If needed, the pupil is escorted to the school office.

Next steps:

- A First Aider provides appropriate care.
- Parents/carers are contacted if the pupil cannot remain in school.

Important:

- Pupils should remain at home if there is a risk of infection (e.g. 48 hours after sickness or diarrhoea).
- Parents must report each day of absence.
- Medical evidence may be requested for prolonged absence.

2. If a pupil has a serious accident or injury

Immediate actions:

- Inform a First Aider immediately.
- Do not leave the pupil alone.

First Aider responsibilities:

- Assess the situation (Refer to First Aid Flowchart Appendix 6)
- Provide appropriate treatment.
- Decide if emergency services are required.

Escalation:

- If unsure, seek medical help without delay.

After care:

- Arrange transport to home, GP, or hospital if needed.
- Stay with the pupil until handed over to appropriate care.

Recording:

- Complete the First Aid Accident Book and Incident Form (if required).

3. Severe allergic reaction (Anaphylaxis – AAI use)

Immediate actions:

- Stay with the pupil.
- Send for a First Aider and state: “Allergic reaction – [pupil’s name]”

Treatment:

- Use the pupil’s AAI or the nearest available AAI if parent consent is given.
- (School AAI requires prior parental consent.)

Critical rule:

- If in doubt – administer the AAI and call 999 immediately.

Emergency call:

- State clearly: “Anaphylaxis”

After care:

- Follow the ambulance procedure.
- Monitor pupil continuously.

Recording:

- Record full details, including AAI brand, batch, and expiry.

4. Asthma attack (Salbutamol inhaler)

Immediate actions:

- Stay calm and reassure the pupil.
- Sit them upright and slightly forward.
- Send for a First Aider.

Treatment:

- Use the pupil’s inhaler (or emergency inhaler if needed and parent consent in place).
- Give:
    - 2 puffs initially via spacer

If no improvement:

- Give 2 puffs every 2 minutes
- Up to a maximum of 10 puffs

Call 999 if:

- No improvement at any time

- You are concerned before reaching 10 puffs

While waiting:

- If the ambulance is delayed (10 minutes), repeat up to 10 puffs.

After care:

- Stay with the pupil until recovered.

Recording:

- Record inhaler details (brand, expiry, etc.)

5. Head injuries

Immediate actions:

- Stay with the pupil.
- Call a First Aider.

Assessment:

- Check for signs of concussion or serious injury.

Do NOT allow return to activity if concussion is suspected.

Call 999 or refer to hospital if any of the following:

- Loss of consciousness
- Drowsiness or confusion
- Memory loss
- Behaviour change
- Balance problems
- Seizures
- Severe headache
- Repeated vomiting
- Neck pain
- Signs of skull injury

After care:

- Inform parents immediately.
- Inform class teacher for monitoring.

6. When to call an ambulance

Always call 999 if:

- Head injury with concerning symptoms

- Unconsciousness or seizure
- Breathing difficulty or chest pain
- Severe allergic reaction
- Heavy bleeding
- Severe burns or scalds
- Suspected fracture
- Any situation beyond First Aider capability

7. Calling an ambulance – what to do

Steps:

1. Dial 999 or 112
2. Ask for Ambulance Service
3. Provide:
    - School address
    - Nature of injury/illness
    - Any relevant details

While waiting:

- Ensure clear site access.
- Send staff to direct the ambulance.
- Keep the pupil comfortable and monitored.

Parents and staff:

- Inform parents immediately.
- Inform SLT.
- A staff member accompanies the pupil if needed.

8. Contact with blood or bodily fluids

Precautions:

- Cover your own cuts.
- Wear disposable gloves.
- Wash hands after contact.

If exposure occurs:

- Wash skin with soap and water.
- Rinse eyes with clean water.
- Rinse mouth/nose (do not swallow).
- Record incident.
- Seek medical advice if required.

9. Intimate care (First Aid situations)

Definition:
Care involving personal areas (e.g. toileting, menstrual care, medical procedures).

Key requirements:

- Two staff members present wherever possible.
- If alone, inform another adult before proceeding.
- Maintain privacy at all times.

Good practice:

- Explain actions clearly to the pupil.
- Encourage independence where possible.
- Use appropriate PPE (gloves, aprons).

After care:

- Inform parents/carers the same day.
- Record the care provided where appropriate.

10. First Aid on school visits

- All visits must be risk assessed.
- A First Aid kit must be taken.
- Check contents before departure.
- Record all incidents on return.

11. Recording and reporting

Must be recorded:

- All First Aid treatment
- Head injuries (parents must be informed) See Appendix 7
- Intimate care (where applicable) See Appendix 8

Serious incidents:

- Must follow Incident Reporting Procedures.

Appendix 1 Health and Safety Risk Assessment - First-Aid needs assessment

Academy / School		**Assessment No.**	

Site		**Location**		
Subject of Assessment	This assessment will consider the first aid requirements/needs of the school.			
Assessed by		**Date**		**Review date**
Details of workplace/activity	First Aid provision for school activities.			**Persons Affected** *(Who may be harmed)*
Number of employees				Staff, pupils, contractors and visitors
Number of students				
Number of First Aid at Work trained employees (3 day course)				
Number of Emergency First Aid at Work trained employees				
Number of Paediatric First Aid trained employees (Primary)				
Number of specialist trained employees (epi-pen, asthma)				
Number of spare eip-pens held on site				
Number of spare blue inhalers held on site				
Is there a Defibrillator on site?	**yes/no**			

Hazards and Risks	**Existing Control Measures**	**Risk Level**	**Further Actions √/X** *(If √ See Actions)*

			(Very High, High, Medium, Low)	
1.	Aggravation of injuries or illness due to the lack of provision of First Aid. The risks in not providing suitable first aid assistance and associated management procedures include inadequate identification and treatment of injuries or ill health and potential litigation claims and prosecution.	**Early Years':** • There is at least 1 member of staff with Paediatric First Aid for Early Years' Stage Foundation for every 8 children (per class). • Newly qualified Early Years staff have a full (12hr) Paediatric First Aid qualification. • At all times, there is at least one member of staff who has completed an Emergency First Aid course. • Portable first aid kits are available in easily accessible areas. • Medical plans are assessed when deciding the level of First Aid cover required. • Specialised trained First Aiders are on site if the school has a member of staff or a student with specific medical need e.g. asthma, physical disabilities, epilepsy or severe allergy. • First Aid kits will be checked and replenished regularly. **Primary, Secondary, Sixth Form:** • Sufficient number of First Aiders present (in accordance with guidance and overall assessment of student / employee numbers and activities. • Medical plans are assessed when deciding the level of First Aid cover required. • Specialised trained First Aiders are on site if the school has a member of staff or a student with specific medical need e.g. asthma, physical disabilities, epilepsy or severe allergy. • Students' medical plans are assessed when deciding the level of First Aid cover needed. • A member of staff that has received epi-pen training is available at all times. • First Aiders record accidents in the accident book and pass these forms to the relevant person. • There is sufficient cover for Premises, Catering and Cleaning teams.		

		• A defibrillator has been provided and staff are trained in its use. • The defibrillator is maintained in accordance with manufacturers requirements. • First Aid kits will be checked and replenished regularly.		
2.	Insufficient number of First Aiders due to multiple buildings or buildings with split levels	• First Aid cover is available at every building at all times • There are more than one First Aiders located in large buildings. • First Aider can cover one or two levels of one building. • First aid kits are available in each building and these are placed in accessible locations.		
3.	School location	• School is near the hospital and easily accessible. • If the school is not nearby a hospital / it is not easily accessible, arrangements are in place to get the person as soon as possible to the nearest A&E or hospital.		
4.	First aid in curriculum (E.g. practical, high risk departments)	• The school has a First Aider in each high-risk department. • First aid kits are provided in each department and these are placed in accessible locations. • Portable first aid kits are taken outside for PE lessons.		
5.	Overnight accommodation within the school boundaries	• The school have a First Aider present if there is overnight accommodation in each building. • A dedicated area to isolate people who become unwell has been designated. • Cleaning facilities are provided. • Arrangements are in place to obtain medical advice promptly. • If a student has medical needs, a person trained in the Administration of medicines is present. • Students' temperature is regularly checked.		

6.	Lunch-time cover – split school due to social distancing	• A Paediatric First Aider is present during Early Years' lunchtimes. • The school has First Aider cover for lunchtimes. Or • Staff can ask for a First Aider to go to the area where students are eating their lunch. • First aid kits are provided and these are placed in accessible locations.		
7.	Availability of medical room	**If the school has a medical room:** • Where possible the school will be using medical room only to provide first aid. • The room has a sink and is near to a toilet. • Where required the room caters for students with complex needs (additional medical accommodation is provided). • The first aid room will be cleaned frequently and after each use (when first aid care has been provided). • Cleaning materials to disinfect the areas and PPE is available. PPE include disposable gloves, aprons, face masks, goggles / face shields or visors. **If the school does not have a medical room:** • Bay / dedicated area is in place to provide first aid • The area will be cleaned frequently and after each use (when first aid care has been provided).		
8.	Dealing with staff/child with a suspected case of a communicable disease	• The school has identified a room that can be used for suspected cases of a communicable diseases; • Students that display symptoms during the school day will be isolated in the designated room until they are collected or additional medical assistance can be gained. This may be 111 support, an ambulance • Emergency services will be informed of the school's location and consider special arrangements with the emergency services e.g. provision of a dedicated area.		

		• Staff that display symptoms will leave if they can, to self-isolate, otherwise support will be sought from 111; • First Aiders required to assist this person will wear full PPE ; • – First Aiders have completed appropriate training for 'donning and doffing' PPE – NHS video / advice https://www.hse.gov.uk/news/face-mask-ppe-rpe-coronavirus.htm – PPE is disposed of in accordance with NHS waste management guidance; https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#safe-management-of-waste-including-sharps		
9.	Waste disposal of used equipment	• Waste will be put in a plastic rubbish bag and tied when full; • The plastic bag is placed in a second bin bag and tied; • It is put in a suitable and secure place and marked for storage until the individual's test results are known; • Waste is stored safely and kept away from children; • Waste is not put in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours; • If the individual tests negative, this can be put in with the normal waste; • If the individual tests positive, then waste is stored for at least 72 hours and then put in with the normal waste; • If storage for at least 72 hours is not appropriate, a collection as a Category B infectious waste is arranged by either local waste collection authority if they currently collect your waste or otherwise by		

		a specialist clinical waste contractor. They will supply you with orange clinical waste bags for waste bags can be sent for appropriate treatment.		
10.	First aid provision during educational trips or visits.	• A First Aider will attend. • First aid kit is taken. • Staff have mobile phones to seek medical help if necessary.		
11	First aid provision during non-term time periods.	• First Aid cover is available at every building at all times • First Aider can cover one or two levels of one building. • First aid kits are available in each building and these are placed in accessible locations.		

ACTION PLAN **(Additional Control Measures Required/Recommended Actions)**		
Hazards and Risks		***Recommended Actions***

Please note:
Following assessment if no further actions are assessed to be required please mark an **X** *in the "Further Actions" box. If, however additional controls or actions are assessed to be required please place a* √ *in the box and note the action in the action plan.*

Any further actions identified should be completed before the assessed task is carried out.

APPENDIX 2 - Example First aid register, First Aid Kit and AED Locations

First Aiders at [Name] School		
Name	**Type of First Aid Training**	**Expiry Date**

Area	Location
Location of Medical Room	
Additional First aid kits are sited	
Additional First aid kits are sited	
Additional First aid kits are sited	
Portable first aid kits e.g. for educational visits are Located from (add location and name)	
Eye wash facilities are located	
Eye wash facilities are located	
Eye wash facilities are located	
The person responsible for checking and restocking all first aid supplies/kits is (provide name)	
Location of automated external defibrillator (AED)	

Appendix 3 - Example first aid Book Record sheet

Learning in Harmony Trust – First aid book record form

Date & Time when first aid given	Name of pupil/ person in receipt of first aid	Pupil/ employee or other (state occupation/role)	Description of injury, illness, cause and first aid treatment provided, followed by e.g back to class, sent home or sent to hospital. Was parent called or head injury letter given	Name and initial of person administering first aid	Does an incident form need completion? Refer to flowchart displayed in Medical Room

Appendix 4

Infection control and dealing with communicable disease

Using and disposing of PPE and first aid equipment

1. Introduction

This policy addendum supplements the LIHT First Aid Policy; all accident and incident recording procedures should be adhered to. All first aid and Intimate requirements should be adhered to.

2. Provision of PPE

The provided PPE must be worn if it is suspected that a pupil has a communicable disease.

PPE is provided for staff to use to ensure their safety. Where it is not possible to maintain a 2 metre or more distance away from an individual when providing first aid staff may use the PPE equipment.

To ensure the safety and wellbeing of staff schools should ensure sufficient supplies of the following PPE (personal protective equipment) is available to staff:

- Disposable Aprons
- Disposable protective masks (three ply)
- Face Shields (eye and full face protection) if there is a risk of droplets
- Disposable gloves

3. Applying and removing PPE

Please refer to this poster for a visual guide.

The correct order for putting on PPE is:

- Disposable Apron
- Disposable protective mask - metal strip on nose, mask pulled fully down under the chin
- Face Shields
- Disposable gloves

Things to be aware of while wearing PPE:-

- Keep hands away from face
- Limit surfaces touched in the first aid or changing rooms

- Change gloves if they become torn or heavily contaminated
- PPE should be removed before leaving first aid and changing rooms

Schools should remind their first aiders and staff who carry out intimate care to clean their hands thoroughly with soap and water or alcohol sanitiser before putting on and after removing PPE.

The correct order for removing PPE is:

- Disposable gloves: remove one glove and place it in the remaining gloved hand. Slide a finger inside the remaining glove, lift away from the skin and pinch the inner side of the glove with the thumb (ensuring that only the inner side of the glove is touched), slide the remaining glove off of the hand so that it is inside out, enveloping the first glove.
- Wash hands with alcohol hand gel or soap and water
- Remove the apron
- Remove the Face Shields
- Wash hands with alcohol hand gel or soap and water
- Remove the face mask, trying to handle the mask by the loops or ties only
- Wash hands with alcohol hand gel or soap and water

The government has produced easy to follow information posters on putting on and removing PPE - Guidance on putting on and taking off Standard PPE. These can be displayed in staff rooms, rooms identified for dealing with suspected cases of communicable diseases or first aid rooms. Refer to this video on how to correctly wear and remove PPE here.

4. Disposal of PPE

After each item of PPE is removed it should be placed in a clinical waste bin provided by your licensed Hygiene Services Provider.

5. Disposal of other waste

Items from intimate care work **must** be placed in the nappy bin supplied by a **hygiene services provider (not general waste)**

Items used for first aid, including wipes, plasters, bandages and sick bowls, should be placed in a clinical waste bin supplied by your licensed Hygiene Services Provider.

Where possible single use disposable first aid stock should be used, if not, ensure it is disinfected in line with manufacturer's instructions by appointed staff before next use, this information should be shared with all staff as part of your cleaning regime.

6. Checking temperatures

Only infrared non contact thermometers should be used to test temperatures, by pointing the device a few inches away from the forehead click the unit and the temperature will be

recorded, each unit is different, ensure you are using correctly, follow the instructions accompanying the thermometers.

7. Use of reusable Face Shields

In the event of treating someone with communicable disease symptoms reusable face shields may be worn.

8. **Use of cold compresses**

If a non-disposable cold compress is given to a child it should be disinfected in line with manufacturer's instructions by appointed staff before next use, this information should be shared with all staff as part of your cleaning regime.

9. Quarantine/Isolation rooms

If you suspect that a pupil is displaying symptoms of a communicable disease they will need to be quarantined safely if highly contagious in a separate allocated isolation room (clearly signposted) awaiting parent collection, depending on the age of the child and with appropriate adult supervision, 2m apart, if required. Ideally, the door should be closed to prevent anyone walking in, a window should be opened for ventilation. If a pupil is comfortable with wearing a mask they should be offered one to wear when being collected while walking from the isolation room to the exit.

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, displaying a sign to show the bathroom out of use due to deep cleaning.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

Staff who are allocated to supervise in the isolation room may want to keep a spare pair of clothes in school to change into after supervising pupils in the isolation room. They should double bag the clothes, take home and wash after 72 hours.

Notify the school office as soon as possible to contact the parents to collect their child and arrange for the child to be tested. The head teacher and site staff should be alerted that a quarantine is being actioned to allow for appropriate cleaning action to take place.

Where the child, young person or staff member tests positive, follow your Outbreak Management Plan.

10. Cleaning

First Aid, changing and isolation rooms should have a separate cleaning rota to ensure they are thoroughly cleaned regularly if used or at least once a day. Staff should be briefed who to call if they need any of the rooms cleaned outside of the rota.

Premises and cleaning staff must be briefed to ensure they understand the importance of rigorously cleaning and disposing of waste appropriately in these rooms whilst wearing the

correct PPE.

Referring to LIHT Cleaning Guidance, if a child or a member of staff is tested is showing signs of a communicable disease, all surfaces that the individual has come into contact with must be cleaned and disinfected especially and the rooms they have been using should be made out of use immediately and a thorough clean carried out. Spare rooms should be reserved to be used for the rest of the group while deep clean is being carried out. Display signs to clearly mark which areas are out of use due to deep cleaning.

Areas where the individual has passed through and spent minimal time, such as corridors, should be cleaned the usual way.

11. Communication

If a child or member of staff has shown signs of the symptoms at school Head Teachers should inform parents or next of kin, the individual concerned should wait in the isolation room in school and then sent home.

LIHT Cleaning Guidance to reduce the spread of Communicable Diseases

Summary for cleaning staff

- Regular hand washing for cleaners is still very important
- Two step process is key - soap and water and then disinfectant or a single combined detergent disinfectant solution - follow local process
- All cleaning cloths need to be washed thoroughly daily - follow local process
- Any PPE provided to staff needs to be disposed of safely - follow local process
- A communicable diseases clean means that all high contact surfaces are cleaned at a higher frequency (door handles, desk surfaces, keyboards) using a strong disinfectant solution - follow cleaning schedule that you are provided with

More detailed information for site supervisors and head teachers:

Disinfecting school site to reduce the spread of infection of communicable diseases

Daily cleaning must be carried out to reduce the risk of infection where pupils are showing signs of communicable diseases.

If there are a high number of cases reported then the cleaning team should be requested to carry out communicable diseases deep clean.

This is a very different process compared to deep cleans that are carried once in each room during the school holidays where furniture is taken out of classrooms and deep cleaned, more information at the end.

The following process should be followed as part of the deep clean to reduce infection while the communicable disease is spreading with pupils in the same class:-

- Ensure that cleaning staff are aware of PPE available and what the cleaning schedule is.
- A two-step process is recommended for surfaces, consisting of cleaning with soapy water followed by disinfection, unless you are using a combined detergent disinfectant solution. Cleaning with soap and water removes germs from the surfaces, while disinfection reduces the risk of infection by killing remaining germs. Be careful when cleaning electrical items using as little water as possible.
- Use your usual cleaning products and equipment, plus disinfectant and PPE disposable gloves and aprons.
- The disinfectant should be checked and ensure that it is effective against enveloped viruses. It must be diluted following manufacturer instructions. Some disinfectants can be sprayed directly to the surface, wiped over with a clean, damp cloth and left to dry. Other disinfectants require rinsing, or are most effective when left on the surface for five minutes before wiping. Always check the label to ensure you are using products as recommended, to maximise effectiveness.
- If you are **not** using a combined detergent disinfectant solution, first use clean soapy water to clean all areas paying extra attention to frequently touched areas and surfaces. Once you have cleaned the area with soapy water it should be cleaned with disinfectant.
- Avoid having soft furnishings (mats, rugs, cushions etc) on site remove and store where possible as these items can carry germs, if it is not possible you must not shake them and contaminate areas you have already cleaned. Vacuum these items with the soft brush attachment. If soiled, delicately place them in the washing machine. Check the labels carefully and wash items at the highest recommended temperature.

- Before cleaning the floors, any visible dirt and debris should be vacuumed. Ensure that floors are cleaned right to the edges and into the corners. To clean hard floors, fill a bucket with warm water and a regular floor cleaning product that is suitable for your floor's surface.
- All cleaning cloths should be disposed of and any equipment that isn't disposable e.g. mop heads should be washed **daily** in over 60c hot water.
- Dispose of PPE and wash hands

Where there is a high level of usage of communal areas e.g. dining halls, corridors, offices, staff rooms, kitchens and toilets additional control measures must be in place to increase frequency of cleaning regimes.

Classrooms should have a cleaning regime in place to clean desktops. Where possible use disinfectant wipes in classrooms instead of spray bottles to reduce the risk of pupils gaining access to spray bottles and maintaining staff induction on Control of Substances Hazardous to Health (COSHH) training.

Learning Resources/toys/equipment with hard surfaces should be cleaned in warm soapy water and rinsed off properly or wipes used for electrical IT equipment once a day

<u>Disinfecting school site after someone suspected of communicable disease has vacated the isolation room</u>

Areas **must** be cleaned immediately (or area closed off) after someone with suspected of a communicable disease has vacated the isolation room this will reduce the risk of passing the infection on to other people as follows:-

- Wear disposable or washing-up gloves and aprons for cleaning. After use the PPE should be placed in a clinical waste bin supplied by your licensed Hygiene Services Provider.

- If possible use disposable cloths or paper rolls and disposable mop heads, to clean all hard surfaces
- If the area has **not** been out of action for 72 hours or more then start by using a disposable cloth and disinfectant **first** directly on hard surfaces or a combination detergent disinfectant.
- If the area has been out of action for **72 hours or more,** you can use a two step approach by using a disposable cloth, first clean hard surfaces with warm soapy water, followed by disinfectant or use a combination detergent disinfectant to cover both steps.
- The disinfectant should be checked and ensure that it is effective against enveloped viruses. It must be diluted following manufacturer instructions. Some disinfectants can be sprayed directly to the surface, wiped over with a clean, damp cloth and left to dry. Other disinfectants require rinsing, or are most effective when left on the surface for five minutes before wiping. Always check the label to ensure you are using products as recommended, to maximise effectiveness.
- Avoid creating splashes and spray when cleaning.
- 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 suspected communicable disease, use protection for the eyes (visors), mouth and nose (face mask), as well as wearing gloves and an apron
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
- Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

- Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

Disposing of Waste from possible cases

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths, mop heads and tissues):

- Must be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should **not** put your waste in general waste areas; it should be placed in a clinical waste bin supplied by your licensed Hygiene Services Provider.

Guidance relating to deep cleaning during schools holidays

During the periodic deep clean during school holiday cleaning staff should move all non fixed furniture out from rooms, clean them and then the whole of the room is to be cleaned to 2 metres in height or as far as can be safely reached from ground level.

All floors will be stripped, scrubbed, polished where applicable. If not polished, due to safety reasons, then scrubbed.

All walls are washed and marks removed where this can be undertaken without damaging the surface finish.

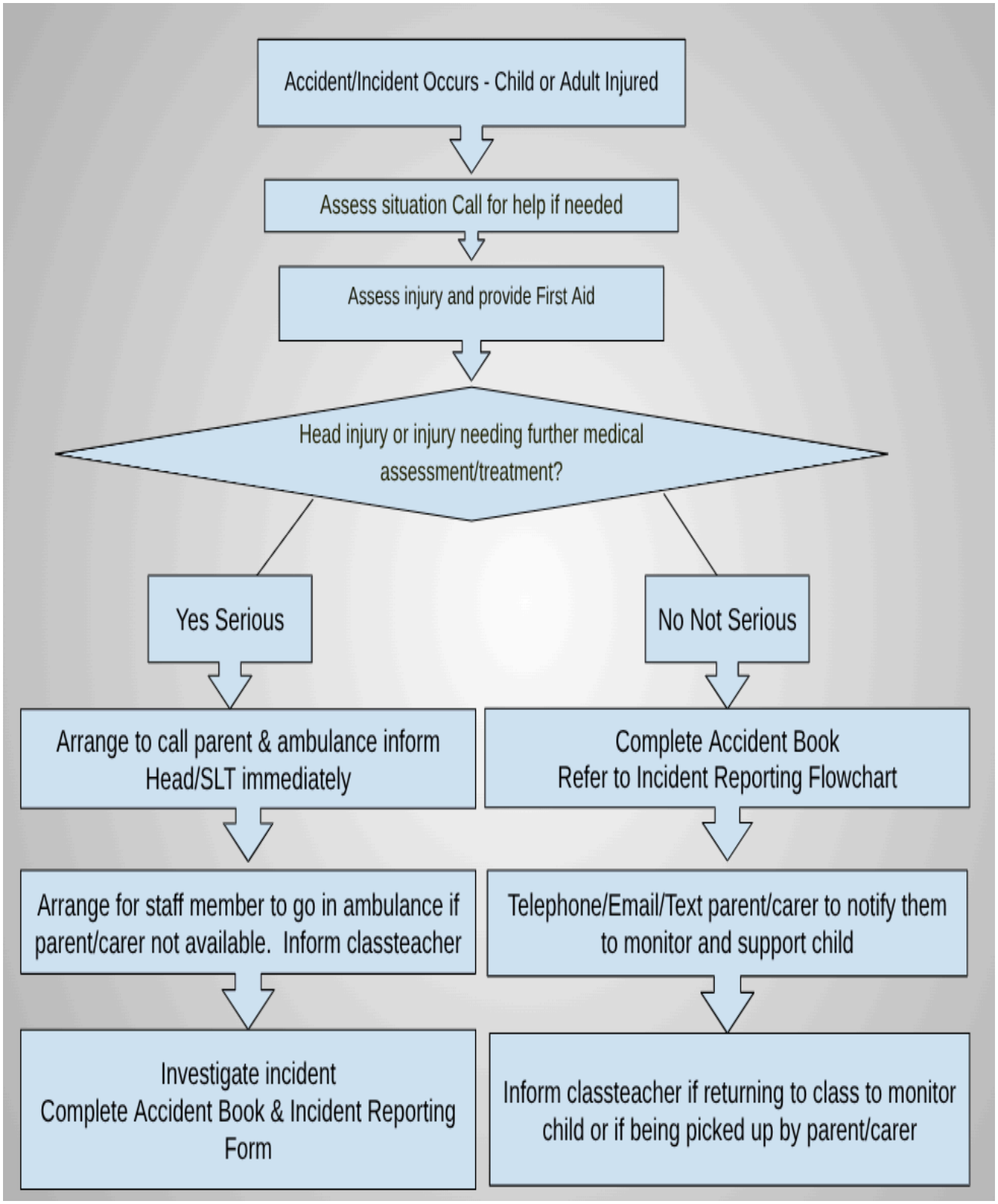
All ledges, window sills and skirting are washed down plus internal windows and glass partitions

To ensure cleaners carry out a thorough job, it would be useful, where possible, if SLT could arrange in the week before the holidays for relevant staff to remove all displays around the site from windows and walls that are no longer needed after the break.

If the teacher is no longer going to be using the classroom after the holidays, it would be useful if they could gather all their personal resources that they will be taking to their new classroom, pack into a box and mark it clearly with their name and new classroom. Inform premises staff (if heavy) of any equipment or resources that can be moved during the holidays that are no longer needed in their classrooms. Inform cleaning staff of any rubbish that can be thrown out.

This will ensure nothing is misplaced while the deep clean is taking place, save time and help the cleaners to have access to the whole room to complete the deep clean.

Appendix 6 - First Aid Actions Flowchart



Example - Head Injury Letter

Dear Parent/Carer

_____ was involved in an accident/incident at school on

_____ at approximately _____ am/pm. The site of the injury is highlighted below:

They were seen and monitored by one of our First Aiders after hurting their head and we have not identified anything that caused concern up to the time of them going home.

If any of the symptoms listed below are present in the next 24 hours, particularly loss of consciousness (even for a short period of time), you should call an ambulance (999 or 112) or NHS Direct on 111, as follows:-

- Lasting headache that gets worse or is still present over six hours after the injury;
- Severe Neck Pain still present several hours after injury;
- Extreme difficulty in staying awake, or still feeling sleepy/drowsy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Showing symptoms of Amnesia e.g. trouble remembering past events and previously familiar information;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Life threatening bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit.

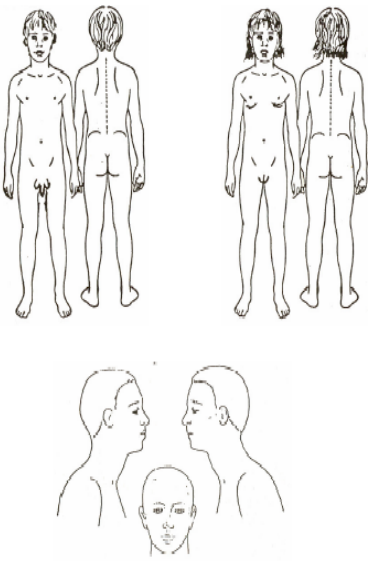
If you are concerned and would like further clarification about the incident, please speak to your child's class teacher.

Signed

_____

Intimate care - Accident & Illness Record - keep this for first aid

Pupil's Name:		**Class:**	
Date:		**Time:**	

Details of injury or illness:		
Location of incident:		
Description of incident:	....	

Tick any boxes that reflect the actions taken

Details of treatment given

Temp (◦C)		**Cold compress**		**Cleaned**		**Plaster/ dressing**		**Water given**	

Outcome

Return to class		**Pupil going home**		**Teacher informed**		**Parents contacted**		**Head letter/ text**	

Name:		**Designation:**	
Signature:		**Date:**	