



# MOUNT

ST MARY'S | BARLBOROUGH HALL

## First Aid Policy

### ISI Regulatory Code – 13a

<b>Policy written by:</b>	H McLoughlin
<b>Policy Date:</b>	August 2019
<b>This Policy is for:</b>	Barlborough Hall School
<b>Linked Policies:</b>	Risk Assessment, Health and Safety, Safeguarding, Major Incident and COVID Policy
<b>Review date:</b>	August 2020 August 2021
<b>Next review date:</b>	August 2022

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The first aid policy is for use at Barlborough Hall School. It covers practical arrangements at the point of need and has been written in accordance and reference to the DfE guidance *First Aid in Schools*: The names of the qualified first aiders at both sites, accident recording, access to first aid equipment, arrangements for pupils with medical needs, hygiene procedures, referral to RIDDOR and how to summon emergency services.

This policy should be read in conjunction with the Health and Safety Policy. Any other policies referred to will be included in the appendices of this policy.

### **First Aid Personnel.<sup>1</sup>**

At Barlborough Hall School (BHS) first aiders are available throughout the school. First Aiders at Work have the 3 day first aid at work course which is updated every three years. Within Early Years and throughout the school, staff are available at all times who hold the paediatric first aid qualification, updated every two years. The school will always have a First Aid Personnel on site when children are present. All teaching staff have Emergency First Aid training, updated yearly. Sports staff have specific sport injury training. Throughout the pandemic, staff have continued to train via online courses.

It is the responsibility of the Governors as the employers to ensure that enough first aiders are available in the schools at any time and that training is made available as required.

It is acknowledged that undertaking a first aid course and acting as a first aider is entirely voluntary. No member of staff may be forced into this role and no member of staff will be penalised for not participating in a first aid course.

### **Personnel Qualified in First Aid**

#### **Full First Aid at Work**

First Aid Lead            Helen McLoughlin – Expires November 2024

Emergency First Aid at work	Bethany Alldread – Expires January 2023
	Michelle Armson – Expires January 2023
	Fiona Asher – Expires January 2023
	Denise Bailey – Expires January 2023
	Theresa Barber – Expires January 2023
	Zoe Barker – Expires January 2023
	Rachel Beswick – Expires January 2023
	Liam Betts – Expires January 2023
	Lisa Betts – Expires January 2023
	Andrea Booth – Expires January 2023
	Catherine Chadbourne – Expires January 2023
	Paula Chapman – Expires January 2023
	Charlotte Ford – Expires January 2023
	Dianne Hickey – Expires January 2023
	Nicola Hunt – Expires January 2023
	Jeanette Kirk – Expires January 2023
	Katrina Kulmer – Expires January 2023

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<sup>1</sup> Meets ISSR September 16 Part 3 Serial 183

Tracy Lister – Expires January 2023  
Joanne Millbank – Expires January 2023  
Seanead O'Neill – Expires January 2023  
Cathy Passy – Expires January 2023  
Louise Piercy – Expires January 2023  
Sue Pilgrim – Expires January 2023  
Jodie Ransford – Expires January 2023  
Lesley Scanlon – Expires January 2023  
Richard Stevenson – Expires January 2023  
Alyson Temporal – Expires January 2023  
Toni Weatherstone – Expires January 2023  
Lauren Whitehead – Expires January 2023  
Fran Wilson – Expires January 2023

#### **Paediatric First Aid<sup>2</sup>**

Andrea Booth – expires Jan 2023  
Toni Weatherstone – expires Jan 2023  
Catherine Chadbourne – expires Oct 2022  
Jodie Ransford – expires Oct 2022  
Lauren Whitehead – expires Nov 2022  
Joanne Millbank – expires Jan 2023  
Louise Piercy - expires Nov 2022  
Rachel Beswick – expires Nov 2022  
Nicola Hunt – expires Nov 2022  
Ashleigh Wilson – expires Nov 2022  
Richard Stevenson – expires Nov 2022  
Helen McLoughlin – expires Nov 2024  
Karen Keeton – expires Jan 2023  
Alyson Temporal – expires Oct 2022  
Bethany Alldread – expires Oct 2022  
Lisa Betts – expires Oct 2022

#### **First Aid Equipment.**

At BHS the first aid room is located on the ground floor of the main mansion building. First aid supplies are kept here. There are also first aid kits located around the school. These can be found in: the art-room cupboard; Mrs McLoughlin's classroom; Elements III corridor; the staff room; First Aid room; outside the swimming pool; Preparatory floor; between Dance studio/theatre; Pre-Prep class room corridor; corridor Pre-Prep III/nursery; and the Science room. There is a first aid rucksack available for trips, Burns kit, Bodily Fluid kit and Emergency Asthma Kit (kept in the staff room).

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<sup>2</sup> Meets ISSR September 16 Part 3 Serial 183

It is the responsibility of the first aid lead to order supplies. Staff are asked to keep their boxes stocked and report anything running low to the first aid lead. The first aid lead ensures that these boxes are checked every year and the stock is in date. There are two first aid kits for sports teams and it is the responsibility of the sports staff to keep these stocked and in date.

AN AED is available. It is located in the back school office. In an emergency any member of staff is able to make use of the AED. When the AED is used it should be logged with the first aid lead who can ensure that it is checked and recharged ready for the next incident. The lead first aider checks the BHS AED weekly to ensure it is working and the pads are in date.

Staff are advised to make use of the gloves in the first aid boxes when dealing with any first aid incidences.

### **Medical Forms.**

All parents/carers of pupils attending Barlborough Hall School are required to complete a medical form giving details of any medical conditions that their child may have. This ensures that their child can be properly cared for in case of emergency. Not completing a medical form may have serious consequences in the event of an emergency.

Information from the medical form will be used to prepare an Individual Health Care Plan should this be required.

Completed medical forms will be stored securely within the school and kept for a minimum of 7 years after the child has left the school. Parents will be asked to complete a consent form giving staff permission to administer first aid and ensuring that the staff are aware of any new or evolving medical conditions.

### **Medical appointments.**

Parents of pupils at BHS are asked to make all routine appointment during the school holidays. If any appointments are made during school time it is the responsibility of the parents/carers to organise transport for these appointments.

### **Out of Hours**

For pupils who are taken ill or are injured while on a school activity outside normal school hours the procedure outlined in the activity risk assessment should be followed. If this is not possible the member of staff in charge of that student should contact the first aid lead at BHS who will contact the students' parents to discuss how best to proceed. In an emergency the member of staff should call an ambulance if necessary. This call should not be delayed by waiting for the first aid lead. In all cases staff should take a copy of the student's Individual Health Care Plan if applicable. They should also have the contact details of the first aid lead and details of any treatment already given.

### **Medication.**

Any medication brought into the school for pupils or staff, should be fully pharmacy labelled in English. Any medication that cannot be identified will be removed and sent to the pharmacy to be destroyed.

At BHS if a student requires medication during the day parents must bring the medication, fully pharmacy labelled, to the first aid lead or class teacher. The medication will be stored appropriately and the parents will sign a permission slip allowing staff to administer the medication. The medication will be administered appropriately and recorded in the first aid log. Parents will be informed of this at the end of the day. If a pupil refuses the medication, this will also be recorded and parents informed. The staff at school have no authority to force a child to take medication. Medication is given by staff on a voluntary basis.

### **Chronic Conditions.**

The staff at BHS encourage independence and self-management for students with chronic conditions such as asthma, diabetes, epilepsy, cystic fibrosis etc. The level of self-management will be dependent on the condition and the age of the pupil.

If a student has a chronic condition which may affect his/her participation in school activities an Individual Health Care Plan will be drawn up. This will include details of the condition, medication, emergency procedures and emergency contacts.

The first aid lead will oversee the development of health care plans with support from the school nurse if required. When these plans are written, parents will be sent a copy to ensure they are aware of the treatment being given to their child.<sup>5</sup>

Pupils with asthma and severe allergies will be permitted to carry their inhalers or adrenaline injectors with them.

The exception to this is children in KS1. For these children the medication will be held by the class teacher whose responsibility it is to take all medication to games lessons and on school trips.

It is the responsibility of the parent to ensure that their child has the appropriate, in date medication with them while at school. Other emergency medication can be carried by students requiring it, after discussion with the first aid lead.

### **Confidentiality, Information and Consent.**

The professional code of practice of doctors, nurses and other health professionals places a duty on them not to disclose information about individual patients (students) without their consent except in exceptional circumstances. The duty of confidentiality owed to a person less than 16 years of age is the same as that owed to any other person.

However, where the professional believes that the health, safety or welfare of the patient (student) or others is at risk, there is a duty to share information between professionals as laid down in the Child Protection legislation.

### **Accidents.**

If a pupil at BHS is involved in an accident, the nearest first aider will be summoned to attend. They will assess the situation and summon emergency services as required. First aid is administered in a timely and competent manner. In the event of a serious accident calling an ambulance should not be delayed by waiting for the first aider to attend.

When emergency services are called they will be given the school post code (BHS- S43 4ES). This will allow them access to the main school (Ward Lane – S43 4TJ). A runner should be sent to meet the ambulance and direct them to the scene of the accident. Any barriers should be lifted allowing the ambulance access to the site. It is the responsibility of the SLT to ensure that this is done in a timely manner.

All accidents MUST be reported on a school accident form. Copies of the accident form are included in the appendices of this policy. At BHS accident forms can be found online, in the main office, in nursery and in the staff room. This form must be given to the First Aid Lead as soon as possible. It is the responsibility of the member of staff in whose activity the accident occurred to complete the form. Accidents involving staff and visitors should be reported in a similar manner. Accident forms should be completed as soon as possible after the accident. Any RIDDOR reportable incident will be reported by the head teacher/SLT in a timely manner. Copies of completed accident forms will be kept for a minimum of 7 years. The First Aid Lead is responsible for completing a summary of the accidents weekly and inform the head teacher of any re-occurring accident spots/ excessive number of accidents by a particular child.

In EYFS/Lower school - parents should be informed of any accident or injury sustained by the child on the same day, or as soon as reasonably possible, and any first aid treatment given. Parents should sign the accident form. Upper School parents should be informed as soon as reasonably possible.

### **Procedure for Infectious Diseases.**

Any student attending school with a suspected infectious condition will be kept away from other students. They will be isolated in the first aid room until such time as parents/carers are able to collect them.

Any advice from Health Protection England in terms of exclusion times will be adhered to.

Universal precautions are advised when dealing with suspected infectious cases. Gloves and aprons are available in the first aid room at Barlborough Hall School. Advice will be given about hand washing to students and staff as required.

Any spilt body fluids will be cleaned by a member of the cleaning staff using a single use body fluid spill kit. All waste will be disposed of in the clinical waste bins.

Bedding and towels used by a student with a suspected infectious complaint will be bagged separately and given directly to the laundry where it will be washed at high temperatures.

Rooms used by students with suspected infectious complaints will be deep cleaned by housekeeping staff according to housekeeping policy. The first aid room at BHS will be deep cleaned in holiday periods irrespective of use.

### **Cleaning of Bodily Fluids.**

Bodily fluids are a source of infectious micro-organisms (bacteria, viruses and fungi). The main risk is infection/cross-contamination following hand to mouth/nose/eye contact and broken skin. Assume that everything that might be contacted by bodily fluids is contaminated.

Firstly, barriers and notices should be erected to avoid access by others and ventilate the area. Use a 'Buddy' system to ensure the pupil is taken care of. The member of staff must wear personal protective equipment which is available in the First Aid cupboard or is supplied in the 'bodily fluids spillage kits'.

Scrape up the residues into the closable container. Cover the area with the gel. Bag up any contaminated material that needs disposal or laundry. Wash surfaces clean with detergent. Place all the disposable items in the yellow bag and dispose of in the yellow bin collection. Inform housekeeping who will carry out a deep clean of the area.

### **Procedure for Deep Cleaning.**

Rooms used by students with suspected infectious complaints should not be used by other students until they have been thoroughly cleaned.

Rooms should be cleaned as soon as possible after the student has vacated it. It is the responsibility of the first aid lead at BHS to inform housekeeping staff when this happens.

- Protective clothing should be worn i.e. gloves and disposable aprons.
- All bedding to be changed and washed at high temperatures. If bedding is soiled it should be bagged separately to reduce handling of infected materials.
- All surfaces and hard furnishings to be wiped down with a sanitising solution and allowed to dry.
- Floor to be mopped with a sanitising solution.
- All toilet areas used to be thoroughly cleaned as per usual procedures.
- Cleaning cloths used for deep cleaning should be disposed of.

## **Emergency Situations.**

In emergency situations, it is imperative that students receive the care they need. It is possible that they will not be accompanied by a first aid trained member of staff at all times.

If a student becomes unwell and staff are unsure what to do, they should contact the first aid lead for advice. In an emergency situation, staff are advised to contact emergency services as soon as possible. The call for emergency services should not be delayed by calling for the first aid lead.

Protocols for emergency situations can be found at the end of this policy.

## **School visits.**

Throughout their time at school students take part in off site visits and activities. For all off site visits including games fixtures there will be a risk assessment outlining emergency procedures.

All trips will have staff:student ratios as required. For all trips in EYFS there will be at least 1 member of staff who holds a current paediatric first aid certificate.

Before taking a trip away the teacher in charge of the visit should check the health and dietary summary sheet and contact the first aid lead if they are unsure. They should provide the names of the students, what that they will be doing and the duration of the trip.

The leading teacher should check through all documentation for medical conditions that are likely to apply. This can be found in the secure First Aid Folder.

It is the responsibility of the trip leader to ensure the medications and the health care plans are kept safe and any necessary medication is administered as required. It is also their responsibility to ensure that all documentation and unused medication is returned to the first aid lead. Any care or treatment given must also be documented on the trip risk assessment.

The same procedures will apply whether the trip is within the UK or abroad. It is the responsibility of the person in charge of the trip to ensure adequate first aid cover for the visit.

## **Off Games Procedures.**

Pupils unable to participate in games should bring a signed and dated note from their parent/carer. This should be presented to the class teacher at the start of the day. The class teacher will communicate with the games department and a plan put in place. If the pupil is able to be outside they should go and support the team from the side-lines.

If the pupil is unable to be outside they will be found alternative activities. This may involve joining another class for academic lessons.

If a pupil is injured or taken ill on the day the class teacher (or ask the first lead for advise) will assess whether the student is able to participate in the lessons.

### **Medical Cover at Sports Fixtures.**

On match days it is the responsibility of the games staff to ensure that the first aid kits are available, fully stocked and in date.

At least one member of staff involved in the matches will hold a current first aid at work certificate or a Sports First Aid Certificate. All staff will be aware of who the first aider is and have the means to contact them.

All barriers will be raised to allow easy access for any emergency vehicles that may be required.

There are no means for immobilisation at the school. Therefore, if a student is unable to get themselves up they should not be moved and an ambulance should be called. In this case the student should be kept warm and monitored. Any matches should be re sited or abandoned.

If a student from another school is injured, an ambulance will be called if necessary. It is the responsibility of the other schools' staff to accompany the student to hospital, contact parents and arrange their transport home.

### **Concussion.**

Concussion is a disturbance in the normal working of the brain without any underlying structural damage. It can be caused directly by a blow to the head or indirectly if the head is shaken when the body is struck. Concussions can occur in many situations in the school environment but the potential is probably greatest during sports. Students may get concussion out of school but come into school with the signs and symptoms. It is important that this is recognised as concussion can affect academic performance and /or behaviour as well as putting them at risk of more serious consequences if they receive another concussion before recovery.

Within sport it is important that concussion is recognised early and taken seriously to protect the safety and long term health of the students.

Players suspected of having concussion MUST be removed from play and must not return to play unless they have been seen and cleared by a health care professional. Students suspected of having concussion or diagnosed concussion must go through a Graduated Return To Play protocol as outlined by the RFU. Extra care must be taken with young people and concussion due to the fact their brains are still developing and are therefore more susceptible to damage.

Returning to play before complete resolution of the concussion exposes the student to the risk of recurrent concussions with ever decreasing forces.

All sports coaches have access to the pocket Concussion Recognition Tool as recommended by the RFU. This will assist in the early recognition of concussion. If there is any doubt about concussion it is important that the student sits out of the rest of the game. At all times the welfare of the student will be the most important consideration.

### **Out of Term Procedures.**

It is the responsibility of the employer to ensure there is adequate first aid cover for all members of staff employed. Within a school some staff will still be working during the holiday period.

It is the responsibility of the Bursar to ensure that there are adequate numbers of first aid trained personnel available at all times when staff are working. The first aid lead is only available during term time.

In an emergency all members of staff should know who the designated first aid member of staff is and have the means to contact them. Any accidents or illnesses should be reported on an accident report form and filed accordingly using the same documentation and procedures as term time. Any serious incident must be reported to the head teacher/SLT as soon as possible.

Anyone working away from the main school building should have the means to summon help should the need arise. The most convenient method is by use of the walkie talkies.

Any groups using the facilities during the holidays should have their own first aid equipment and procedures. They will be given information outlining how to summon emergency services, the location of the nearest GP/ Hospital and the barrier codes for the site. The schools will only provide first aid cover for external lets if this is negotiated in advance and it is practicable to do so.

If either school uses the facilities to run their own activities, it is the school's responsibility to ensure there are suitable qualified personnel available to deal with any situation that may arise. Any incident occurring during an internal let should be reported using the same documentation and procedures as during term time.

## Appendices

Appendix 1 – Barlborough Hall School Accident reporting form

Appendix 2 – Anaphylaxis protocol

Appendix 3 - Asthma protocol

Appendix 4 - Self Harm Policy

Appendix 5 – Human Pandemic Flu Policy

Appendix 6 – Epilepsy protocol

Appendix 7 – Diabetes Protocol

Appendix 8 – Covid-19 Pandemic



**MOUNT**

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INCIDENT TYPE	
Sport – Rugby	
Sport – Other	
Slip/Trip/Fall	
Malicious	
Other	
Report under Riddor	

NAME OF PERSON REPORTING			WITNESSED BY:	
NAME OF PERSON INVOLVED	YEAR GROUP	DATE OF BIRTH	DATE OF INCIDENT	TIME OF INCIDENT
PLACE OF INCIDENT	PP Yard	Tennis Courts	Adventure Playground	Other
Further details:				
Apparent Cause of Incident				
Treatment given Action Taken				
<b>Show where the injury was and give details: HEAD INJURIES – bumps to head MUST BE GIVEN A BUMPED HEAD NOTE – BUMP NOTE GIVEN YES / NO</b>				
<div style="text-align: center; margin-top: 10px;"> <span>Front</span>      <span>Back</span> </div>				

<b>Was someone injured</b>	<b>Was the person unconscious at anytime?</b>	Was the person taken to hospital?
YES / NO	YES / NO If yes: How long?	YES / NO If yes: give details
<b>Further details you feel may be relevant</b>		
<b>Review and Follow up of treatment and condition</b>		
<b>Reported to (including date and time)</b>		
<b>Did you seek further advice? Please give details</b>		
<b>EYFS: Carer's Signature and Date if different to incident</b>		
<b>First Aider's signature and Date</b>		

## **Appendix 2**

### **Anaphylaxis protocol**

This protocol is for the use of all staff dealing with a student with a severe allergy.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- + Peanuts and tree nuts
- + other foods (e.g. dairy products, egg, fish, shellfish and soya)
- + Insect stings
- + Latex
- + Drugs.

Allergies are increasingly common. There will be pupils in school with allergies and some may be at risk of anaphylaxis.

### **Signs and Symptoms**

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- + generalised flushing of the skin anywhere on the body
- + nettle rash (hives) anywhere on the body
- + difficulty in swallowing or speaking
- + swelling of throat and mouth
- + alterations in heart rate
- + severe asthma symptoms
- + abdominal pain, nausea and vomiting
- + collapse and unconsciousness.

Treatment of anaphylaxis requires intramuscular adrenaline – an injection of adrenaline into the muscle.

## **When to administer adrenaline**

Follow directions in health care plan or from the first aid lead as to when adrenaline should be given.

However, if the pupil is having any of the following symptoms then these are signs of a serious allergic reaction and adrenaline should be given **without delay**:

+ difficulty in breathing or swallowing

+ weakness or floppiness

+ steady deterioration

+ collapse or unconsciousness.

## **How to administer intra-muscular adrenaline**

Adrenaline should be administered into the upper outer aspect of the thigh. Adrenaline injectors should only be administered by members of staff or those who have received training from a healthcare professional (e.g. the school nurse). Injectors are pre-measured and contain a single dose. After use the injector should be made safe by placing in a rigid container and then handed to the school nurse or ambulance crew to be taken with the pupil to the hospital, both for their information and safe disposal.

## **Appendix 3**

### **Asthma Protocol.**

This protocol is for use by any member of staff dealing with a student having an asthma attack.

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react. When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.

**The usual symptoms of asthma are:**

Coughing;

Shortness of breath;

Wheezing;

Tightness in the chest;

Being unusually quiet;

Difficulty speaking in full sentences;

Blue tinge around lips and finger nails;

Sometimes younger children will express feeling tight in the chest as a tummy ache.

Children and young people can usually control their asthma effectively by avoiding their known triggers where possible and by taking the appropriate medication with the correct technique.

A register of all pupils with asthma will be kept by the school nurse or the first aid lead. Ensure systematic call and recall of pupils. An individual Healthcare Plan will be written for all pupils with asthma.

### **Emergency procedures**

Do:

+ keep calm and do not leave the student alone.

+ encourage the pupil to sit up and slightly forward – do not hug them or lie them down

+ make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer

+ ensure tight clothing is loosened

+ reassure the pupil.

If there is no immediate improvement

+ Continue to make sure the pupil takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

**Call an ambulance urgently if any of the following:**

- + the pupil's symptoms do not improve in 5–10 minutes
- + the pupil is too breathless or exhausted to talk
- + the pupil's lips are blue
- + you are in any doubt.

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives.

## **Appendix 4**

### **SELF HARM POLICY**

#### **Introduction.**

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

#### **Aims**

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

#### **Definition of Self-Harm.**

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body, for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

#### **Risk Factors.**

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

##### **Individual Factors:**

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

##### **Family Factors**

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

## Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

## Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the School Nurse.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a "Goth"

## Action to be taken in case of self-harm.

A student may disclose self-harm at any time to any member of staff and for this reason a policy has been put in place.

If the self-harm act has occurred within the last 48 hours and involved ingestion, serious lacerations or excessive dose/ omission of mediation the student should be taken to the emergency department.

When an overdose is revealed the student will need to be looked after in hospital.

It is important to get as much information about what has been taken and when to pass onto the hospital.

Do not give the student anything to try and make them sick.

If the self-harm act occurred over 48 hours ago and involved ingestion, serious lacerations or excessive dose/ omission of medication, Urgent medical attention should be sought from the school nurse who will contact either the students GP, NHS Direct or the ED.

Medical management of the situation may be needed so advice should be sought.

When a student discloses self-harm or the intention to self-harm it is important that they are taken seriously.

Remember that self-harm is not automatically an indicator of mental illness.

Any incident of self-harm MUST be disclosed to the member of staff in charge of self-harm issues in line with the College's Safeguarding Policy. This member of staff will oversee the case but does not need to be directly involved.

Give the student time to talk about what has happened and any difficulties they are facing. Listen to their worries and feelings and Take Them Seriously.

Stay calm

**General advice.**

1. Listen to the student and try not to show them if you are angry, frustrated or upset.  
Disclosures should be dealt with in a low key manner.
2. Learn the difference between self-harm and suicide.
3. If a student discloses self-harm it is because they trust that member of staff and are willing to share this very personal problem.
4. DO NOT make promises of confidentiality as incidents of self-harm MUST be disclosed as outlined above.
5. Some students just want to be heard. Try not to overwhelm them with questions.
6. Do not make assumptions about the reasons for self-harm and each episode should be treated individually.

**Ongoing support for students who self-harm.**

Students who self –harm often have feelings of guilt and shame. It is necessary to support students within school.

Students who self-harm should be allowed to wear long sleeves and trousers for PE. They should not be questioned about this in front of other students.

If students become upset or agitated they may be sent to the Health centre to get them away from stressful situations. However this should only happen when other methods of support have failed. There should be as little interruption as possible to the student's lesson time.

Risk minimisation should be encouraged with the support of CAMHS or GP services.

#### **Expectations of the student.**

Students should have scars and bandages covered under school uniform. If they become distressed, students should talk to a trusted member of staff before any self-harm acts.

#### **Training and Education**

It is the responsibility of the headmaster to ensure that staff are aware of the policy and receive any training required.

Stress management will be discussed with students as appropriate in enhanced studies or through external speakers and off curricular days. Advice will be given about ways of dealing with stress that are safe and healthy. Students will be informed of where they can go for help and support.

## **Appendix 5**

### **HUMAN FLU PANDEMIC POLICY**

This policy is in place to provide guidance on how the College will deal with an outbreak of pandemic Flu. Any implementation of the policy will also be alongside advice from the World Health Organisation (WHO), Public health England (PHE) and the Local Health Authority (LHA). Based on advice received at the time of an outbreak certain actions may be changed.

Although this policy is designed to deal with an outbreak of Pandemic Flu, the principles would also be used during any outbreak of disease or illness within the College.

#### **Responsibilities**

The Headmaster and the Senior Leadership Team in conjunction with the Board of Governors, will co-ordinate the school's response to the threat.

The Deputy Head (Pastoral) and the School Nurse will monitor the regular information updates issued by the appropriate authorities and direct and monitor preventative measures within the school.

#### **Symptoms of Flu.**

Symptoms of flu include:

Tiredness;

Chills;

Aching muscles;

Limb and joint pain;

Diarrhoea or stomach upset;

Sore throat;

Runny nose;

Sneezing;

Loss of appetite.

Other symptoms may include:

Sudden Fever and Sudden cough.

Different strains of flu may cause different symptoms and these will be made known following information from the WHO, PHE or LHA.

### **Preventative Measures.**

The best protection against illness is a high degree of personal hygiene and this must be constantly emphasised with all staff and students. Hand wash and hand sanitiser are available throughout the school.

Any staff or student displaying flu-like symptoms should report to the first aid lead who in consultation with the school nurses will decide if they should be referred to the Medical Practice. These decisions will be based on advice received from the PHE, LHA etc.

Careful monitoring of staff, parents and students who may travel to known infected areas will take place. These individuals will be briefed to be alert to flu-like symptoms on their return. If any individual shows any symptoms s/he may be asked to stay away from school for up to 10 days

Existing policies on illness and staff sickness apply.

### **School Closure.**

Should a pandemic occur it is likely that the School may be directed to close. Alternatively the Governors may decide to close the school as a protective measure.

For insurance reasons, it is preferable that the school is closed only on the advice of the LHA or PHE. It is the responsibility of the Headmaster and the Chair of Governors to ensure that any advice received is acted upon in a timely manner.

Should the school close it is planned that the provision of education may continue by electronic means

Communication with the media is to be done ONLY by the Chair of Governors or the Headmaster. The Marketing Department may need to be involved in preparing any media announcements should school closure be an imminent possibility.

### **Contacting Parents.**

It is vital that the School Office maintains an up-to-date list of contacts of parents/guardians as well as other emergency contacts. It is the responsibility of the parents to ensure that the school has these details and that they are kept up to date. Communication with parents and staff will be as outlined in the school crisis policy.

### **Parent Contract and Insurance**

Parents are obliged to comply with the school's request to quarantine students should this be deemed necessary. The parent's contract provides for Force Majeure, which includes Pandemic.

In these circumstances, the school will communicate with all families about the extent of the threat. The school has no liability in respect of the performance of its obligations during Force Majeure, but is committed to endeavouring to ensure the continuation of educational services. In these circumstances, the school has no liability to refund any fees.

It is the Bursar's responsibility to liaise with the school's insurers. The relevant cover will be:

**Business Interruption:** - includes an element of cover for loss of revenue resulting from closure of the school by a competent local authority as a consequence of an occurrence of a Notifiable Disease outbreak within a 25 mile Radius of the school

**Public Liability:** - the school is expected to take all reasonable precautions which means following advice from relevant bodies such as local authorities, including trips to/from affected areas. Also, students, parents and staff returning from any affected area are to be immediately cleared by the School Nurse (as much as is possible, given the flu incubation period) that they have returned in good health.

There will be no refund or waiver of fees in the event that the term is shortened, the student is released home early or quarantined at home for health (including precautionary) reasons, except at the discretion of the school and then only in exceptional circumstances.

Parents paying into the Fees Refund Scheme should contact their insurance provider direct for information in the instance.

## **Appendix 6**

### **Epilepsy Protocol**

This protocol is for use by any member of staff dealing with a young person having a seizure in the absence of the Individual Health Care Plan.

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types. Epilepsy can affect anyone, at any age. It can have an identifiable cause such as a blow to the head, meningitis or a brain tumour, but for the majority of people there is no known cause. In some cases, the tendency to have seizures runs in families, but having a parent with epilepsy does not necessarily mean a child will have the condition.

### **Signs and symptoms**

The brain is responsible for controlling the functions of our bodies. What a child or young person experiences during a seizure will depend on where in the brain the epileptic activity begins, and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each pupil with epilepsy will experience the condition in a way that is unique to them. Seizures can happen at any time and they generally only last a matter of seconds or minutes, after which the brain usually returns to norm. Seizures can be divided into two groups:

Generalised

Partial (sometimes called 'focal')

### **Regular medication**

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some pupils with difficult to control epilepsy may take several different types of medication. Generally, these will be taken outside school hours. Side effects can include drowsiness, poor memory and concentration, confusion, irritability, over-activity and weight gain.

### **Exercise**

When a child or young person with epilepsy is active they are less likely to have seizures. So, for most people with epilepsy, exercise can be of real benefit. However, a very small number of people with epilepsy find that exercise increases their likelihood of having a seizure. This is usually due to over-exertion.

Pupils with epilepsy may need to speak to their doctor before taking up a new sport or leisure activity, particularly if their seizures are not fully controlled. Things to take into account are the type, severity and frequency of the seizures, and known triggers, such as stress and excitement.

### **Emergency procedures**

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

## **Tonic-clonic seizures**

Symptoms:

- + the person loses consciousness, the body stiffens, then falls to the ground.
- + this is followed by jerking movements.
- + a blue tinge around the mouth is likely, due to irregular breathing.
- + loss of bladder and/or bowel control may occur.
- + after a minute or two the jerking movements should stop and consciousness slowly returns

**Do ...**

- + Protect the person from injury – (remove harmful objects from nearby).
- + Cushion their head.
- + Once the seizure has finished, gently place them in the recovery position to aid breathing.
- + Keep calm and reassure the person.
- + Stay with the person until recovery is complete

**Don't ...**

- + Restrain the pupil.
- + Put anything in the pupil's mouth.
- + Try to move the pupil unless they are in danger.
- + Give the pupil anything to eat or drink until they are fully recovered.
- + Attempt to bring them round.

**999**

**Call for an ambulance if ...**

- + You believe it to be the pupil's first seizure.
- + The seizure continues for more than five minutes.
- + One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- + The pupil is injured during the seizure.
- + You believe the pupil needs urgent medical attention.

## **Seizures involving altered consciousness or behaviour**

### **Simple partial seizures**

Symptoms:

- + twitching
- + numbness
- + sweating
- + dizziness or nausea
- + disturbances to hearing, vision, smell or taste
- + a strong sense of déjà vu.

### **Complex partial seizures**

Symptoms: + plucking at clothes, smacking lips, swallowing repeatedly or wandering around,

The person is not aware of their surroundings or of what they are doing.

### **Atonic seizures**

Symptoms: sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

### **Myoclonic seizures**

Symptoms: brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall.

### **Absence seizures**

Symptoms: the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

## **Appendix 7**

### **Diabetes Protocol**

This protocol is for use by any member of staff dealing with a student having a diabetic incident in the absence of the individual health care plan.

There are two types of diabetes that can affect people. The majority of young people have Type 1 diabetes and this policy will deal with this type.

Type 1 diabetes is an auto immune condition that develops when the pancreas stops producing insulin. Without insulin glucose builds up in the blood stream causing the body to produce more urine, become thirsty, lack energy and lose weight. Children with Type 1 diabetes will have to monitor their food closely and inject insulin according to their own regime. In school the child or young person will need to regularly check their blood sugar and calculate their insulin accordingly. The students in school carry their own equipment with them in order to be able to do this.

The aim is to keep the blood sugar level (bm) between 4mmols and 7mmols. Sugars should be tested before meals, if child feels unwell, before any sport or activity. If the bm is less than 4mmols this is **hypoglycaemia**, if it is above 7mmols this is **hyperglycaemia**.

#### **Hypoglycaemia.**

Signs and symptoms of hypoglycaemia:

Pale

Sweaty

Shaky

Dizzy

Uncoordinated

Bad tempered

Pins and needles in extremities

Children with hypoglycaemia should be treated quickly and should never be advised to walk for assistance even if accompanied.

#### **Hyperglycaemia.**

This can be caused by too little or no insulin

Too much carbohydrate

Infection/Fever

Stress

Less activity undertaken than usual.

Symptoms include one or more of the following:

Thirst

Increased need to pass urine

Nausea

Flushed skin

Stomach ache

Headache

Laboured breathing

Children suffering from Hypoglycaemia or Hyperglycaemia should be treated according to the following protocols in the absence of their Individual Health Care Plan.

Treatment should not be delayed while going to fetch the Individual Health Care Plan.

**Other Considerations:**

Increased Activity.

If the child is to participate in increase activity/ sponsored walks etc blood sugars will need to be checked before and after the activity and if very active they should be checked every half an hour. If blood sugar levels are below 7 mmols a snack should be taken. Parents must be informed of this as hypoglycaemia can occur several hours after the end of the activity.

Days Out/ Residential Trips.

Children with Diabetes should be allowed to participate fully in all activities and trips.

The residential pack produced by diabetes UK will be completed for the student and staff will be talked through the plan. This will include details of when to check blood sugars and what treatment is necessary in case of emergency.

The parents should ensure that the child has a sufficient supply of snacks to last throughout the trip.

Meals should be at regular times and should be 50% carbohydrate

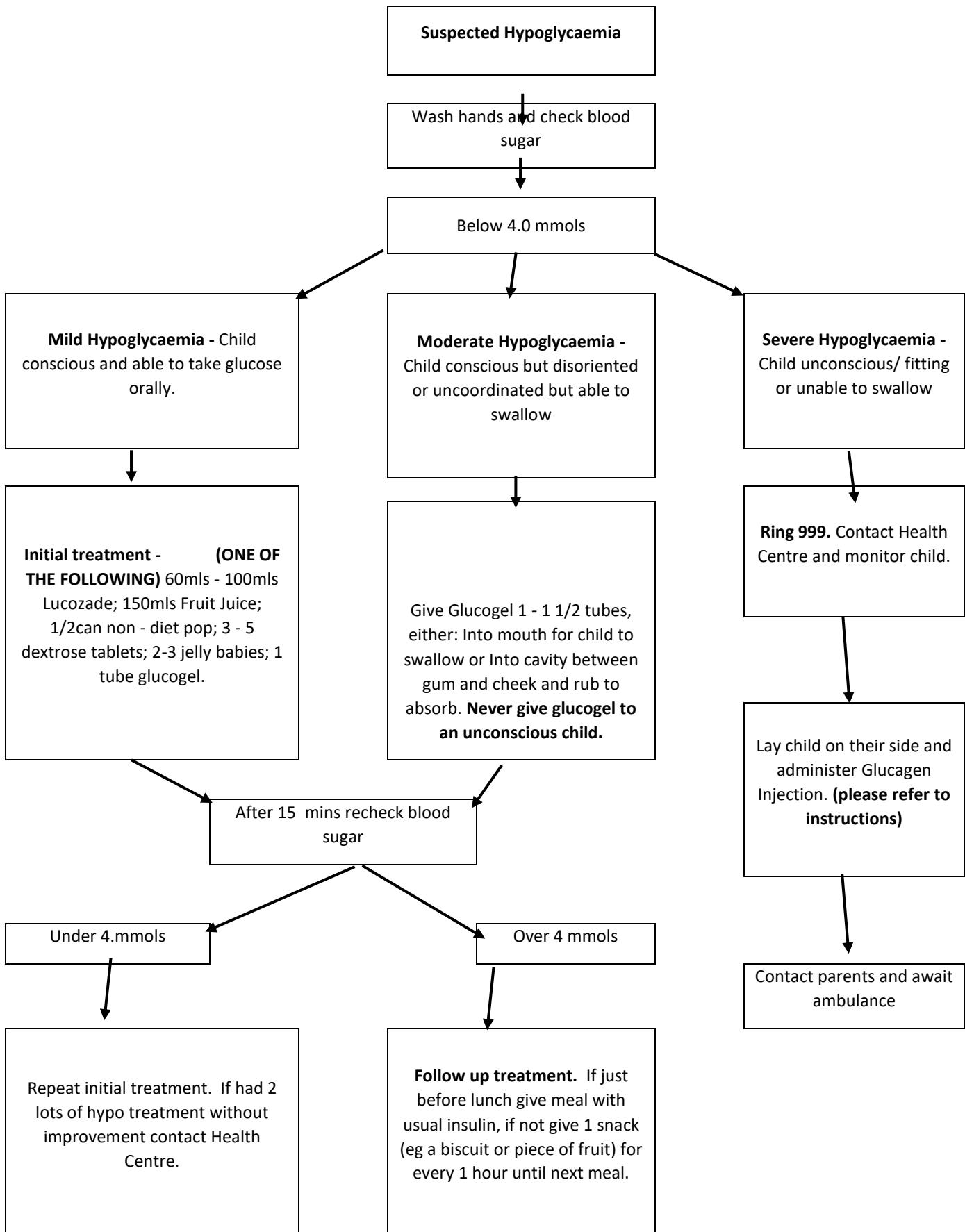
The child and the parents are responsible for ensuring that the child has sufficient diabetic supplies in terms of testing equipment and insulin. Provision should be made to keep supplies cool if the trip is to a hot country.

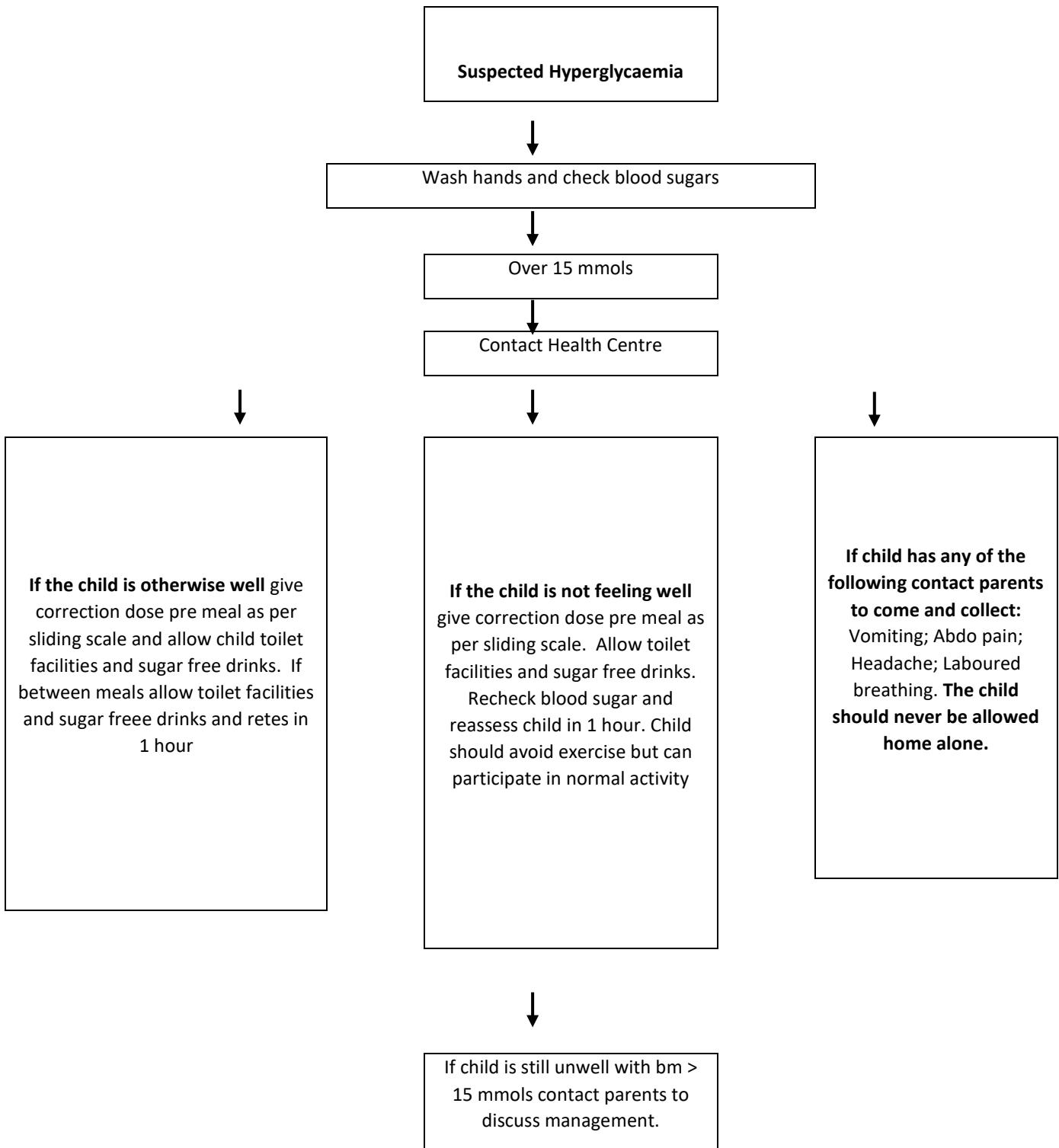
Exams

The exams officer at MSM has undertaken a course in diabetic care. The exam pack produced by Diabetes UK will be used as required for students undertaking exams.

Stress can affect blood glucose levels and students with diabetes should have access to drinks and snacks during an exam.

A request for special consideration in relation to the effects of high and low blood sugars should be made in writing to the exam board prior to the exams starting.





## **Appendix 8 COVID -19 Pandemic**

### **Responsibilities:**

#### **Headteachers must ensure that:**

- The requirements outlined in this document continue to be applied and must not be eased because people involved in work activities or service users have had the COVID19 vaccine and/or a negative COVID-19 test. Neither the vaccine or a test is a guarantee that the person does not have the virus.
- The additional equipment that is specified in this guidance is provided
- An adequate supply of PPE is available for first aider familiarisation and practice (for circumstances where they are not otherwise familiar with wearing PPE)
- First aiders take time to practice the use of PPE prior to needing to use it
- First aiders are not at personal increased risk in relation to COVID-19 (unless a specific assessment has been carried out)
- This guidance is discussed with first aiders and they understand these requirements.
- First aid training venues and courses confirm that they have controls in place to manage the risks of COVID-19 and attendees are provided with relevant safety information as part of their joining instructions.
- First aiders are encouraged to participate in regular asymptomatic testing
- First aiders are encouraged to participate in the COVID-19 vaccination programme.

#### **First Aiders must ensure that:**

- They familiarise themselves with this information and follow these requirements where it is possible to do so.
- They undertake first aid duties applying the principles of maintaining distancing and infection control as much as is possible
- They participate in regular asymptomatic testing (LFD)
- They participate in the COVID-19 vaccination programme when eligible.
- Where close contact with adults or anyone who is symptomatic is required they follow the requirements for wearing Personal Protective Equipment, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination
- Ensure that the equipment is ready for use as part of their response arrangements.
- Follow arrangements that have been put in place when attending training.
- Continue to apply infection control measures even if they have recently tested negative or have received the vaccine.

## **First aid training and requalification**

First aid training and qualifications must be current. First aiders whose certificate expired when courses were not available should seek to book onto requalification courses as soon as possible. All first aiders must continue to refresh their training at least on an annual basis.

### **Annual refresher training**

If first aiders are unable to get annual face-to-face refresher training during the pandemic, we support the use of online refresher training to keep skills up to date.

### **Safe working arrangements for providing first aid**

In all cases, avoid close contact in the first instance where possible, consider minor injuries where you may be able to instruct a person about what to do or pass them the items that they need and stand at a distance if this is age appropriate to do. If you work in a setting where a person may have COVID-19 wherever possible, ask the person to move to a location away from others. If there is no physically separate room or the casualty is not able to move to another room ask all other persons not required to assist in first aid provision to leave the vicinity. Where a close contact response is needed (for symptomatic and non-symptomatic adults and for symptomatic children) The following equipment is required:

- Disposable gloves and plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (to clean down first aid box).

### **Cardiopulmonary resuscitation**

If you need to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that you may not have had the opportunity to put on PPE. **In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation;** perform chest compressions only.

Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.

- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victim's mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; or use hand sanitiser. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser. We do recognise that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxia arrest), therefore chest compressions alone are unlikely to be effective. Therefore, mouth to mouth ventilation is recommended for children in asphyxia arrest as there is a greater risk of cardiac arrest and death without it.

If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield where available.

#### **Location of PPE**

PPE should be kept with First Aid kits so that it is readily available when needed quickly. It can be kept in a labelled box or bag. Putting on PPE First aiders must follow the COVID-19 Personal Protective Equipment Guidance and ensure that they familiarise themselves with the instructions for putting on and removing PPE in readiness for responding to a first aid event where this is needed.

#### **Remove and dispose of PPE**

Remove PPE when close contact is no longer required by following the sequence for removal that is detailed in PPE guidance, it is critical that you do this in order to avoid self-contamination (do not walk through the premises wearing PPE). You can use hand washing facilities after you have followed the PPE removal sequence or if not in close proximity to where you remove the PPE use hand sanitiser. Waste that is generated directly through providing care to a symptomatic or positive test person should be double bagged. Both bags should be tied securely and kept separate from other waste at the premises. This should be put aside for at least 72 hours before being put in the usual waste. If the casualty is not symptomatic or positive the PPE can be disposed of in the general waste.

#### **Cleaning**

If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific guidance document for the setting that you work in.

Please note: additional cleaning is not required in areas where a symptomatic person has passed through and spent minimal time (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as normal.

## **Clothing**

You do not need to change your clothing, unless your clothing has become contaminated or soiled as a result of close contact. You may wish to change your clothing when you get home as a precautionary measure after close contact with a symptomatic person and wash your clothes:

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

## **First aider actions**

If you have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 10 days.

- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event
- Follow your normal arrangements for recording first aid and checking stock.

## **(HSE Guidance updated Dec 31/21/21)**

Although the UK Government has now removed social distancing in most workplace situations, first aiders should still consider the precautions set out in this guidance to reduce the risk of COVID-19 infection.

Try to assist at a safe distance from the casualty as much as you can. Minimise the time you share a breathing zone.

Although treating the casualty properly should be your first concern, you can tell them to do things for you if they are capable.

Remember the 3P model – preserve life, prevent worsening, promote recovery.

## **Preserve life: CPR**

Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms.

Ask for help. If a portable defibrillator is available, ask for it.

Before starting CPR, use a cloth or towel to cover the patient's mouth and nose. This should minimise the risk of transmission while still permitting breathing to restart following successful resuscitation.

If available, you should use:

- a fluid-repellent surgical mask
- disposable gloves

- eye protection
- apron or other suitable covering

Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't do rescue breaths.**

#### **Prevent worsening, promote recovery: all other injuries or illnesses**

If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms.

If you're giving first aid to someone, you should use the recommended equipment listed above if it is available.

You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible.

After delivering any first aid

Make sure you discard disposable items safely and clean reusable ones thoroughly.

Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible.

#### **Annual refresher training**

If first aiders are unable to get annual face-to-face refresher training during the pandemic, we support the use of online refresher training to keep skills up to date.

We still strongly recommend that the practical elements of FAW, EFAW and requalification courses are delivered face to face. This means that the competency of the student can be properly assessed.

#### **Interrupted first aid training**

If you couldn't complete your first aid training because of the pandemic, it can restart later as long as:

- there is a full recap of the training delivered before the pandemic prior to moving onto undelivered modules
- the training provider is content that you can show:
  - a full understanding of all aspects of the course content
  - the knowledge and competencies required at the end of the training

## **PPE GUIDANCE**

### **Putting on PPE**

PPE should always be put on before entering the area where PPE is needed. For example, for a home visit that would be before entering the property (avoid contact with touch points outside the property before putting gloves on), or as soon as you enter the property if you can do this maintain 2m distance from householders

. For many colleagues this will be the first time you have needed to wear PPE to carry out your role. It is important to practice putting on and taking off PPE in line with the below guidance before you are in a circumstance where you need to use it.

#### **Before you put on PPE**

- Remove your watch, jewellery and stoned rings
- Tie your hair back where it is long
- Tuck long necklaces and lanyards inside your clothing
- Ensure that you drink some fluids
- Check that your PPE is the correct type and size and is not damaged.
- Wash your hands if you are in appropriate location to do so or use hand sanitiser
- Please refer to the section below if you wear prescription glasses

#### **Sequence for putting on PPE**

1. Apron – make sure it is securely tied at the back.
2. Face mask – if it is the tie type make sure it is securely tied at the back with the upper part tied around the crown of the head and the bottom strap around the neck. They should be secured with bows creating a comfortable but close fit.
3. Eye protection - where you have assessed that there is a risk of splashing of body fluid in the eyes.
4. Gloves – ensure these are the correct size

When undertaking tasks make sure that you:

- Avoid touching surfaces unnecessarily
- Avoid touching your face until the gloves have been removed and hands are clean.

#### **How to wear a surgical or fluid resistant mask**

- *Remove prescription glasses*
- *Check the mask to ensure it is not damaged, avoid touching the inside*
- *Secure the mask around the ears with the elastic or ties (as described above)*
- *Ensure the mask is flat against your cheeks with both hands*
- *If there is a nose piece – mold the nose piece around the bridge of the nose firmly pressing down on both sides of the nose until you have a good fit.*
- *Extend the mask down to fully cover the chin.*
- *The mask should be well fitted - covering both nose and mouth.*
- *Put your glasses back on. Masks must not be allowed to dangle around the neck of the wearer.*

Avoid touching the mask after you have put it on.

#### **Prescription glasses**

Staff who wear glasses may find that their lenses mist when wearing PPE. Staff can purchase lenses anti-fog wipes or spray which will stop lenses misting. Wearing prescription glasses does not negate the need for eye protection. Where eye protection is required, separate eye protection must be worn as well as your prescription glasses.

## **Removal and disposal of PPE**

When removing and replacing PPE ensure you are 2 metres away from service users and other employees. Remove gloves and apron after you have completed close contact tasks with a service user, this will avoid cross contamination when you leave or move onto a different task. If you cannot dispose of waste in the room/area you are working in then take a bag with you and open it before you put on your PPE. This reduces the risk of cross contamination during the removal of PPE.

Follow the arrangements for the disposal of waste as follows:

To remove your gloves and apron to minimise the risk of self-contamination:

- Gloves – grasp the outside of the glove above the cuff and peel off holding the removed glove in the remaining gloved hand. Slide the fingers of the ungloved hand under the remaining glove and peel off the glove over the first glove and discard into the waste bag/bin.
- Wash hands and dry with disposable towels following the hand washing instructions.
- Apron – gently pull each side of neck tie with both hands so that the neck tie snaps, allow the apron to fall forward, snap the waist ties and fold the apron in on itself.
- Wash hands and dry with disposable towels following the hand washing instructions.
- If you cannot wash your hands where you are removing your gloves and apron, ensure that you have taken hand sanitiser with you (or leave it in the areas you are working if it safe to do so).

If you are also removing your mask and eye protection, remove the eye protection (if used) followed by the mask

- avoid touching the front of the mask and eye protection as they may be contaminated:

- Visor - Lift gently by the strap to remove or
- Goggles - hold both arms and lift and pull away from the face
- Wash hands and dry with disposable towels following the hand washing instructions.
- Remove your prescription glasses
- Face mask with ear loops: Hold both of the ear loops and gently lift and remove the mask.
- Face mask with ties - untie the bottom strap first, followed by the top strap
- If you wear prescription glasses, clean them with an alcohol wipe, do not put them on again until you have washed your hands.
- Ensure that you put all waste items in an open waste bag as they are removed, avoid touching the outside of the bag as they are removed. Follow waste disposal arrangements that are detailed below
- Wash hands and dry with disposable towels following the hand washing instructions.

## **Waste Disposal**

Waste that is generated directly through contact with a symptomatic or positive test person should be double bagged. Both bags should be tied securely and kept separate from other waste at the premises. This should be put aside for at least 72 hours before being put in the usual waste. If the individual being supported is not symptomatic or positive the PPE can be disposed of in the general waste without the need to quarantine it.

Useful videos:

Hand washing: <https://www.youtube.com/watch?v=aGJNspLRdrc>

Catch it, Bin it, Kill it: <https://www.youtube.com/watch?v=JtbMgDz3GdM>

Putting on PPE: <https://www.youtube.com/watch?v=0d2YUC-d5Po>