

HEALTH, FIRST AID, AND MEDICINES POLICY

This policy has been written for	<ul style="list-style-type: none"> ● All staff at The Chelsea Group of Children ● Parents of the Chelsea Group of Children pupils 	
Copies of this policy may be obtained	<ul style="list-style-type: none"> ● As a hard copy or email attachment on request from the School office 	
This policy links with the following policies	<ul style="list-style-type: none"> ● Health and Safety ● Critical Incident ● Safeguarding and Child Protection 	<ul style="list-style-type: none"> ● Promoting Good Behaviour ● Fire Safety ● Record Keeping
Participants and consultees	<ul style="list-style-type: none"> ● Head Teacher ● Lead First Aider 	<ul style="list-style-type: none"> ● First Aiders ● Other staff
Relevant statutory guidance, legislation and other sources of information	<ul style="list-style-type: none"> ● Guidance On First Aid For Schools (2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf ● HSE: School Trips and Outdoor Learning Activities http://www.hse.gov.uk/services/education/school-trips.pdf ● NUT: Emergency Procedures in Schools https://www.teachers.org.uk/help-and-advice/health-and-safety/e/emergency-procedures ● DFE: Supporting Pupils at School with Medical Conditions (2015) https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history 	
The Lead Member of staff is	<ul style="list-style-type: none"> ● Lead First Aider 	
Definitions and key terms used in this policy	<ul style="list-style-type: none"> ● CGC - The Chelsea Group of Children ● First Aiders - are employees who have been trained and appointed as a nominated First Aider ● HSE – Health and Safety Executive 	
Persons with particular responsibilities	<ul style="list-style-type: none"> ● Head teacher / H&S Officer ● First Aid Leader 	
Other participants and Stakeholders	<ul style="list-style-type: none"> ● All First Aiders ● Parents 	<ul style="list-style-type: none"> ● Students ● Staff
Monitoring and Evaluation	<ul style="list-style-type: none"> ● The Head Teacher and the Policy Administrator will ensure the policy is kept up to date and all members of staff are complying with the rules and guidelines 	

THE PURPOSE OF THIS POLICY

- To enable students to play a full and active role in school life, remain healthy and achieve their academic potential by ensuring there is adequate first aid provision and training for all staff, so that they are knowledgeable and confident in identifying and responding to all accidents and health and medical issues.
- To describe the procedures and practices in respect of creating an Individual Healthcare Plan for students with medical needs, administering medicines, and the responsibilities of relevant staff.

For students:

- To know whom to contact in case of accident or illness (i.e. nominated First Aider on duty).

For Staff:

- To be familiar with the arrangements for administering first aid.
- To follow procedure to administer the appropriate first aid and/or medicines as required
- To know how and where to record any illness and/or injuries
- To know how and when to inform parents/carers of any administration of first aid
- To know the location of first aid kits and contents of equipment

For parents:

- To know how they will be informed
- To know what records will be completed

PRACTICES AND PROCEDURES

On admission to the school all parents are required to complete:

- an Allergies and Permissions Form;
- a Potential Student Questionnaire;
- a Medical Condition Confirmation Letter;
- a Therapy Team Questionnaire;
- a Healthcare Plan for Student with Medical Needs; and
- an Agreement for CGC to administer medicines.

These forms are kept in the student's individual files and provide staff and the H&S co-ordinator with information regarding the child's past medical history including the nature and effect of any disability and allergies. The information is required to keep students safe whilst in school and is communicated to the relevant staff.

Relevant medical information is kept in the First Aid Room, School Office, Kitchen, Google Suite and on the student's individual file, and must be referred to before administering any first aid. In the case of life-threatening conditions this information is displayed with a photograph in the First Aid Room, School Office, and Kitchen.

Allergies of all children are updated annually or as known and compiled into a single sheet and circulated to all staff, copies are kept in the Red Safeguarding File, First Aid Room, School Office, Kitchen and a copy is also available on the school Google Suite.

These procedures keep staff fully informed and up to date, so that they can identify with ongoing health needs and be aware of the treatment possibly required in an emergency.

Staff are encouraged to provide similar information regarding their own past medical history. This is treated in the strictest confidence and would only be disclosed to medical staff in the event of an emergency. They are kept on the individual staff members files in a locked cupboard in the school office.

SAFE SYSTEM OF WORK

The following arrangements should be followed in order to ensure that suitable and sufficient provision of first aid staff and equipment is available with the school;

- First Aiders should inform the Health and Safety Co-ordinator that their training certification period is nearing (6 months minimum) expiry.
- The Health and Safety Co-ordinator must ensure that staff are familiar with the identity and location of their nearest First Aider and first aid box.
- The name(s) and location(s) of First Aiders and equipment must be displayed adequately throughout the school.
- Ensure that the Lead First Aider maintains first aid boxes ensuring that the contents have not expired.
- Maintain easy access to a First Aider and first aid box.

Ensure that all staff are familiar with requirements of this Policy through instruction and training.

TRAINING

First Aiders are qualified personnel who have received training and passed an examination in accordance with H&S Executive requirements. The first aid training, received by employees, must also be approved by the local authority and consistent with the guidelines set out in 'Practice Guidance for the Early Years Foundation Stage.' This training is also relevant to a school setting. First aiders renew their qualifications every 3 years, as recommended, to ensure their skills are maintained. The first aiders, under the supervision of the Head teacher/H&S coordinator, are responsible for ensuring their training is kept up to date.

Head Teacher or Head Therapist will ask weekly questions during morning meetings to test knowledge and check understanding of any aspect of safeguarding policy, practice, legislation and guidance, as part of ongoing training and awareness of safeguarding issues.

This will include First Aid, Critical Incident, Safeguarding, Physical Intervention, Health and Safety, Anti bullying, Promoting Good Behaviour, and Fire safety.

AN APPOINTED PERSON

An appointed person is someone who: takes charge when someone is injured or becomes ill, ensures that an ambulance or other professional medical help is summoned when appropriate..

THE FIRST AID ROOM

Is located at the front of the school. It is fully stocked with First Aid resources as well as a bed.

FIRST AID KIT LOCATIONS

- Kitchen
- First Aid Room

The Chelsea Group of Children
The Hall, Waynflete Street
London, SW18 3QG



- Front Door
- Office
- Sun Classroom

FIRST AID KITS

These are suitably stocked first aid boxes and include the following items (or equivalent)

- 2 x Large sterile dressing
- 2 x Eye pad sterile dressing
- 6 x Medium sterile dressing
- 4 x Triangular bandage
- 10 x Alcohol free wipes
- 2 x bags Washproof plasters
- 3 x pairs Medium gloves
- 1 x bag Safety pins
- 1 x HSE Guidance Leaflet
- 5 x Low adherent pad (5cm x 5cm)
- 1 x Resusciate (face shield)
- 1 x Non-woven swab 4 ply (5cm x 5cm)
- 1 x Scissors
- 1 x Microporous tape (1.25cm x 5m)
- 1 x Sterogauze (01 x 20m)
- 1 x Sterogauze applicator

These should be checked every term and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed. The responsibility for stocking and restocking has been given to the Lead First Aider.

OUTINGS / FIELD TRIPS

First Aid Kits are available for staff who are required to work away from school, where an assessment has highlighted that access to such facilities may be restricted. There are a sufficient number of first aid kits, marked with white cross on green background ready for use, for taking on outside activities.

FIRST AID PROCEDURES

First aid should be given, but only as far as knowledge and skills permit. Precautions should be taken to protect staff members from coming into contact with bodily fluids. Therefore, they should wear disposable gloves when administering first aid. Good hand hygiene should be adhered to at all times either through the use of disinfectant hand gel or by good hand washing technique.

Any First Aider who has treated a student must record the details in the Safeguarding Red File, however trivial. Parents must be notified via the 'Accident Report Form' of any first aid administered.

EMERGENCY PROCEDURES

If anyone should become ill or suffer an injury as a result of an accident, the procedures below should be followed:

1. **Assess the situation.** The patient should be isolated, a history taken and a brief examination (if appropriate) by the member of staff responsible for the group.
2. **Make the area safe.** The history taken and /or an examination undertaken, should allow the staff member to determine if first aid is required. The patient should be given all possible reassurances, and, if absolutely necessary, removed from danger.

3. **Administer first aid.** First aid should be rendered, but only as far as knowledge and skills admit.
4. **Get help.** One of the qualified first aiders should be called. A list of their names are displayed in the First Aid Room
5. **Transport to hospital.** If it is evident that hospital attention is necessary, the first aider will decide the most appropriate way of transporting the patient. If an ambulance is required, the emergency 999 service should be used.

In cases of a less severe nature it may be appropriate to transport them to hospital by one of the 3 following options.

- i. Contacting the parents and request that they undertake the duty themselves.
- ii. Using a taxi with a suitable member of staff accompanying.
- iii. Qualified staff may drive where parents have given transport permission

No casualty who is a child should be allowed to travel to hospital unaccompanied.

If the accident occurs at an isolated facility with only one member of staff present, additional staff will be summoned by a school mobile phone, which should always be carried when in an isolated place.

Whilst at the hospital, staff will remain “in loco parentis” until parents relieve them of their duty of care for the child.

6. **Notification of Parents.** In cases of an emergency, the First Aider will notify the child’s parents with minimum delay. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.
7. **Accident Reports.** As soon as possible after the incident every case of injury or accident to a student, employee or visitor must be fully and accurately reported on the appropriate ‘Accident Report Form’ and be entered into the ‘Accident Book’, in the RED Safeguarding, H&S Folder in the front hallway by the First Aid Room.
8. **Where possible detailed statements should be obtained from witnesses.** The Head teacher will be informed of any relevant information.

REPORTING OF ACCIDENTS

According to RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
<http://www.hse.gov.uk/riddor/>

The law requires employers and the self-employed to conduct their business in such a way as to ensure, so far as is reasonably practicable, that persons affected are not exposed to risks to their health or safety.

A RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable (refer to website)
<http://www.hse.gov.uk/riddor/>

Head Injuries

Any injury to the head is taken very seriously, even minor bumps. The parents are telephoned immediately and informed that we are monitoring the child for any sign of Concussion or Compression. Parents are offered the option of collecting the child immediately.

Illness and Infectious Conditions

Any sign of illness, which could be considered infectious must be reported immediately to the appointed person who will telephone the parents to collect the child. The child should be moved to the sick room and made comfortable and reassured. Any sign of flu symptoms will be considered urgent and serious. The school should notify other parents if a significant risk exists, or may exist to other children and / or staff.

A child with an infectious disease should be excluded from school until fully recovered or until the required period has passed. Parents will keep their child home for 24 hours from the time of the child's last elevated temperature or 48 hours following the last episode of vomiting and/or diarrhoea.

To limit children's exposure to an infection, parents are asked to avoid masking an illness with medication and then bringing the child to school.

Notifiable Diseases

A list of notifiable diseases is displayed in the 'Accident Book' in the front hall. If a child suffers from a notifiable disease the class teacher must inform the Head teacher and a letter will be sent to parents.

Administering Medicines in School

Prescribed medicines may be administered in school by any of the first aid team. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine/medicines are to be given. These blank forms are available in the Office or in Google Suite. Staff will ensure complete records are kept.

Non-prescribed medicines may not be taken in school.

There is no legal duty, which requires school staff to administer medication; this is purely a voluntary role.

Storage / Disposal of Medicines

Medicines must be stored either in the kitchen fridge, first aid cupboard or the office, depending on the storage instructions. The exception to this rule are inhalers and adrenaline (Epi) pens, which must be clearly labelled with the child's name and kept in the child's classroom or in the first aid cupboard at the front of the school; where they can be easily reached if necessary. It is the responsibility of the parents to collect unused medicines from the school and dispose of them properly.

Disposal of body fluids

When a staff member comes in contact with body fluids such as blood, vomit, faeces, or urine through care, treatment or cleaning, latex gloves must be worn. All cleaning materials, including gloves and paper towels should be placed in a bin bag, securely sealed and disposed of. The solutions should be poured down a drainpipe or toilet and flushed thoroughly. Non-disposable cleaning equipment should be rinsed in disinfectant. Staff should then wash their hands thoroughly with disinfectant soap.

Pupils with Special Medical Needs

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be epileptic, asthmatic, have severe allergies, which may result in anaphylactic shock, or diabetic.

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

Individual Healthcare Plans for Students with Medical Needs

CGC students with such medical needs are given an Individual Healthcare Plan to identify the necessary safety measures to support them and ensure that they are not put at risk. Parents have prime responsibility for their child's health and should provide us with information about their child's medical condition. Parents should give details in conjunction with their child's GP and Paediatrician.

Hygiene

Any exposed cut or burn must be covered with a first-aid dressing.

If suffering from an infectious or contagious disease or illness such as rubella or hepatitis, staff must not report for work without clearance from their own doctor.

Contact with any person suffering from an infectious or contagious disease must be reported before commencing work.

RESPONSIBILITIES OF FIRST AIDERS

APPENDIX 1

All appointed First Aiders at The Chelsea Group of Children have the following responsibilities to:

- Be readily available.
- Follow the principles and practices as laid down by the first aid course and manuals.
- Comply with the aims of first aid:
 - To preserve life
 - To prevent the condition worsening
 - To promote recovery
- Not to ignore accidents or illness under any circumstances, or to refuse to give treatment and assistance if required to do so.
- Not to undress any patient unnecessarily.
- Safeguard the patient's clothing and possessions.
- Respect the patient's confidentiality at all times, and to discuss the patient's condition with only those necessary.
- Maintain the highest practicable level of cleanliness whenever treating a patient.
- Maintain a record of all patients treated, no matter how trivial.
- Attend refresher courses as necessary.

In an emergency:

- Quickly and accurately assess the situation.
- Identify the condition from which the casualty is suffering; but not to treat any illness or injury, which is beyond your capability.
- Give immediate, appropriate and adequate treatment, bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention than others.
- Arrange, without delay, for the transfer of a casualty (should it be required) to their GP, Hospital or home, according to the seriousness of the condition
- Stay with the casualty until they are handed over to the care of a doctor, Paramedic, the Hospital A&E unit or other appropriate person.

RESPONSIBILITIES OF LEAD FIRST AIDER

APPENDIX 2

It is the role of the First Aid Leader to assist the Head teacher and Staff to meet their responsibilities for first aid which are to:

1. Maintain up to date training and certification in AOFAQ Level 3 Paediatric First Aid (QFC)
2. Ensure key staff have been trained for specific first aid response e.g., Epipen training
3. Read and fully understand the Health, First Aid and Medicines Policy
4. Read and fully understand the individual students' Independent Healthcare Plans
5. Attend all parent meetings for Supporting Children with a Medical Condition
6. Liaise with the Safeguarding team to ensure all relevant information is shared.
7. Regularly carry out an audit to ensure that the first aid kits, throughout the school, contain the minimum supplies required as best practice.
8. Ensure that emergency medicines, such as asthma inhalers and adrenaline pens, are readily available for administering to children and not locked away. Make certain all staff are aware of the locations of emergency medicines.
9. Ensure emergency medicines (asthma inhalers, Epipens, seizure medication etc.) travel with the child who might require such medicine, to and from park and outings.
10. Ensure that all date-expired medicines are returned to parents or are disposed of safely.

THE CHELSEA GROUP OF CHILDREN STAFF WITH FIRST AID QUALIFICATIONS

APPENDIX 3

Paediatric First Aid Trained Staff

Expires 29 August 2021

- Chiara Secchi (First Aid Lead)
- Beth Fritz
- Lily Gruenewald
- Euan Baker
- Teresa Costa
- Pauline Turner
- Christos Dalatsoudis
- Simona Grasso
- Ellenore Stewart
- Jessica Duemler
- Konstantina Ossa
- Evanilson Oliveira
- Paul Neupauer
- Emanuela Vita

FIRST AID KIT CONTENTS

APPENDIX 4

- 2 x Large sterile dressing
- 2 x Eye pad sterile dressing
- 6 x Medium sterile dressing
- 4 x Triangular bandage
- 10 x Alcohol free wipes
- 2 x bags Washproof plasters
- 3 x pairs Medium gloves
- 1 x bag Safety pins
- 1 x HSE Guidance Leaflet
- 5 x Low adherent pad (5cm x 5cm)
- 1 x Resuscitator (face shield)
- 1 x Non-woven swab 4 ply (5cm x 5cm)
- 1 x Scissors
- 1 x Microporous tape (1.25cm x 5m)
- 1 x Sterogauze (01 x 20m)
- 1 x Sterogauze applicator

Location of First Aid Kits in The Chelsea Group of Children

Room	Location in that room
First Aid Room	In the cupboard by the door
Kitchen	In the recess on the left of the sink
Front Door	Under Shakespeare bust
Lions Class	In wardrobe
Office	Next to the window

These should be checked every term and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed. The responsibility for stocking and restocking has been given to the Lead First Aider. An inventory list is found inside each first aid box and every item removed from the box must be noted on the list.

LIST OF NOTIFIABLE DISEASES

APPENDIX 5

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- | | |
|--|--|
| 🚫 Acute encephalitis | 🚫 Malaria |
| 🚫 Acute infectious hepatitis | 🚫 Measles |
| 🚫 Acute meningitis | 🚫 Meningococcal septicaemia |
| 🚫 Acute poliomyelitis | 🚫 Mumps |
| 🚫 Anthrax | 🚫 Plague |
| 🚫 Botulism | 🚫 Rabies |
| 🚫 Brucellosis | 🚫 Rubella |
| 🚫 Cholera | 🚫 Severe Acute Respiratory Syndrome (SARS) |
| 🚫 COVID-19 | 🚫 Scarlet fever |
| 🚫 Diphtheria | 🚫 Smallpox |
| 🚫 Enteric fever (typhoid or paratyphoid fever) | 🚫 Tetanus |
| 🚫 Food poisoning | 🚫 Tuberculosis |
| 🚫 Haemolytic uraemic syndrome (HUS) | 🚫 Typhus |
| 🚫 Infectious bloody diarrhoea | 🚫 Viral haemorrhagic fever (VHF) |
| 🚫 Invasive group A streptococcal disease | 🚫 Whooping cough |
| 🚫 Legionnaires' disease | 🚫 Yellow fever |
| 🚫 Leprosy | |

These and other diseases that may present significant risk to human health may be reported under Other significant disease category.

The local health protection team near The Chelsea Group of Children, SW18 3QG is:

PHE South London Health Protection Team,
Floor 3C Skipton House, 80 London Road,
London, SE1 6LH

phe.slhpt@nhs.net; slhpt.oncall@phe.gov.uk

Phone: 0344 326 2052

Fax: 0344 326 7255

Out of hours for health professionals only: please phone 0344 326 2052

AMBULANCE REQUEST GUIDE

APPENDIX 6

DIAL 999, ask for ambulance and be ready with the following information:

1. Your telephone number
2. Give your name
3. Give your location
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Give the exact location in the school: The Parish Hall, Waynflete Street, SW18 3QG
6. Give the name of the child and a brief description of their symptoms
7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

SPEAK CLEARLY AND SLOWLY AND BE PREPARED TO REPEAT THE INFORMATION IF ASKED



HEALTHCARE PLAN FOR STUDENT WITH MEDICAL NEEDS

APPENDIX 7

The Chelsea Group of Children

Healthcare Plan for Student with Medical Needs

Name	Photo
Date of birth	
Condition	
Child's address	
Date	Review Date

Contact Information	
Family Contact 1	Family Contact 2
Name	Name
Phone No. (work)	Phone No. (work)
Phone No. (home)	Phone No. (home)
Phone No. (mobile)	Phone No. (mobile)
Relationship to child	Relationship to child
Clinic/Hospital Contact	G.P.
Name	Name
Phone No.	Phone No.

Describe condition and give details of student's individual symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:
Daily Care Requirements: (e.g. time of day):
Describe what constitutes an emergency for the student, and the action to take if this occurs
Who is responsible in an emergency (<i>state if different for off-site activities</i>):
Specific support for the pupil's educational, social and emotional needs:
Arrangements for school visits/trips etc
Other information:
Plan developed with:
Staff training needed/undertaken – who, what, when:
Follow up care:
Form copied to:



RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

APPENDIX 8

Date	Pupil	Time	Name of medicine	Dose Given	Any Reactions	Staff Signature	Print name

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

APPENDIX 9

Name of child

Class group

Date the medicine was provided by parents	Name and Strength of medicine	Dose	Frequency

Date	Time	Dose Given	Any Reactions	Staff Signature	Print name

FIRST AID GUIDE FOR SCHOOL EMERGENCIES

APPENDIX 10

GENERAL EMERGENCY GUIDELINES

1. Remain calm and communicate a calm, supportive attitude to the ill or injured individual.
2. Never leave an ill or injured individual unattended. Have someone else call 999 and the parent.
3. **Do not** move an injured individual or allow the person to walk (bring help and supplies to the individual). Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury or other emergency situation.
4. If trained and if necessary, institute CPR.
5. Have 999 called immediately for:
 - ◆ Anaphylactic reaction
 - ◆ Amputation
 - ◆ Bleeding (severe)
 - ◆ Breathing difficulty (persistent)
 - ◆ Broken bone
 - ◆ Burns (chemical, electrical, third degree)
 - ◆ Chest pain (severe)
 - ◆ Choking
 - ◆ Electrical shock
 - ◆ Frostbite
 - ◆ Head, neck, or back injury (severe)
 - ◆ Heat stroke
 - ◆ Poisoning
 - ◆ Seizure (if no history of seizures)
 - ◆ Shock
 - ◆ Unconsciousness
 - ◆ Wound (deep/extensive)
6. **Do not** use treatment methods beyond your skill level or your scope of practice.
7. When in doubt, call 999. All persons working with students are encouraged to obtain training in CPR/First Aid through an authorized community agency.

STANDARD PRECAUTIONS: FOR HANDLING BLOOD/BODY FLUIDS IN SCHOOL

- ◆ Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections.
- ◆ Use Standard Precautions and infection control techniques in all situations that may present the hazard of infection.
- ◆ Precautions should be observed and appropriate protection used when caring for bleeding injuries or handling other body fluids in emergency situations. Body fluids include blood, drainage from cuts, scabs, skin lesions, urine, feces, vomitus, nasal discharge, and saliva. The body fluids of all persons should be considered to be potentially hazardous.
- ◆ Avoid direct contact with body fluids. Caregivers who anticipate assisting in first aid when body fluids are present (e.g., cleaning cuts and scrapes, treating a bloody nose) should use disposable gloves.
- ◆ Caregivers should use protective eyewear and masks in appropriate situations.
- ◆ If unanticipated skin contact occurs, hands and all other affected skin should be washed with soap and running water as soon as possible. The local procedures for blood and body fluid exposure should be followed.

- ◆ Diligent and proper hand washing, the use of barriers (e.g., gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.
- ◆ If it is necessary to perform CPR, a one-way mask or other infection control barrier should be used. However, CPR should not be delayed while such a device is located.

STANDARD PRECAUTIONS: HAND WASHING PROCEDURE

1. Wash hands vigorously with soap under a stream of warm running water for at least 20 seconds.
2. Wash all surfaces including backs of hands, wrists, between fingers, and under nails.
3. Rinse hands well with running water and thoroughly dry with paper towels.
4. If soap and water are unavailable, an alcohol-based hand rub may be used.

STANDARD PRECAUTIONS: GLOVES

1. Gloves must be worn when direct care may involve contact with any type of body fluid.
2. Disposable, single-use, waterproof gloves (e.g., latex or vinyl) should be used. (Vinyl gloves should be used with individuals who have a latex allergy or a high potential for developing a latex allergy, e.g., individuals with spina bifida.)
3. Discard gloves in the appropriate container after each use.
4. Hands should be washed immediately after glove removal.

STANDARD PRECAUTIONS: DISPOSAL OF INFECTIOUS WASTE

1. All used or contaminated supplies (e.g., gloves and other barriers, sanitary napkins, bandages) except syringes, needles, and other sharp implements should be placed into a plastic bag and sealed. This bag can be thrown into the garbage out of reach of children or animals.
2. Needles, syringes, and other sharp objects should be placed **immediately** after use in a puncture-proof container that is leak proof on the bottom and sides. To reduce the risk of a cut or accidental puncture by a needle, **NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL**. Once the container is full, it should be sealed, bagged, and kept out of the reach of children or animals until it can be disposed of properly.
3. Body waste (e.g., urine, vomitus, feces) should be disposed of in the toilet. If body fluids (e.g., blood, urine, vomitus) are spilled, the body fluids should be covered with an absorbent sanitary material, gently swept up, and discarded in plastic bags.

STANDARD PRECAUTIONS: CLEAN-UP: Spills of blood and body fluids

1. Spills of blood and body fluids should be cleaned up immediately with an approved disinfectant cleaner.
2. Wear gloves.
3. Mop up spill with absorbent material.
4. Wash the area well, using the disinfectant cleaner or a 1:10 water/bleach solution.
5. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage, as already indicated.

STANDARD PRECAUTIONS: CLEAN-UP: Routine environmental clean-up

1. When classrooms and bathrooms become contaminated with blood or body fluids, use the procedures outlined above.
2. Regular cleaning of non-contaminated surfaces, (e.g., toilet seats, tabletops) can be done with standard cleaning solutions or the 1:10 water/bleach solution described above. Regular cleaning of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.
3. Brooms and dustpans must be rinsed with disinfectant. Mops must be soaked in disinfectant, washed, and thoroughly rinsed.

4. The disinfectant solution should be disposed of promptly down the drain.
Please refer to:

- ◆ the Government's Health and Safety Regulations and Guidelines

HEAD INJURY

NOTE: All head injuries, even minor bumps, are **potentially life threatening** and as such, are taken very seriously. The parents are telephoned immediately and informed that we are monitoring the child for any sign of Concussion or Compression. Parents are offered the option of collecting the child immediately.

SIGNS AND SYMPTOMS of a potentially serious condition

- ◆ Projectile vomiting
- ◆ Personality changes
- ◆ Drowsiness
- ◆ Disorientation, confusion, memory loss
- ◆ Dizziness
- ◆ Severe headache
- ◆ Loss of consciousness at any time
- ◆ Bleeding from ears and/or nose
- ◆ Clear fluids from ears and/or nose
- ◆ Irregular breathing
- ◆ Increasing pain
- ◆ Slurring of speech
- ◆ Marked swelling
- ◆ Blurred or double vision
- ◆ Unequal pupils
- ◆ Numbness or tingling in extremities
- ◆ Seizure

TREATMENT

1. Determine cause of injury.
2. If individual has any of the symptoms listed above, call **999**.
3. Keep individual lying down and quiet.
4. If individual is unconscious and neck injury is **not** suspected, support head and gently turn entire body to one side (log roll) so secretions drain from mouth. **Do not** turn head if neck injury is suspected.
5. Loosen clothing around neck.
6. Check for airway obstruction. If necessary, certified personnel start CPR.
7. **Do not** insert anything into the individual's mouth.
8. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
9. Control extensive bleeding by applying direct pressure to injury site.
10. **Do not** wash head wounds if suspect skull fracture.
11. Small cuts on face or scalp may bleed extensively. Control bleeding of this kind by applying clean dressings (preferably sterile) directly on the wound.
12. If dressings become blood soaked, add more dressings. **Do not** remove original dressing.
13. For blows to the head not accompanied by any of the above symptoms, treat for headache.
14. If any of the above signs and symptoms occur at a later time, call **999** and parent.

ALLERGIC REACTION

ANAPHYLACTIC

NOTE: An anaphylactic reaction (**shock**) is a severe, and sudden generalized reaction that is **potentially life threatening**. Symptoms include respiratory distress or shock.

SIGNS AND SYMPTOMS

- ◆ Apprehension
- ◆ Rash (particularly on face)
- ◆ Swelling of affected areas (particularly on face, tongue, and neck)
- ◆ Breathing difficulty, wheezing, gurgling, high-pitched sounds
- ◆ Skin is flushed and dry or pale, cool, and clammy
- ◆ Increased heart rate, weak pulse

TREATMENT

1. Call **999**.
2. If individual is known to have allergies, consult the written emergency action plan on file and proceed with physician's recommendations (for example, EpiPen).
3. Check individual's pulse and respiration. Be alert for breathing and pulse being slower or faster than usual.
4. If necessary, cover with blankets to keep warm.
5. If necessary, certified personnel start CPR.
6. Call parent.

HIVES (RASH)/ITCHING

NOTE: Hives are eruptions of the skin caused by contact with or ingestion of an allergic substance or food. Hives appear as raised blotches on the skin, pale in the middle, with reddened border, often accompanied by itching. Hives involving mouth, eyelids and tongue, are potentially life threatening.

TREATMENT

1. If hives involve eyelids, lips, mouth, or tongue, call **999**.
2. If individual is known to have allergies, consult the written emergency action plan on file and proceed with physician's recommendations (for example, EpiPen).
3. Apply cold compress.
4. Give reassurance.
5. If individual is too uncomfortable to do school work, send home.
6. Call parent.

SWELLING

NOTE: An allergic reaction that causes swelling is **potentially life threatening**.

TREATMENT

1. If there is face, mouth, and neck swelling, call **999**.
2. Apply cold compresses.
3. Give reassurance.
4. Call parent.

WHEEZING

NOTE: Wheezing is an abnormally high-pitched noise resulting from a partially obstructed airway.

Check for Asthma Emergency Care Plan (in the child's individual health care plan) and initiate treatment as directed.

Airway obstruction is **potentially life threatening**.

TREATMENT

1. If breathing problem is severe, prolonged, or occurs with hives and/or swelling, call **999**.
2. Place individual in comfortable position, usually sitting.
3. If necessary, certified personnel start CPR.
4. Call parent.

ASTHMA

NOTE: Asthma is a lung disease that causes repeated episodes of breathing problems. Symptoms of asthma can be mild, severe, or fatal. Asthma is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Breathing problems
- ◆ Wheezing (high-pitched, whistling sound)
- ◆ Coughing
- ◆ Tightness in chest
- ◆ Shortness of breath

TREATMENT

1. Place individual in comfortable position, usually sitting, leaning forward.
2. Remain calm.
3. If individual is known to school personnel as having asthma, refer to the written emergency action plan on file and proceed with physician's recommendations.
4. If any of the following conditions exist, **call 999**:
 - Difficulty breathing (significant use of neck and chest muscles for breathing or poor air movement).
 - Shortness of breath or inability to speak more than 3-5 word sentences.
 - Breathing rate of less than 12 or greater than 30 times a minute.
 - Individual with decreased level of consciousness.
 - Bluish lips or nail beds.
5. Call parent.

BEE and WASP STINGS

NOTE: Individuals with known allergy should have an Emergency Care Plan.

SIGNS AND SYMPTOMS

- ◆ Local Reaction
 - Intense pain
 - A whitish bump with a red dot in its center
 - Swelling **at the site** of the sting
- ◆ Anaphylactic Reaction (see **Allergic Reaction**)
- ◆ Apprehension
- ◆ Rash (particularly on face)
- ◆ Swelling of face and tongue
- ◆ Difficulty breathing, wheezing, gurgling, high pitched sounds
- ◆ Skin feels moist and or appears flushed, pale or bluish

- ◆ Rapid, weak pulse

TREATMENT

1. If necessary, call **999** (see **Allergic Reaction**).
2. If individual is known to have allergies to bee/wasp stings, consult the written emergency action plan on file and proceed with physician's recommendations.
3. If necessary, certified personnel start CPR.
4. Remove stinger as quickly as possible.
5. Apply cold compress to reduce pain and swelling.
6. If the sting is on the arm or leg, keep extremity below the level of the heart.
7. **Call NHS 111** for additional treatment advice, if the symptoms don't appear too serious and you haven't call 999.
8. **Call Parents**

BITES

NOTE: For all bites, if there is any history of allergic reaction or if any of the following signs and symptoms are present, call **999**.

SIGNS AND SYMPTOMS OF ALLERGIC REACTION

- ◆ Hives (raised blotches on the skin)
- ◆ Itching and swelling involving skin, nose, or eyes
- ◆ Throat tightness, swelling inside the mouth, metallic taste, and hoarseness
- ◆ Wheezing (high-pitched, whistling sound), difficulty breathing, chest tightness
- ◆ Person appears in shock
- ◆ Weakness, dizziness, headache, fainting
- ◆ Altered state of consciousness
- ◆ Nausea and vomiting
- ◆ Chills
- ◆ Fever
- ◆ Muscle cramps, joint pain
- ◆ Rapid pulse

ANIMAL BITE

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. Remove rings and bracelets from bitten extremity.
3. Cleanse wound thoroughly with soap and water for 5 minutes.
4. Cover wound with clean bandage (preferably sterile).
5. Determine individual's tetanus immunization status.
6. If injury not severe, call parent and recommend contact with health provider.
7. Call Animal Control on 0333 050 8778.
8. Report all animal bites to the local health department.

HUMAN BITE

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. Remove rings and bracelets from bitten extremity.

3. Cleanse wound thoroughly with soap and water for 5 minutes.
4. Cover wound with clean bandage (preferably sterile).
5. Determine individual's tetanus immunization status.
6. Assess Hepatitis B vaccination status of involved individual.
7. If there is swelling or severe pain, call parent and recommend contact with health provider.

DENTAL PROBLEMS

BABY TEETH/ TOOTH LOSS

(No injury) age 6-11

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. Rinse mouth with warm water.
3. If bleeding, have individual bite on gauze for several minutes.
4. Send tooth home with individual in sealed container (e.g., envelope or plastic bag).
5. Call parent.

BROKEN/DISPLACED TOOTH

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. Gently clean dirt from the injured area with warm water.
3. Apply ice/cold pack for 15 minutes on the face, over the injured area. (**Do not** apply ice directly to skin.)
4. If tooth has a sharp edge, cover with gauze to prevent cutting lips or cheek.
5. Save any broken tooth fragments.
6. If tooth is displaced or has been pushed up into the gum, **do not** attempt to pull it into position or move it.
7. Call parent and recommend immediate dental care.

KNOCKED OUT/ PERMANENT TOOTH

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. Try to locate tooth.
3. Hold tooth by its crown (white portion)—not the root.
4. Rinse tooth gently in water. **Do not** scrub.
5. Place tooth in a container of cool milk or water.
6. Control bleeding by applying gentle pressure.
7. Apply ice/cold pack for 15 minutes on the face, over the injured area. (**Do not** apply ice directly to skin.)
8. Call parent and recommend immediate dental care.

TOOTHACHE

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. Rinse the mouth with warm water.

3. If available, individual may use dental floss to dislodge any trapped food.
4. If swelling is present, apply ice/cold pack for 15 minutes on the face over the affected part. (**Do not** apply ice directly to skin.)
5. Use ice chips for pain caused by an incoming permanent tooth.
6. Call parent and recommend dental follow-up care.

WEDGED OBJECT BETWEEN TEETH

TREATMENT

1. Wear gloves. Use Standard Precautions. (See **Standard Precautions**.)
2. If available, individual may try to remove the object with dental floss.
3. **Do not** try to remove the object with sharp or pointed instrument.
4. If unsuccessful, call parent and recommend follow-up dental care.

EAR

BUG/INSECT IN EAR

TREATMENT

1. Place a few drops of oil in the ear to quiet the insect.
2. Call parent and recommend follow-up medical care.

EARACHE

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. If discharge is present, wipe from outer ear only.
3. Allow free drainage.
4. Call parent and recommend contact with health provider.

FOREIGN OBJECT

TREATMENT

1. **Do not** attempt to remove object at school.
2. Call parent and recommend contact with health provider.

FAINTING

SIGNS AND SYMPTOMS

- ◆ Blurred vision
- ◆ Light-headedness
- ◆ Nausea
- ◆ Sweating
- ◆ Loss of consciousness

TREATMENT

1. Position individual on back on a flat surface.
2. If other injuries are present, see appropriate procedures.
3. If no injuries, elevate legs 8-12 inches.
4. Loosen clothing around neck and waist.
5. Apply cool, damp cloth to head.

6. Continue to observe carefully.
7. If recovery is not complete in 2 minutes, call **999**.
8. If breathing stops, certified personnel start CPR.
9. Call parent.

TORN FINGERNAIL/TOENAIL

TREATMENT

1. If there is bleeding, wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. If torn into nail bed, clean with soap and water and apply dressing.
3. Use gentle pressure to stop bleeding.
4. Apply ice/cold pack for 15 minutes to reduce swelling and pain. (**Do not** apply ice directly to skin.)
5. Call parent and recommend contact health provider.

HEADACHE

NOTE: Headaches should receive emergency care if they are severe; persistent; severe with sudden onset; or accompanied by changes in vision or speech, numbness, vomiting, seizure, or alteration in consciousness.

TREATMENT

1. If there has been a head injury, call **999** (see **Head Injury**).
2. If there has been no trauma to the head, have individual lie down for 20-30 minutes in darkened area.
3. Check temperature.
4. Place a cool cloth on the forehead to promote relaxation.
5. If headache persists, call parent for follow-up medical care.

HEAT EMERGENCIES

HEAT CRAMPS

NOTE: Heat cramps are often the first signal that the body is having trouble with its ability to regulate heat.

SIGN AND SYMPTOMS

- ◆ Painful muscle spasm, usually occurring in the legs and abdomen in hot weather

TREATMENT

1. Have individual rest in a cool place.
2. Give cool water or commercial sports drink.
3. Apply moist towels over cramped muscles.
4. Lightly stretch muscles and gently massage.
5. **Do not** give individual salt tablets or salt water.
6. When cramps stop, have individual drink plenty of fluids.
7. Watch individual for further signals of heat-related illness.
8. Individual may resume normal activity.
9. Call parent and recommend contact with health provider if no improvement.

HEAT EXHAUSTION

NOTE: Heat exhaustion is a more severe condition than heat cramps. Often affects athletes and those wearing heavy clothing in a hot, humid environment.

SIGNS AND SYMPTOMS

- ◆ Cool, moist, pale, or flushed skin
- ◆ Rapid, shallow breathing
- ◆ Weak pulse
- ◆ Heavy perspiration
- ◆ Dizziness
- ◆ Weakness
- ◆ Exhaustion

TREATMENT

1. Remove to cool area.
2. Keep individual lying down and elevate feet 8-12 inches.
3. Loosen clothing and remove the outer layers.
4. Cool by fanning.
5. If fully conscious, give sips of water.
6. If individual becomes drowsy, unconscious or vomits, call **999**.
7. If necessary, certified personnel start CPR.
8. Call parent.

HEAT STROKE

NOTE: Heat stroke is the most severe heat emergency and is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Hot, dry skin
- ◆ No perspiration
- ◆ Changes in consciousness, unconsciousness
- ◆ Weakness
- ◆ Rapid pulse
- ◆ Shallow breathing
- ◆ High body temperature (106°-110°F / 41-43 Celsius)
- ◆ Pupils dilated

TREATMENT

1. Remove individual to a cool area.
2. Call **999**.
3. Loosen clothing and remove outer layer.
4. Attempt to cool quickly. Apply cool packs to neck, groin, armpits, and fan aggressively.
5. Keep skin wet.
6. **Do not** apply rubbing alcohol.
7. If individual is conscious, give cool water to drink. **Do not** let individual drink too quickly. Give about 4 ounces / 100mL of water every 15 minutes.
8. Let individual rest in a comfortable position.
9. Watch for changes in individual's condition and level of consciousness.
10. If individual vomits, wear gloves. Use Standard Precautions. Stop giving fluids and position on side.

11. If breathing difficulty develops, certified personnel start CPR
12. If necessary, treat individual for shock
13. Call parent.

HYPERVENTILATION

SIGNS AND SYMPTOMS

- ◆ Rapid, shallow breathing
- ◆ Profuse sweating
- ◆ Pale skin
- ◆ Nausea
- ◆ Tingling of hands, face, and feet

TREATMENT

1. Calm and reassure individual.
2. Encourage individual to breathe slowly and deeply.
3. **Do not** have individual breathe into a paper bag.
4. If individual does not respond and condition worsens, call **999**.
5. Call parent.

NOSE

NOSE BLEEDS

SIGNS AND SYMPTOMS

- ◆ Bleeding
- ◆ Swelling
- ◆ Bruising
- ◆ Choking

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. If bleeding is from trauma, see **Head Injury**.
3. If bleeding is not related to trauma, keep individual slightly leaning forward and breathing through the mouth.
4. Loosen anything tight around the neck.
5. Pinch the sides of the nose against the septum (bone in center of nose) for at least 5-10 minutes to allow a clot to form.
6. Tell individual not to blow nose or sniff for 1-2 hours in order to prevent dislodging the clot.
7. If bleeding does not stop in 5-10 minutes or individual has frequent episodes, repeat pressure to septum (#5).
8. Call parent and recommend contact with health provider.

FOREIGN OBJECTS

SIGNS AND SYMPTOMS

- ◆ Pain
- ◆ Swelling
- ◆ Foul odor

TREATMENT

1. **Do not** attempt to remove object.
2. Call parent and recommend follow-up medical care.

SEIZURE

NOTE: Remain calm. A seizure cannot be stopped once it starts. Call **999** unless individual is known to have a seizure disorder (epilepsy) **and** there is a written emergency action plan on file at the school. Parent should be called immediately.

SIGNS AND SYMPTOMS

- ◆ Aura - may experience unusual sensation or feeling immediately preceding seizure, such as: Visual hallucination, Bright lights, Strange sound, Strange smell, Strange behavior, Daydreaming
- ◆ Loss of consciousness followed by stiffening of entire body for a few seconds followed by a period of jerking.

TREATMENT

1. Call **999** (unless individual has a seizure disorder, then follow written emergency action plan).
2. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
3. If individual is standing or sitting, gently lower to ground to avoid a fall.
4. **Do not** place anything in individual's mouth. Place on side to prevent choking on secretions and blockage of airway by the tongue.
5. Loosen restrictive clothing.
6. If possible, place a cushion or blanket under individual's head.
7. **Do not** hold or restrain individual.
8. Clear area around the individual to prevent injury from sharp objects.
9. **Do not** give food, drink, or medications during a seizure.
10. Remain with individual during the seizure to monitor progress.
11. Observe all of the individual's activity during the seizure, including:
 - ◆ Time the seizure began.
 - ◆ Area of the body where seizure began.
 - ◆ Any movement of the seizure from one area of the body to the other.
 - ◆ Type of movements of the head, face, and arms that occur during the seizure.

When the seizure is over:

- ◆ If necessary, clear secretions from mouth. Turn individual onto side to allow for drainage of secretions.
- ◆ Monitor breathing.
- ◆ Determine level of awareness.
- ◆ Determine individual's ability to move arms and legs.
- ◆ Provide privacy.
- ◆ Check for loss of control of urine and stool.
- ◆ Check for injuries. See appropriate procedures for treatment.
- ◆ If individual remains unconscious after seizure is over, maintain open airway and continue to assess breathing. If necessary, certified personnel start CPR.
- ◆ Keep individual comfortable.
- ◆ Allow individual to sleep as needed. (May last from 30 minutes to several hours.)
- ◆ Record the length of the seizure and activity during and after the seizure.
- ◆ If 999 not called, call parent and recommend contact with health provider.

SHOCK

NOTE: Shock occurs when there is inadequate blood flow and oxygen to critical organs including the brain. Causes of shock may be significant blood loss, hypoglycemia (low blood sugar), failure in cardiac output, anaphylaxis, or severe infection. First aid for shock attempts to preserve blood flow to critical organs until EMS arrives.

Shock is **life-threatening**.

SIGNS AND SYMPTOMS

- ◆ Altered consciousness (weakness, confusion, drowsiness)
- ◆ Restlessness, anxiety, combativeness
- ◆ Pale, cool, clammy skin
- ◆ Nausea, occasional vomiting
- ◆ Rapid weak pulse (greater than 100 beats per minute)
- ◆ Rapid shallow breathing
- ◆ Extreme thirst
- ◆ Late stage: skin, lips, and area around eyes appear blue

TREATMENT

1. Call **999** immediately.
2. Remain calm.
3. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
4. Control all obvious bleeding by placing firm pressure at site of bleeding.
5. Keep individual warm by covering with blanket to avoid heat loss.
6. If necessary, certified personnel start CPR.
7. If vomiting occurs, turn individual onto side, rolling body and head as one unit. Clear material from the mouth. **If neck injury is suspected, do not turn individual.**
8. Unless injuries make this inadvisable, lay individual flat with legs elevated 12 inches. **Do not** elevate legs if head and neck injuries are suspected.
9. Individual in shock because of heart attack or with lung disease, may find it easier to breathe sitting up or in a semi-sitting position.
10. Darken room. Avoid rough and excessive handling of individual.
11. **Do not** give anything to eat or drink.
12. Give first aid for any identified cause of shock (e.g., bleeding, burns).
13. Call parent.

SPINAL INJURY BACK INJURY/NECK INJURY

NOTE: Injuries to the head, neck, or spine can cause paralysis, speech or memory problems, or other disabling conditions. This is **potentially life threatening**.

SIGNS AND SYMPTOMS

- ◆ Severe pain in head, neck, or back
- ◆ Tingling or loss of sensation in hands, fingers, feet, and toes
- ◆ Partial or complete loss of movement of any body part
- ◆ Unusual bumps or depressions on head or spine
- ◆ Difficulty breathing

TREATMENT

1. Determine cause of injury. Spinal injuries should be suspected in all falls, collisions, and impact injuries (e.g., contact sports).

2. Call **999** immediately.
3. **Do not** move individual.
4. If it is necessary to move the individual due to an immediate danger, support the head and move in the direction of the long axis without bending the spine. **Do not** drag sideways.
5. Keep individual warm and comfortable.
6. If bleeding or drainage, wear gloves. Use Standard Precautions (see **Standard Precautions**).
7. If necessary, treat for shock (see **Shock**).
8. If necessary, certified personnel start CPR.
9. Call parent.

SPLINTERS

SIGNS AND SYMPTOMS

- ◆ Redness or other discoloration
- ◆ Swelling
- ◆ Pain

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. Cleanse thoroughly with soap and water.
3. Inspect to determine depth.
4. If protruding from skin, grasp portion protruding above the skin and attempt to gently remove with tweezers. **Do not** probe under the skin with tweezers or other object.
5. Determine individual's tetanus immunization status from school record.
6. If lodged beyond superficial layer of skin, call parent and recommend follow-up medical care.

VOMITING

TREATMENT

1. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
2. **Do not** give anything to eat or drink.
3. When vomiting stops, position individual comfortably.
4. Call parent and recommend contact with health provider.

WOUNDS

CUTS/SUPERFICIAL ABRASION

TREATMENT

1. Determine cause of injury.
2. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
3. Cleanse thoroughly with soap and water. **Do not** use hydrogen peroxide, alcohol, or other disinfectant.
4. Apply dry dressing (preferably sterile).
5. Determine individual's tetanus immunization status from school record.
6. Call parent and recommend contact with health provider.

DEEP/EXTENSIVE LACERATION

TREATMENT

1. Determine cause of injury.
2. Call **999**.
3. Wear gloves. Use Standard Precautions (see **Standard Precautions**).
4. Control bleeding by covering with gauze dressing (preferably sterile) and applying direct pressure.
5. If necessary, apply more dressings. **Do not** remove original dressing.
6. **Do not** move individual unnecessarily.
7. If no fracture is suspected, elevate the extremity above the level of the heart to help stop bleeding.
8. Determine individual's tetanus immunization status from school record.
9. Call parent.