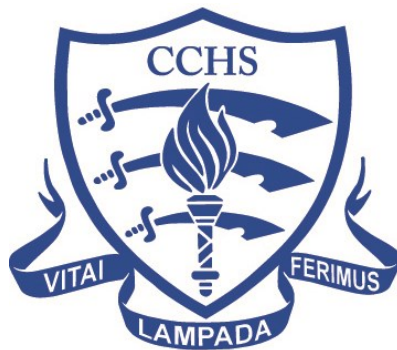


Chelmsford County High School For Girls



First Aid Policy

2020-21

Approved by the Governing Body:

Change Log

Version	Changes	Author	Change Date	Approval Date
0.1 - Draft	First draft – modelled on Southend Borough Council policy	Melissa Mulgrew	24 th September 2019	October 2019
1.1	Draft – updated with need to refer to specific procedure protocol in exceptional circumstances e.g. Covid Added table of contents 4.0 Change of training organiser to Office Manager using approved training provider 7.0 Updated to indicate when blankets / pillows may be removed, data kept electronically	Melissa Mulgrew	1st October 2020	

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First Aid Guidance

1.0 Introduction ([back to contents](#))

This guidance document is designed to assist Headteachers and Managers in making their own arrangements for first aid provision for all aspects of activities and including all employees, pupils and visitors to the school/establishment.

All schools/establishments should develop and formalise procedures for dealing with first aid, based upon an assessment of need. These procedures should cover personnel, nature of establishment, equipment and practices and be designed in accord with the legal standards.

Guidance on the following matters is provided within this document.

Schools may also wish to refer to the DfES publication “Guidance on first aid for schools – a good practice guide” which is available as a pdf document on the Health and Safety web pages, (www.dcsf.gov.uk) <https://www.gov.uk/government/publications/first-aid-in-schools>

2.0 Assessment of need – areas to consider

The following areas should be considered when assessing the need for first aid in a School/establishment;

- Hazards presented by the work;
- Level of risk presented by hazards;
- Number and nature of staff;
- Number and nature of pupils;
- Number of sites / buildings;
- Location of sites / buildings;
- Accident history;
- Travelling, remote and lone workers;
- Staff working on shared or multi-occupied sites;
- Leave / absences of first aiders and appointed persons.

Following the assessment and using the information gathered, Headteachers/Managers should determine the personnel, equipment and facilities that are required and take steps to ensure they are provided and maintained.

During exceptional circumstances, such as the Coronavirus pandemic, additional protocols may be required that supersede the guidance in this document – these should be guided by prevailing public authority advice, fully documented and circulated to staff.

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3.0 Personnel ([back to contents](#))

First Aiders

First aiders are persons who have been trained in accordance with standards set by the Health and Safety Executive (HSE).

Prior to becoming trained, staff should be selected taking into account their:

- reliability, disposition and communication skills;
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures;
- normal duties; these should be such that they may be left to go immediately and rapidly to an emergency.

On completion of their training the HSE suggests that first aiders need to be able to apply the following competencies:

- a) the ability to act safely, promptly and effectively when an emergency occurs at work;
- b) the ability to administer cardio-pulmonary resuscitation (CPR) promptly and effectively;
- c) the ability to administer first aid safely, promptly and effectively to a casualty who is unconscious;
- d) the ability to administer first aid safely, promptly and effectively to a casualty who is wounded or bleeding;
- e) the ability to administer first aid safely, promptly and effectively to a casualty who:
 - has been burned or scalded;
 - is suffering from an injury to bones, muscles or joints;
 - is suffering from shock;
 - has an eye injury;
 - may be poisoned;
 - has been overcome by gas or fumes.
- f) the ability to transport a casualty safely as required by the circumstances of the workplace; (i.e. where leaving the casualty in a given location would be dangerous)
- g) the ability to recognise common major illness and take appropriate action;
- h) the ability to recognise minor illnesses and take appropriate action;

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- i) the ability to maintain simple factual records and provide written information to a doctor or hospital if required.

First aiders will also be required to demonstrate a knowledge and understanding of the principles of first aid at work, in particular;

- a) the importance of personal hygiene in first aid procedures;
- b) the legal framework for first aid provision at work;
- c) the use of first aid equipment provided in the workplace;
- d) the role of the first aider in emergency procedures.

To ensure these competencies are maintained First Aid at Work certificates are only valid for three years and re-qualification training is required prior to their expiry. Once the certificate has expired the person is no longer a first aider and full training will be required if they wish to remain in this role.

How many first aiders are required?

While the Regulations do not specify the number of first aiders required, the Approved Code of Practice (ACoP) suggests the following as an appropriate minimum for lower risk places of work, including schools;

Fewer than 50 employees - at least one appointed person.

50 – 100 employees - at least one first aider.

More than 100 employees - one additional first aider for every 100 employed

When deciding on actual numbers, Headteachers/Managers should consider cover for absences, remoteness of the premises, separate buildings, etc.

Whilst the provisions do not specifically apply to pupils/students as they are not at work, the guidance of the DfES and Southend-on-Sea Borough Council strongly recommends that pupils/students are taken into account when assessing need.

As a minimum, schools should have two qualified first aiders thereby ensuring that one is on site during normal operating times with larger establishments requiring proportionally more. Secondary schools, for example, will need to consider having sufficient first aiders to cover areas such as science, design and technology and physical education. The arrangements established should take into account all aspects of the working day including cleaning, shift work, etc.

In registered services there are specific requirements. For example, the person in charge should have completed the HSE First Aid Certificate and all other staff, where possible, should have Basic First Aid Training.

Appointed persons

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Where first aiders are not available the Headteacher/Manager has a responsibility to appoint a person or persons to take charge of the first aid arrangements. These appointed persons do not have to be formally trained but need to have sufficient knowledge and information on the first aid provisions to be able to take charge.

Short courses are available for appointed persons and cover;

- what to do in an emergency
- cardio-pulmonary resuscitation
- first aid for the unconscious casualty
- first aid for the wounded or bleeding

4.0 First aid training provision ([back to contents](#))

To meet the requirements, training courses for the full First Aid at Work Certificate (three days duration from 1 October 2009), the First Aid at Work Certificate re-qualification (two-day duration) and the Emergency First Aid at Work (one day duration) are arranged via the Office Manager, using an approved training provider.

The HSE strongly recommend annual refresher training for qualified first aiders. Although not mandatory, it will help them maintain their basic skills and keep up to date with any changes to first aid procedures.

Where retraining takes place three months before the expiry date, the new certificate takes effect from the expiry date

Where first aiders do not complete training before the expiry date, they should complete it no more than 28 days from the expiry date.

5.0 First aid equipment ([back to contents](#))

Suitable and sufficient equipment should be provided based on an assessment of the need. The container(s) should be readily accessible and clearly identified using the standard sign of a white cross on a green background. The container(s) should be capable of protecting the contents from dust and damp. Tablets and medications should not be kept within the container.

The recommended contents for a standard first aid box are:

Item	Number of persons to cover			
	1 -10	11 - 20	21 - 50	51 - 100
Guidance leaflet	1	1	1	1
Sterile, individually wrapped, adhesive dressings (plasters)*	20	40	60	100
Sterile eye pads	2	4	6	8

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Triangular bandages (preferably sterile)	4	6	8	10
Safety pins	6	12	12	12
Medium, un-medicated wound dressing ~12cm x 12cm (individually wrapped)	6	9	12	14
Large un-medicated wound dressing (~18cm x 18cm)	2	3	4	6
Cleansing wipes	10	10	20	40
Disposable gloves **	1	2	3	5

* appropriate to the type of work (e.g. may be of a detectable type for food handlers) and in assorted sizes.
Note: “plasters” are a required item in the first aid container.

** powder-free latex examination gloves with low latex levels are normally suitable

The contents should be examined frequently and restocked as soon as possible after use with sufficient supplies held in a back-up stock on site. Care should be taken to discard items safely after the expiry date has passed.

Allergies to “plasters”

Some people do experience allergic reactions to “plasters”. It is the responsibility of the individual employee or the parent(s) / carer(s) of the pupil to inform the first aider/school if such an allergy exists and in these circumstances it would be sensible for the first aider/school to have a supply of “hypo-allergenic” plasters available.

Some schools may simply prefer to only stock this variety. If no prior knowledge of such an allergy exists, normal first aid procedures should be followed by the first aider / school; if an allergic reaction does then occur, medical assistance should be sought appropriate to the severity of the reaction. In extreme circumstances, emergency procedures may need to be instigated.

Additional materials and equipment

Scissors, adhesive tape, disposable aprons, individually wrapped alcohol-free moist cleansing wipes where clean water is not available, may also be appropriate and can be stored within the first aid container if there is room or stored separately as long as they are available for use if required.

The assessment may identify a need for items such as protective equipment, for example, heat reflective foil blankets for casualties in PE / swimming situations; these items should be securely stored near the first aid container, in the first aid room or in the hazard-area (ie. swimming pool), as appropriate. Where mains tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%)

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in sealed, disposable containers should be provided. Once the seal has been broken, the containers should not be kept for reuse and it should not be used after the expiry date.

Travelling first-aid kits

Where the assessment identifies the need for travelling staff to be provided with first aid equipment, the following items are considered suitable provisions;

- .A leaflet giving general guidance on first aid (e.g. HSE leaflet Basic Advice on First Aid at Work provided as a separate pdf document)
- Six individually wrapped sterile adhesive dressings (“plasters” – see note on page 5)
- One large sterile un-medicated dressing – approximately 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves; powder-free latex examination gloves with low latex levels are normally suitable

6.0 Use of Cotton Wool ([back to contents](#))

The Employment Medical Advisory Service (EMAS) of the HSE advice that the reasons why cotton wool should not be used for First Aid are two-fold.

- Because cotton wool is fluffy and fibrous, it may stick to and contaminate the wound or eyes.
- Cotton wool is usually supplied in large packs which once opened are no longer sterile.

Where possible dirty wounds should be cleaned by lightly rinsing under running water, alternatively, sterile gauze or moist cleansing wipes (which are not impregnated with alcohol) should be used.

Whilst there are clear reasons why cotton wool must not be used in direct contact with an open wound, it is recognised that schools have to deal with a large number of minor injuries to pupils and the non-use of cotton wool creates difficulties. Cotton wool can therefore be used in the following circumstances:

- As an absorbent outer layer or padding, provided a sterile gauze pad is in contact with the wound;
- As a cold compress for bruises and strains;
- To clean the area around a wound or injuries where there is no skin broken
- Once opened it is kept in a clean container or sealed polythene bag;

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- It is not kept in the First Aid box;
- Clear instructions not to use cotton wool on open wounds or eyes are given to persons who may administer First Aid; and
- The container/bag labelled & dated & not used after a year of the purchase date

7.0 Facilities ([back to contents](#))

First Aid Rooms

Larger schools/establishments, where the risks warrant it, may require a first aid room which should;

- be adequately stocked with first aid equipment
- be accessible to stretchers
- be clearly sign-posted
- be large enough to hold a couch, with enough space at each side for people to work, a desk, a chair and any necessary additional equipment . If possible the room should be used solely for first aid purposes
- have washable surfaces and adequate heating, ventilation and lighting
- be kept clean, tidy, accessible and available for use at all times when employees are at work
- be positioned as near as possible to the point of access for transport to hospital
- display a notice on the door advising of the names, locations, and, if appropriate telephone extensions of first aiders and how to contact them

And be provided with the following;

- a sink with hot and cold running water
- drinking water and disposable cups
- soap and paper towels
- a store for first aid materials

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- foot operated refuse containers lined with disposable yellow clinical waste bags or a container suitable for the safe disposal of clinical waste
- a couch with waterproof protection and clean pillows and blankets (removed if risk assessment supersedes – e.g. coronavirus transmission risk)
- a chair
- a telephone or other communication equipment
- a record book for recording where first aid has been given (data kept electronically)

Ideally, first aid rooms should be reserved for the administration of first aid; where not, the facilities should be capable of being quickly made available.

Site Access for Emergency Services

Access to the site for ambulances etc should be available without delay. Where access is restricted for security reasons, the procedures for summoning an ambulance should include a designated person to open the gates etc.

In some circumstances it may be decided by the ambulance service that the “air ambulance” is required to transport a casualty to hospital and, where feasible, that landing within the school/establishment grounds is desirable. It will be the responsibility of the helicopter pilot to determine the safety aspects of any given landing site (atmospheric conditions, adjacent buildings, overhead cables, trees, people on the ground etc) and the ambulance crew on the ground would direct other aspects of the situation.

With the possible exception of those who do not have any large open area, schools are advised to have in place a procedure to clear the proposed landing site (playing field, playground etc) as a matter of urgency and ensure that all bystanders are either kept away or directed back into the building. Additional school staff may be required to achieve this with minimal delay if the incident occurs at a break / lunch time when pupils are playing outside.

8.0 Transferring employee/pupils to hospital etc ([back to contents](#))

When a employee / pupil suffers an injury (or ill-health occurrence) a decision will be made on what action is required. On-site first aid will usually be adequate in the majority of cases but in some circumstances, further treatment at a hospital or other medical facility may be necessary.

Emergencies

If it is deemed to be an “emergency” or an otherwise serious injury, it is expected that an ambulance will be summoned. The use of an employees’ private vehicle should not be used in these circumstances.

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The emergency contacts procedure for the injured pupil will also be activated with the parent(s) / carer(s) being advised to either come to the school or go direct to a specified hospital. Where the parent(s) / carer(s) is/are able to accompany the pupil in the ambulance, school employees will not usually need to be further involved. If however the parent(s) / carer(s) will be meeting the pupil at hospital, a school employee will need to accompany the pupil in the ambulance and arrangements made for the employee to be able to return to school once the pupil is in the care of the parent(s) / carer(s). Pupils should not be left unaccompanied at the hospital and therefore the school employee may have a protracted wait for the arrival of the parent(s) / carer(s).

Non-emergencies

In less serious situations where an ambulance is not required but it is considered that a visit to hospital or other medical facility is still needed, schools should contact the pupils' parent(s) / carer(s) to inform them of the situation and request that they arrange to collect their child from school and transport them accordingly. This is the recommended method.

However, if the parent(s) / carer(s) do not have access to private transport and a taxi is not appropriate or available, the Headteacher has the discretion to arrange for a school employee to take the injured pupil and their parent(s) / carer(s) to the nearest hospital or other medical facility in the employees' vehicle but a number of factors will need to be considered before agreeing to this method;

- the personal safety of the employee
- the condition of the injured pupil and whether it is likely to deteriorate during the journey
- weather / road conditions at the time
- whether adequate staffing cover for the employee is available within the school
- whether the employees' car is insured for business use (required where the employee is claiming mileage)
- condition / road-worthiness of the employees' vehicle

No school employee should transport a pupil to hospital without another appropriate adult in the vehicle.

9.0 Accident / Incident reporting ([back to contents](#))

It is important that accidents / incidents are promptly and correctly recorded on the Council's accident / incident report form and details are communicated speedily (preferably by telephone) to the Workplace Health Safety and Wellbeing Team when an employee suffers a "Major Injury" or a pupil / member of the public is taken directly to hospital.

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First aiders / appointed persons may be required to complete this procedure themselves or provide relevant information to someone else depending on the schools' / establishments own arrangements; these should be documented and made known to all concerned.

All accidents, to employees and non-employees, including near misses with the potential for injury, or damage should be reported and recorded as soon as possible. Agency staff, contractors, etc should also inform their own employer of any accidents. Furthermore an investigation into the causes of all accidents should be carried out to establish the likely cause(s) of the accident and to identify any action that can be taken to eliminate or reduce the likelihood of further similar accidents occurring. The level of detail recorded and the extent of any investigation should always be commensurate with the level of severity of the accident.

In addition to the above, the requirements of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), a copy of which can be obtained from the Workplace Health Safety and Wellbeing Team should be observed. These regulations require certain injuries and dangerous occurrences, including those to non-employees, to be notified immediately to the Health and Safety Executive (HSE), telephone number 0845 300 9923, fax number 0845 300 9924 or you can e-mail on riddor@natbrit.com. There is also a web site providing assistance on making a RIDDOR report the address is: www.riddor.gov.uk

In addition to the above some accidents may be defined as serious and should be reported to the Workplace Health, Safety and Wellbeing Team as soon as is possible.

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Appendix 1

10.0 Health and Safety Executive assessment check list ([back to contents](#))

To assist employers in determining what is an appropriate provision for first aid the Health and Safety Executive (HSE) have provided the following checklist.

	Aspects to consider	Impact on first aid provision
1	What are the risks of injury and ill health arising from the work as identified in your risk assessment?	If the risks are significant you may need to employ first aiders.
2	Are there any specific risks? e.g. working with; <ul style="list-style-type: none"> hazardous substances, dangerous tools, dangerous machinery, dangerous loads of animals 	You will need to consider: <ul style="list-style-type: none"> specific training for first aiders, extra first aid equipment precise location of first aid equipment informing emergency services first aid room
3	Are there parts of your establishment where different levels of risk can be identified (e.g. woodworking machinery)?	You will probably need to make different levels of provision in different parts of the establishment.
4	Are large numbers of people employed on site?	You may need to employ first aiders to deal with the higher probability of an accident.
5	What is your record of accidents and cases of ill health? What type are they and where did they happen?	You may need to: <ul style="list-style-type: none"> locate your provision in certain areas; review the contents of the first aid box;
6	Are there inexperienced workers on site or employees with disabilities or special health problems?	You will need to consider: <ul style="list-style-type: none"> special equipment; local siting of equipment
7		You will need to consider provision in each building or on several floors.

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	Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings?	
8	Is there shift-work or out-of-hours working?	Remember that there needs to be first aid provision at all times people are at work.
9	Is your workplace remote from emergency medical services?	You will need to: <ul style="list-style-type: none"> . inform local medical services of your location; . consider special arrangements with the emergency services.
10	Do you have employees who travel a lot or work alone?	You will need to: <ul style="list-style-type: none"> . consider issuing personal first aid kits and training staff in their use; . consider issuing personal communicators to employees.
11	Do any of your employees work at sites occupied by other employers?	You will need to make arrangements with the other site occupiers.
12	Do you have any work experience trainees?	Remember that your first aid provision must cover them.
13	Do members of the public visit your premises?	You have no legal responsibilities for non-employees but HSE strongly recommends you include them in your first aid provision.
14	Do you have employees with reading or language difficulties?	You will need to make special arrangements to give them first aid information.

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Appendix 2

11.0 Arrangements for first aid provision –DfES checklist

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The following checklist has been formulated by the DfES to enable schools to assess their existing provision and identify areas for development.

1. Are there an adequate number of trained first aiders to cover all locations (especially identified hazard areas) allowing for staff absences and impending retirements?
2. Is there an up-to-date list of first aiders prominently displayed on notice boards and at other strategic locations?
3. Are there sufficient numbers of first-aid boxes on the premises, including travelling kits for outside journeys?
4. Is there a designated member of staff who is responsible for checking and maintaining the contents of first-aid boxes and kits?
5. Is there a properly equipped first aid room on the premises and, if so, does each first aider have a key to it?
6. Is there a prominently displayed up-to-date list of local hospital casualty departments and GPs with addresses and telephone numbers for use in emergencies?
7. Is there a system for notifying the parent(s) or carer(s) when an accident occurs?
8. Are all treated accident cases recorded and basic details held centrally for official notification?
9. Is there a clear procedure for notifying potential hazards to the appropriate authorities?
10. Is there a general awareness throughout the school of the importance of safety and provision for the basic training to cope with accidents and emergencies?
11. Is there an adequate supply of suitable signs and posters for display?
12. Is there a need to review current procedures in order to:
 - a) reduce the risk of accidents on the premises?
 - b) ensure that all accidents are dealt with in the most speedily and efficient way?
12. Are staff aware of the procedures needed to reduce the risk of transmission of blood-borne viruses in administering first aid?

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14. Are there any pupils with disabilities, medical conditions or allergies which require special attention in case of accident or emergency? Who knows of these pupils and of the special treatment or actions needed?

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Appendix 3

12.0 Blood-borne Viruses and First Aid ([back to contents](#))

This guidance is based on the guidance contained in the Health and Safety Executive leaflet “Blood-borne viruses in the workplace – Guidance for employers and employees”

The following advice is offered to first aiders and all other persons who may have cause to give first aid treatment where loss of blood or other body fluids is a significant feature. The hygiene guidelines apply irrespective of whether a virus is known to be present or not as they represent sound first aid procedures.

Hepatitis B, C, D and human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS) are the main Blood-borne Viruses (BBVs) that are of concern within the workplace.

Within the workplace, BBVs are mainly transmitted by direct exposure to blood or other body fluids contaminated with infected blood. Direct exposure can happen through accidental contamination by a sharp instrument such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema or through splashes to the eyes, nose or mouth.

For first aiders in the workplace, the risk of being infected with a BBV while carrying out their duties is small. There has been no recorded case of HIV or Hepatitis B virus being passed on during mouth-to-mouth resuscitation and therefore the procedure should not be withheld in a life-saving emergency. The use of devices such as face shields when giving mouth-to-mouth resuscitation should only be used if training in their use has been received.

First aiders are advised to follow the following precautions to reduce the risk of infection:

- cover any cuts and abrasions on your skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or any other body fluids
- use suitable eye protection and a disposable plastic apron where splashing is possible
- use devices such as face shields when giving mouth-to-mouth resuscitation (but only if trained to use them)
- hands should be washed before and after administering first aid
- contact with patient's blood or other body fluids should be washed off with soap and water and clean cold tap water used for lips, mouth, eyes or broken skin
- whilst mopping up blood or body fluids, disposable plastic gloves must be worn and paper towels used. These should be disposed of in sealed plastic bags and preferably incinerated. Clothing may be cleaned in a washing machine using the hot cycle. surfaces and re-usable personal protective

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equipment (e.g. eye protection) should be wiped down / cleaned with a solution of a suitable disinfectant

It is not normally necessary for first aiders in the workplace to be immunised against Hepatitis B Virus, unless the risk assessment indicates that it is appropriate.

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Appendix 4

13.0 Needlestick Injury ([back to contents](#))

A needlestick injury is when a carelessly or maliciously discarded hypodermic needle penetrates the skin. Many people are understandably upset if they are injured. In case of such an accident it is important to stay calm and the following procedure should be followed:

- Encourage the wound to bleed by applying pressure around it
- Do not suck the wound
- Wash the wound well under cold running water and cover with a dry sterile dressing
- If contaminated, the eyes or mouth should be irrigated with large amounts of water
- Save the needle and syringe
- Staff should contact their Headteacher/Manager as soon as possible.
- Get medical advice. Attend the local Casualty Department. It is important that you are seen within 24 hours of the injury occurring in case any protective treatment is necessary.
- Report the injury to the Workplace Health Safety and Wellbeing Team.
- Employees or contractors in conjunction with their line manager should identify source and cause of injury.
- An accident report form must be completed with details of the source of injury and any relevant information which will help with further investigations.

The risk of HIV infection as a result of injury from a discarded needle is extremely remote because HIV does not survive long outside the body. There have not been any cases where anyone has contracted the disease in this way. However there is a very small risk of exposure to the Hepatitis B or C Viruses and to the germ that causes Tetanus. It is for this reason that you should seek medical advice as soon as possible.

If you discover a discarded needle please follow the following procedure in order to prevent a person from being injured.

- Pick up the syringe carefully (with the aid of tongs/sheet of paper etc), with the sharp end of the needle pointing away from you. Be sure not to injure anyone else with it.
- Place it in a 'sharps container'. If one is not available, place the needle and syringe into some sort of puncture proof container such as empty drinks can and tape over the opening. Or place the equipment in a jar and close the lid tightly. Please label this container as to its contents. Do not attempt to separate the needle from the syringe and please handle it as little as possible.

The risk of developing an infection following a needlestick injury is extremely small and will be reduced still further by following the above advice.

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Appendix 5

Guidance on the safe use of latex gloves

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Introduction

This guidance tells you about;

- latex as a product
- the health problems that may occur if using natural latex gloves
- which gloves to use to minimise the risks
- the action that should be taken

Background

Natural latex is produced by the *Hevea brasiliensis* tree and is a cloudy liquid collected by “tapping” the tree. It then goes through a complex manufacturing process to form latex rubber which is a durable, flexible material that gives a high degree of protection from many microorganisms. It is therefore often used in the manufacture of protective gloves and other medical products and devices used in health care such as intravenous tubes, catheters, dressings and bandages.

Health problems - How can latex harm your health?

Latex exposure can lead to a number of health problems, including:

- **Irritation** ~ areas of the skin exposed to latex can become red, sore and cracked. This type of reaction is not allergic and when contact with latex ceases the symptoms will disappear.
- **Type I Allergic reaction** ~ symptoms can include a rash, runny nose, red and swollen eyes and asthma like symptoms. This allergic reaction will commence almost immediately on contact. In severe cases it can result in a severe reaction known as anaphylactic shock.
- **Type IV Allergic reaction** ~ this is an allergic reaction to the chemicals used in the manufacture of the gloves. Symptoms usually develop between 10 and 24 hours after include red, cracked and blistered skin particularly on the hands and arms.

Latex is termed a “sensitiser” because it is capable of causing an allergic reaction in certain people. The amount of latex exposure needed for an individual to become sensitised is not known. However, once an individual is sensitised then any further exposure to the substance, even the tiniest trace, will cause the symptoms to recur.

Which gloves to use - are any latex gloves safe to use?

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Due to prolonged and close contact all latex gloves present a risk of skin sensitisation. However, the risk is reduced in gloves with lower levels of latex protein and process chemicals. Powdered gloves pose an additional risk because the latex proteins leach into the powder, then when the gloves are removed, the powder becomes airborne and can be inhaled. This may lead to respiratory sensitisation and therefore:

- Powder-free gloves should be used where possible.
- Latex free or latex gloves with specified low levels of leachable protein should be purchased (Protein levels should be below 50ug/g with accelerator levels of less than 1% - check with your supplier).
- Where employees are sensitised to latex, or may be at increased risk from latex, they should be provided with suitable non-latex gloves and a risk assessment conducted to assess their risk of contact with other latex products.
- Pre-employment health screening should be used to identify those who may be at particular risk from latex, for example because of previous sensitisation or a tendency to allergies.

The most appropriate type of glove to wear depends on the activity being performed and the risks the employee is exposed to. Latex gloves are typically worn because of a risk of contact with bodily fluids, for example, whilst administering first aid. In these situations powder free latex examination gloves with low latex levels are normally suitable.

Control of exposure

Attempts should be made to reduce or control latex exposure to avoid sensitisation of employees.

1. The use of latex gloves for various tasks should be reviewed to determine if they are appropriate for the level of protection and degree of risk to comply with universal precautions. Employees who come into contact with urine, faeces and vomit but not blood could use non-sterile vinyl gloves.
2. Employees required to wear latex gloves should receive information about the potential health effects and risk of sensitisation related to latex.
3. Any employee with symptoms suggestive of latex sensitivity should be encouraged to report the symptoms to their line manager.
4. Anyone at risk of developing latex sensitivity (i.e. those who already have food allergies or irritant dermatitis), or have developed an allergic reaction to powdered gloves, to be given powder free, low protein gloves, or where practicable and appropriate to wear non-latex gloves.
5. When wearing latex gloves, do not use oil-based hand creams or lotions unless they have been shown to reduce latex-related problems. The ingredients in the lotion/cream may react with the latex and this may compromise the integrity of the gloves.

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Wash hands with a mild soap after removing gloves and dry them thoroughly, especially between folds of skin where moisture may collect.

General Guidelines for Glove Use

1. Check the correct gloves have been selected and issued. Make sure the right glove for the right job is being used and it is the right size.
2. Do not wear gloves beyond their limit. To retain their protective qualities, gloves must be changed frequently.
3. Check the gloves for any defects. Be on the look out for small holes and weak areas.
4. Note when gloves are issued – do not use for longer than is deemed safe.
5. Remove gloves carefully and dispose of them responsibly. It is the outside of the glove which is in contact with the hazard, and the possibility of exposure to unprotected skin is at its greatest when the glove is being removed.
6. Do not share gloves. Other than wearing the wrong glove, one of the major causes of hand problems is people sharing gloves for the sake of convenience.
7. Wash hands before gloves are worn. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands, that is hands free of bacteria. Wearing gloves for long periods can promote the growth of bacteria.
8. Treat and cover cuts and abrasions before wearing gloves.
9. Do not ignore any sign of a skin rash or irritation.
10. Any employee with symptoms suggestive of latex sensitivity should report the symptoms to their line manager as soon as possible.
11. Anyone at risk of developing latex sensitivity (i.e. those who already have food allergies or irritant dermatitis), or have developed an allergic reaction to powdered gloves, to be given powder free, low protein gloves, or where practicable and appropriate to wear non-latex gloves.
12. When wearing latex gloves, do not use oil-based hand creams or lotions unless they have been shown to reduce latex-related problems. The ingredients in the lotion/cream may react with the latex and this may compromise the integrity of the gloves.
13. Wash hands with a mild soap after removing gloves and dry them thoroughly, especially between folds of skin where moisture may collect.

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