

Saint Mary's Catholic Primary Voluntary Academy



First Aid Policy

Approved By:	Governing Body
Written:	Mr J.O'Connor
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1.Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2.Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3.Roles and responsibilities

Employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person(s)' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the location of the school. The appointed person(s) does not need to be a trained first aider. (However, it is good practice to ensure that appointed persons have emergency first aid training).

3.1 Appointed person(s) and first aiders

The school's appointed person(s) are: Chloe Thompson & Laura Greaves. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensure appropriate training is undertaken on a rotational basis so that there are always qualified staff, some with recent training and some nearing renewal
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits. Laura Greaves is responsible for this and reviews every half term.

- Ensuring that an ambulance or other professional medical help is summoned when appropriate

The school's **first aiders** are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

Our school's appointed person and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school, in each classroom, staffroom, main office, heads office and deputy heads office.

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils, the list of children with medical/allergy needs is available on the school network. Shaffshared/year/permissions overview and on the child's file on the schools MIS.
- Files are set up for all children with medication in school these are on view in the staffroom, in the medication file in the school office and also in the child's classroom and details are on the school's MIS.
- Reporting specified incidents to Our Lady of Lourdes, Multi Academy Trust Health and Safety team.

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a first aider/appointed person is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs
- Reporting serious incidents on CPOMS

4. First Aid Procedure

4.1 in School procedures

In the event of an accident resulting in injury

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- In the event that the first aider recommend additional non-emergency first aid, then a parent will be contacted and the child will be handed over to their care within a reasonable timeperiod. If the parent cannot be contacted within 20min or they unable to attend within 30min then the school will ring 999, where advice will be given. This will be recorded on the first aid report
- If emergency services are called, the school office will contactparents immediately
- If the school has more than one entrance, emergency services should be given clear instructions on where or whom they should report. Ambulances should be guided into school by standing in a prominent place, ideally wearing a high visibility jacket, raising an arm to catch attention and pointing the other arm to indicate where the ambulance should go
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury and report it on CPOMS if required.

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the relevant individual prior to any educational visit that necessitates taking pupils off school premises.

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

5: Early Years

The EYFS requires that at least one person who has a current paediatric first aid (PFA) certificate should be on the premises and available at all times when children are present and should accompany children on outings.

All staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 must also have either a full PFA or an emergency PFA certificate within 3 months of starting work in order to be included in the required staff to child ratios at level 2 or level 3 in an early years setting.

In the event of no personnel with a paediatric first aid certificate being on site and every reasonable step has been taken to address this, then a decision may be made to close the foundation unit due to Health & Safety

6: First aid equipment

A typical first aid kit (as per HSE guidance) in our school will include the following:

This is what is in the first aid boxes:

- 1 guidance leaflet
- 1 protective face shield for performing CPR
- 4 medium sterile dressings with bandages attached (approx. 12cm x 12cm)
- 2 large sterile dressing with bandages attached (approx. 18cm x 18cm)
- 4 triangular bandages
- 5 Safety pins
- 40 sterile adhesive dressings
- 20 saline cleaning wipes
- 1 roll of hypo-allergenic tape
- 6 pairs of disposable gloves
- sterile finger dressings
- 1 foil blanket
- 1 pair of shears
- 2 conforming bandages
- 2 sterile eye pads
- 5 'low adherent ' dressings (approx. 5cm x 5cm) These had a perforated plastic surface which reduce the likelihood of it sticking to the clotting blood.
- 5 'low adherent ' dressings (approx. 10cm x 10cm) These had a perforated plastic surface which reduce the likelihood of it sticking to the clotting blood.

No medication is kept in first aid kits. Any items should be discarded safely after the expiry date has passed.

First aid kits are stored in:

- Each class have their own
- Community kitchen
- Burns first aid kit in the kitchen

Main stock of First Aid supplies is kept in the First Aid cupboard located near the school office.

7:Record-keeping and reporting

7.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including;
- Name of injured person
- Class
- Date and time of incident
- Location of the incident
- Incident details
- Action taken
- Follow-up action required
- Name of person attending the incident

Records held in the first aid and accident book will be retained by the school for:

Adult Date of incident + 6 years

Pupil DOB of child + 25 years in line with St Mary's Retention and Destruction policy.

7.2 Reporting to the HSE

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

The school office will report these to the Our Lady of Lourdes Multi Academy Trust as soon as is reasonably possible and in any event within 10 days of the incident, and complete all necessary and required forms as outlined by the Our Lady of Lourdes Multi Academy Trust.

Reportable injuries, diseases or dangerous occurrences include:

18. Death

19. Specified injuries, which are:

- a. Fractures, other than to fingers, thumbs and toes
 - b. Amputations
 - c. Any injury likely to lead to permanent loss of sight or reduction in sight
 - d. Any crush injury to the head or torso causing damage to the brain or internal organs
 - e. Serious burns (including scalding)
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - f. Any scalping requiring hospital treatment
 - g. Any loss of consciousness caused by head injury or asphyxia
 - h. Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
20. Injuries where Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of

the incident). In this case, it will need to be reported to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

21. Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - a. Carpal tunnel syndrome
 - b. Severe cramp of the hand or forearm
 - c. Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - d. Hand-arm vibration syndrome
 - e. Occupational asthma, e.g from wood dust
 - f. Tendonitis or tenosynovitis of the hand or forearm

 - g. Any occupational cancer
 - h. Any disease attributed to an occupational exposure to a biological agent
22. Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - a. The collapse or failure of load-bearing parts of lifts and lifting equipment
 - b. The accidental release of a biological agent likely to cause severe human illness
 - c. The accidental release or escape of any substance that may cause a serious injury or damage to health
 - d. An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here at <http://www.hse.gov.uk/riddor/report.htm>

7.3 Notifying parents

The school will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

If the decision is for the child to receive further medical attention and the parent does not agree that it is necessary, they must sign to say they have received the advice from the school.

If the parent makes the decision to take the child to hospital themselves rather than waiting for an emergency vehicle, the parent is to sign the first aid form to state that it is their decision to do so.

7.4 Reporting to Ofsted and child protection agencies

In some instances, following discussion with the Trust, the school may decide to notify Ofsted or child

protection agencies of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

a. School Records

The school will record and serious reportable injury, disease or dangerous occurrence with as much detail as possible. This must include:

- The date and method of reporting;
- Time and place of the event including, times of calls, arrivals and departures
- Personal details of those involved
- A description of the nature of the event or disease
- A description of action taken

- Date and time of when official reports were submitted

8. How to deal with illness

If a child becomes ill in school the first-aider must be notified and if they deem it necessary for the child to be returned to their parent or hospital via an ambulance the head teacher should be informed and in his absence, inform a member of the Senior Leadership Team. Information on procedures for illnesses, exclusion of children with infectious disease and basic first aid can be found on the Department of Health website. The procedures are in line with the Health Protection Agency – 0114 242 8850 or syorksHPU@hpa.org.uk.

9. Training

All first aiders must have completed a training course approved by the Health & Safety Executive (HSE), and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 2).

Staff are encouraged to renew their first aid training when it is no longer valid.

Following any first aid training, those attending feedback to all staff via email, bringing to their attention any relevant updates. The current policy and Risk Assessment is checked to ensure it accurately reflects any changes.

All the staff working in the Early Years Foundation Stage will be paediatric first aid trained, this will take place within 3 months of a new appointment,

10. How to dispose of waste

Where an accident occurs involving any bodily fluids normal first aid procedures should be followed, which includes the use of disposable gloves. Spillages should be cleared up as quickly as possible, including those in classrooms and in the playground, by the member of staff on duty at the time. Spillages on carpets or other soft furnishings should also be reported to the site manager who will follow the trust RA for appropriate cleaning of the area.

11. Monitoring arrangements

This policy will be reviewed by the SLT every year.

At every review, the policy will be approved by the Governing Body.

12.Quick Guide

- Parents informed at an appropriate time with details of what has happened, any first aid administered and what they may need to do next; including a follow up call and form.
- Gloves, face mask and visor MUST be worn when dealing with bodily fluids
- If the child/adult is taken to hospital, the trust must be informed who will complete any paperwork needed.
- The accident form must detail: Time, adult responding to the incident, First Aid received, who the First Aider was, details of how the accident happened (followed up afterwards with adding to the Risk Assessment if it could have been prevented and how)

Too much information is better than too little! (Note: this is information is for reference only. This policy is to be included in the staff Induction pack and to be read and understood by all personnel)

Appendix 1: list of appointed persons for first aid and trained first aiders

First Aid Training

Staff Member	Qualification	Location
Joseph O'Connor	Paediatric First Aid	Heads Office
Michelle Steeper	Paediatric First Aid	Deputy Heads office
Claire Queen Chloe Thompson	Paediatric First Aid Paediatric First Aid	Office Office
Michelle Aslin Rachel Harrison Alexandria Taylor Virginia Burnett Pauline Gardner Julie Briscoe	Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid	Dinner Hall and playground Dinner Hall and playground Dinner Hall and playground Dinner Hall and playground Dinner Hall and playground Dinner Hall
Glenys Grainge	First Aid at Work	Dinner Hall and playground
Lisa Ballard Laura Greaves Rebecca Cullum Julie Dodson Kylie Gittens Charlene Hadley Annie Magalhaes Barbara Szlapanska Georgia Baker	First Aid at Work First Aid at Work First Aid at Work First Aid at Work First Aid at Work First Aid at Work First Aid at Work First Aid at Work First Aid at Work	Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom
Jemma Boyd Laura Campbell Kerrie-Leigh Hughes Kerry Davis Sian Solomou Danielle Souter Katharine Tuff Scarlett Younger Rhiannon Walton Melissa Willis Bethany Barnes	Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid Paediatric First Aid	Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom
Darren Overton	First Aid at Work	No designated area

Appendix 2: first aid training log

Name	Level	Course	Date of achievement	Requalification Due
Michelle Aslin	3	Paediatric First Aid (RQF)	22/09/2023	22/09/2025
Lisa Ballard	3	First Aid at Work (RQF)	27/07/2022	27/07/2025
Georgia Baker	3	First Aid at Work (RQF)	01/03/2023	01/03/2026
Bethany Barnes	3	Paediatric First Aid (RQF)	24/11/2023	24/11/2025
Jemma Boyd	3	Paediatric First Aid (RQF)	18/11/2022	18/11/2025
Julie Briscoe	3	Paediatric First Aid (RQF)	24/11/2023	24/11/2026
Virginia Burnett	3	Paediatric First Aid (RQF)	03/03/2023	03/03/2026
Laura Campbell	3	Paediatric First Aid (RQF)	25/04/2023	25/04/2026
Rebecca Cullum	3	First Aid at Work (RQF)	01/03/2023	01/03/2026
Kerry Davis	3	Paediatric First Aid (RQF)	22/09/2023	22/09/2026
Julie Dodson	3	First Aid at work (RQF)	28/04/2023	28/04/2026
Pauline Gardner	3	Paediatric First Aid (RQF)	22/09/2023	22/09/2026
Kylie Gittens	3	First Aid at Work (RQF)	01/03/2023	01/03/2026
Glenys Grainge	3	First Aid at Work (RQF)	13/07/2022	13/07/2025
Laura Greaves	3	First Aid at Work (RQF)	21/01/2022	21/01/2025
Charlene Hadley	3	First Aid at work (RQF)	28/04/2023	01/04/2026
Rachel Harrison	3	Paediatric First Aid (RQF)	22/09/2023	22/09/2026
Kerri-Leigh Hughes	3	Paediatric First Aid (RQF)	22/09/2023	22/09/2026
Annie Magalhaes	3	First Aid at Work (RQF)	01/03/2023	01/03/2026
Joseph O'Connor	3	Paediatric First Aid (RQF)	25/04/2023	25/04/2026
Darren Overton	3	First Aid at Work (RQF)	01/03/2023	01/03/2026
Claire Queen	3	Paediatric First Aid (RQF)	03/03/2023	03/03/2026
Scarlett Sadler	3	Paediatric First Aid (RQF)	18/11/2021	18/11/2024
Sian Solomou	3	Paediatric First Aid (RQF)	25/04/2023	25/04/2026
Danielle Souter	3	Paediatric First Aid (RQF)	20/01/2023	20/01/2026
Michelle Steeper	3	Paediatric First Aid (RQF)	03/03/2023	03/03/2026
Barbara Szlapanska	3	Paediatric First Aid (RQF)	28/04/2023	28/04/2026
Alexandria Taylor	3	Paediatric First Aid (RQF)	18/11/2021	18/11/2024
Chloe Thompson	3	Paediatric First Aid (RQF)	24/11/2023	24/11/2026
Kate Tuff	3	Paediatric First Aid (RQF)	22/09/2023	22/09/2026
Rhiannon Walton	3	Paediatric First Aid (RQF)	03/03/2023	03/03/2026
Melissa Willis	3	Paediatric First Aid (RQF)	25/04/2023	25/04/2026



Further Medical Attention and Emergency Parent/Carer Form

St Mary's school will inform parents and carers of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

If a head/face injury, parents and carers will be notified via phone call.

Further Medical Attention

If the decision is for the child to receive further medical attention and the parent/carer does not agree that it is necessary, they must sign to say they have received the advice from the school.

I have received advice from a First Aider to take my child for further medical attention.

Name of child _____ Year _____

Parent/Carer Sign _____

Print Name _____

Date _____

In an Emergency

If the parent makes the decision to take the child to hospital themselves rather than waiting for an emergency vehicle, the parent/carer is to sign this form to state that it is their decision to do so.

I am taking my child to hospital myself rather than waiting for an emergency vehicle.

Name of child _____ Year _____

Parent/Carer Sign _____

Print Name _____ Date _____

RISK ASSESSMENT: Bodily Fluids- Dealing With (Page 2 of 4)

Hazards (including inadequate or lack of arrangements)	Possible control measures	✓ if in place ✗ if not or n/a	Where: ✗ state action to be taken with timescales ✗ any additional control measures ✓ site specific details	Residual Risk rating High, medium, low
	<ul style="list-style-type: none"> Contaminated carpets are cleaned with detergent and hot water, and either disinfected or steam cleaned. Contaminated hard toys / resources are either disposed or removed, cleaned and disinfected. Soft toys are disposed or washed at a high temperature. Clothing of either the child contaminated with blood or body fluids is removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate. There is a designated area on site if there is a need for laundry facilities. This area is: <ul style="list-style-type: none"> be separate from any food preparation areas. have appropriate hand washing facilities. have a washing machine with a sluice or pre-wash cycle. Staff involved with laundry services ensure that: <ul style="list-style-type: none"> manual sluicing of clothing is not carried out; soiled articles of clothing are rinsed through in the washing machine pre-wash cycle, prior to washing gloves and aprons are worn when handling soiled linen or clothing hands are thoroughly washed after removing gloves. A risk assessment been undertaken for Hepatitis B if necessary. PPE and cloths contaminated with bodily fluids are disposed of properly as clinical waste. 			
Managing nappies	<ul style="list-style-type: none"> Children in nappies have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities are available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. 			

RISK ASSESSMENT: Bodily Fluids- Dealing With (Page 1 of 4)

School/Academy:		Date of assessment		
Who might be harmed?		Staff, pupils	How many are affected?	
Hazards (including inadequate or lack of arrangements)	Possible control measures	✓ if in place ✗ if not or n/a	Where: ✗ state action to be taken with timescales ✗ any additional control measures ✓ site specific details	Residual Risk rating High, medium, low
Contact with bodily fluids which could result in contamination / infection / illness	<ul style="list-style-type: none"> Dealing with bodily fluids has been included in the School's H&S Policy. Staff have been given instructions about basic hygiene measures e.g. thoroughly washing hands etc. Staff have been instructed to cover existing cuts and grazes with waterproof dressings. Staff are aware of the procedure for dealing with and disposal of bodily fluids and waste materials. Suitable personal protective equipment is available. i.e. disposable gloves / apron. Areas are cordoned off until cleaned with barriers and signage as required. Suitable equipment etc. is available i.e. hot water, soap, detergent, absorbent material e.g. paper towels, plastic bags, sterilising liquid, bucket, clinical waste bin / bags, first aid kit. Spillages are cleaned using a product which combines detergent and disinfectant which is effective against both bacteria and viruses. Manufacturer's instructions are followed. Disposable paper towels or cloths are used to clean up blood and body fluid spills and are only use once. A spillage kit is available for blood spills. COSHH risk assessments have been completed for the cleaning chemicals. Procedures are in place for immediately cleaning up bodily fluids throughout the whole school day. 			

RISK ASSESSMENT: Bodily Fluids- Dealing With (Page 3 of 4)

Hazards (including inadequate or lack of arrangements)	Possible control measures	✓ if in place ✗ if not or n/a	Where: ✗ state action to be taken with timescales ✗ any additional control measures ✓ site specific details	Residual Risk rating High, medium, low
	<ul style="list-style-type: none"> Children's skin is cleaned with a disposable wipe. Flannels are not used to clean bottoms. Label nappy creams and lotions with the child's name and are not shared with others. Changing mats are wiped with soapy water or a baby wipe after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. Weekly checks for tears are undertaken and it is discarded if the cover is damaged. A designated sink for cleaning potties (not a hand wash basin) is located in the area where potties are used. Household rubber gloves are worn to flush contents down the toilet. The potty is washed in hot soapy water, dried and stored upside down. The rubber gloves are washed whilst wearing them and then wash and dry hands after taking them off. Appropriate arrangements are in place for the disposal of nappies. Soiled nappies are wrapped in a plastic bag before disposal. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. 			
Children with continence aids	<ul style="list-style-type: none"> Pupils who use continence aids (like continence pads, catheters) are encouraged to be as independent as possible. The principles of basic hygiene are applied by both pupils and staff involved in the management of these aids. Continence pads are changed in a designated area. Disposable powder-free non-sterile nitrile gloves and a disposable plastic apron are worn. Gloves and aprons are changed after every pupil. Hand washing facilities are readily available. 			

RISK ASSESSMENT: Bodily Fluids- Dealing With (Page 4 of 4)

Are there any other foreseeable hazards associated with dealing with bodily fluids?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Hazards	List any additional control measures required		Residual Risk rating High, medium, low
Reference Documents			
<ul style="list-style-type: none"> School's Intimate Care Policy Public Health English: Health protection in schools and other childcare facilities: Chapter 8: cleaning the environment: www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-8-cleaning-the-environment SPA: Infection Control Guidance on Infection Control in Nurseries 			
ASSESSED BY (Print name)		SIGNED	DATE

