

FIRST AID POLICY

Version	Date					
Last reviewed	February 2023 (minor COVID related					
Last reviewed	amendments)					
Date of next review	Framework - February 2024					
Date of flext review	Local Variations -Apr 2022					
Owner	Framework - Director of Finance and Operations					
Owner	Local Variations - Business Manager					
Approvor	Framework - Risk and Audit Committee					
Approver	Local Variations - Academy Council					

1. Aims

The aims of our first aid policy are to:

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

2. Legislation and guidance

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- <u>The Health and Safety (First Aid) Regulations 1981</u>, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- <u>The Management of Health and Safety at Work Regulations 1992</u>, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- <u>Social Security (Claims and Payments) Regulations 1979</u>, which set out rules on the retention of accident records
- <u>The Education (Independent School Standards) Regulations 2014</u>, which require that suitable space is provided to cater for the medical and therapy needs of pupils

The Health and Safety (First Aid) Regulations 1981 do not oblige employers to provide first aid for anyone other than their own staff, but legislation places duties on employers for the health and safety of anyone else on the premises. In schools this includes responsibility for employees, pupils and visitors (including contractors).

At Airedale Junior School we endeavour to provide the best possible care to our pupils. There are no rules on the number of first aiders required by an organisation, but as part of our duty of care, we have assessed the first aid provision we will make for everyone in school including likely risks to pupils and visitors. This has determined our approach to first aid in school. Details of our assessment of first aid needs can be found at appendix 1.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed persons are Laura Smith, Sarah Smith and Dagmar Allison, They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Maintaining records of first aid training

They may be, but do not need to be, a trained first aider. If they are not a first aider, they should not give treatment for which they are not trained.

In our school our appointed persons are all trained first aiders.

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

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

Our school's appointed persons and first aiders are listed in appendix 2. Their names will also be displayed prominently around the school.

3.2 The Trust Board

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

3.4 The Headteacher

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

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 3) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid need

3.6 Insurance and liability

Staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that a parent might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

As the employer, Northern Ambition Academies Trust provides indemnity for employees of the Trust carrying out first aid by ensuring that insurance arrangements are in place to provide cover for claims arising from the actions of staff acting in good faith within the scope of their employment and duty of care.

4. First aid procedures

4.1 In-school procedures

- The closest member of staff present will assess the seriousness of the situation and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- Staff will follow basic hygiene and disposal procedures to avoid infection.
- The first aider, if called, will assess the situation and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- If treatment/examination is to, or may potentially involve, a sensitive or private part of the body, this will only be carried out by a staff member of the same sex with another person present and in an appropriately private location.
- The first aider will also decide whether the affected person should be moved or placed in a recovery position
- If the first aider, in conjunction with a designated member of SLT, judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents. In the case of adults, the first aider may advise an individual to go home, but it is the responsibility of the injured adult to decide whether they are fit to remain in school or not.

The decision to call an ambulance normally likes with a trained First Aider; however, in an emergency any member of staff may call for an ambulance. If an ambulance is called, the member of staff must immediately provide Reception with details of the person requiring medical attention, the location of the patient, brief details of the incident and the name of the person who called the ambulance. Reception staff must then notify the patient's parent/carer or emergency contact of the incident and also notify most senior member of SLT available in school.

If a pupil is taken to hospital by ambulance, a member of staff will accompany them until handover arrangements can be made with the child's parent/carer.

Where hospital treatment is required but it is not an emergency, a First Aider will telephone the patient's parent/carer or emergency contact to arrange for them to take the patient to hospital. If the next of kin cannot be contacted, the First Aider may decide to arrange for a member of school staff to transport the patient to hospital.

Where the school makes arrangements for transporting a child, only staff cars insured for this purpose will be used and two staff members must accompany the child in the vehicle, at least one of whom should be the same sex as the pupil. No individual member of staff should be alone with a pupil in a vehicle.

Where a child has to be accompanied to hospital by a member of staff, all reasonable steps will be taken to ensure that there is a face to face hand over to the family. This is particularly important in the case of primary age pupils, or those with additional needs.

A record of treatment given must be maintained by the qualified first aider or appointed person and shall be used in conjunction with accident reporting and investigation procedures as a means of accident prevention. In addition, good records of initial treatment may be valuable if further medical attention is required, or if legal action is considered by those involved in an accident.

4.2 Off-site procedures

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

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

Risk assessments will be completed by the trip leader and submitted through Evolve prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider on school trips and visits.

4.3 Additional First Aid requirements during COVID-19 pandemic

Where bubbles are in operation, first aid should be provided by a member of staff from inside the same bubble. Before administering first aid, if they are conscious and able to respond, the patient must be asked if they have any of the COVID-19 symptoms:

- Temperature/fever
- Persistent dry cough
- o Loss of taste or smell

If the patient is unconscious or not able to respond, they must be treated as if they may be displaying COVID-19 symptoms and the appropriate precautions taken.

For patients with no symptoms, staff administering first aid should still maintain 2m social distancing as far as possible and maintain good hand hygiene by washing hands before and after administering first aid. For patients with no COVID-19 symptoms, other normal first aid procedures apply. There is no need to wear additional PPE whilst treating a child or staff member who does not present symptoms of COVID-19.

If providing first aid in a case where COVID-19 is not suspected, and it is not possible for a 2m distance to be maintained, the employee providing the first aid is responsible for ensuring a Test and Trace log is completed and passed to Reception within 24hrs. Reception must retain these logs for 15 days, after which they must be destroyed. In the event of a COVID-19 incident or Test and Trace contact, the Business Manager or nominated deputy must review the Test and Trace logs to determine whether any staff have provided first aid to a confirmed case and make arrangements for these individuals to be contacted and advised to self-isolate.

If a patient is displaying COVID-19 symptoms, they must be relocated to the identified COVID-19 treatment rooms (following social distancing guidelines) unless they cannot be moved. When dealing with suspected COVID-19 patients requiring first aid, staff must wear appropriate PPE: aprons, Fluid Resistant Surgical Masks (FRSM – Type IIR), eye protection (if risk of bodily fluids entering eyes) and gloves before entering the room to administer first aid. A video demonstrating the correct way to apply and remove PPE can be found at https://www.youtube.com/watch?v=-GncO ed-9w Staff administering first aid should maintain 2m social distancing as far as possible and maintain good hand hygiene by washing hands before and after administering first aid.

Where COVID-19 is suspected, parents/carers should be asked to collect the child from school as soon as possible; staff members/visitors displaying COVID-19 symptoms should leave site as soon as it is safe for them to do so.

5. First aid equipment

The main area for administering first aid in our school is outside the main school office in the first aid bay

First aid kits are also stored in:

- The school hall
- The school kitchen

A typical first aid kit in our school will include the following:

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins

- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First Aid kits will be checked by the appointed person each half term and restocked as necessary. It is the responsibility of any individual using items from a first aid kit to report any shortages/replacements needed to the appointed person immediately.

In compliance with The Education (School Premises) Regulations 1996, each Academy Council has ensured that an adequately-stocked space is available for medical treatment.

Contractors (including those with Service Level Agreements) will maintain their own first aid boxes and provide their own trained first aiders, although they will be allowed to use the school first aid boxes in an emergency. In that event the appointed person must be notified so that replenishment can be organised.

6. Record-keeping and reporting

6.1 First aid and accident record book

Where treatment has been given, details of the injury and care given are recorded in the First Aid book, the pupil is given a duplicate to take home for parents, and the class teacher is informed. The person giving the first aid treatment is responsible for completing the details in the record book, detaching the child's copy and giving it to the office for distribution, notifying the class teacher and SLT if appropriate.

- Accidents to staff or visitors must be recorded on the accident form as soon as possible after the
 incident by the injured individual, or by the person providing treatment if the affected individual is
 unable to complete the form.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident form must be passed to the Business Manager who will determine whether the
 accident needs investigating further to identify root causes or whether the accident is reportable
 under RIDDOR.
- Records held in the first aid and accident book will be retained by the school for a minimum of six years, to allow for the defence of legal claims if necessary, and then securely disposed of

6.2 Reporting to the HSE

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

Following consultation with the Director of Finance and Operations, the Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident. In the event of a major injury or fatality the notification must be immediate, by telephone, with written confirmation (F2508) following as soon as possible. A representative of the Trust must also be notified immediately.

Information on making a RIDDOR report is available at: http://www.hse.gov.uk/riddor/report.htm

6.3 Notifying parents

The Business Manager in the relevant schools will ensure that arrangements are in place to inform parents of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

The Business Manager must ensure arrangements are in place for parents to be notified of any accident or injury sustained by a pupil of any age while in the care of the school which may require medical attention beyond the basic first aid provided in school, e.g. head injuries.

6.4 Reporting to Ofsted and child protection agencies

The Chief Executive will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The school's Designated Safeguarding Lead will notify Wakefield Council Children's Services of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

7. Training

All school staff are encouraged to undertake first aid training.

It is the policy of the Trust and Academy Council that there will be sufficient numbers of trained First Aiders on the site at all times. Below 50 employees only an "Appointed Person" is required, between 50 and 100 employees one First Aider is required and one per 100 employees thereafter. In consideration of pupil safety, it is recommended that additional First Aiders in the ratio of one per 250 pupils be provided.

All first aiders must have completed a training course approved by the HSE, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 4).

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

8. Monitoring arrangements

The framework for this policy is set by the Trust and will be reviewed by the Director of Finance and Operations every two years. Following each review, the template policy will be approved by the Risk and Audit Committee.

Elements of this policy which are school-specific will be reviewed by the Business Manager every year. After every review, the school-specific elements of the policy will be approved by the Academy Council.

9. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- Medicines in school policy

APPENDIX 1 - ASSESSMENT OF FIRST AID NEEDS

School Size

Capacity: 480

Over 80 school staff and non-school employed staff

Airedale Junior school is in a large building shared with an Infant school. It is on a site with 3 other schools with large surrounding playing fields

Location: Fryston Road, Airedale, Castleford, West Yorkshire, WF10 3EP

Specific Hazards or Risks :Large open spaces. School spread across a large area with year groups a different sides of school and a separate portacabin.

Specific Needs: To ensure all year groups are adequately covered and break time and linchtime also covered.

Accident Statistics: All accidents are immediately logged and reported to the DSL on a weekly basis

ASSESSMENT OUTCOMES

First Aid Provision required. Staff to be trained to emergency first aid level and ensure adequate lunchtime staff are trained.

First Aid Staff and Training

- Staff who agree to administer first aid do so on a voluntary basis
- Whilst there are no rules on numbers of First Aiders required, we are committed to providing Emergency Aid training for as many support staff who are prepared to volunteer

APPENDIX 2: LIST OF APPOINTED PERSON(S) FOR FIRST AID AND TRAINED FIRST AIDERS

Staff member's name	Role	Contact details
Sarah Smith	Senior Administrator	01977 556946 ssmith@airedalejuniors.com
Laura Smith	Admin Assistant	01977 556946 Ismith@airedalejuniors.com
Tony Hollies	Premise Supervisor	01977 556946 tholliesl@airedalejuniors.com
Millie Stanger	Lunchtime Supervisor	01977 556946
Gemma Burton	Teaching Assistant	01977 556946 gburton@airedalejuniors.com
Emma Bradney	Learning Mentor	01977 556946 ebradney@airedalejuniors.com
Julie Ellis	Learning Mentor	01977 556946 jellis@airedalejuniors.com
Lisa Jones	Teaching Assistant	01977 556946 ljones@airedalejuniors.com
Olivia Moss	HLTA	01977 556946 omoss@airedalejuniors.com
Claire Bourne	Lunchtime Supervisor	01977 556946
Rachel Saunders	Teacher	01977 556946 rsaunders@airedalejuniors.com
Linda Wells	Learning Mentor	01977 556946 lwells@airedalejuniors.com
Dagmar Allison	Senior Administrator	01977 556946 dallison@airedalejuniors.com
Kerry Etherington	Teaching Assistant	01977 556946 ketherngton@airedalejuniors.com
Clare Moss	Teaching Assistant	01977 556946 cmoss@airedalejuniors.com
Michaela Wakefield	Teaching Assistant	01977 556946 mwakefield@airedalejuniors.com
Gail Wilkinson	Teaching Assistant	01977 556946 gwilkinson@airedalejuniors.com
Jeanette Barnes	HLTA	01977 556946

		jbarnes@airedalejuniors.com
Sarah Speight	HLTA	01977 556946 sspeight@airedalejuniors.com

APPENDIX 3: ACCIDENT INVESTIGATION REPORT

ACCIDENT INVE	STIGATIO	N REPORT								
PART 1: THE AC	CIDENT									
Date		Time			Location					
Type of person i	njured (e	mployee, pupil	l, visito	r)						
Name of injured	l person ((IP)								
Home address (for RIDDOR reporting)										
Name of person	making	report (if not IF	P)							
Brief description of incident (what happened?)										
Description of injury (how have they been hurt?)										
Was first aid given? YES NO			NO	Was IP tak	en to hospit	tal for trea	tment?	YES	NO	
Names of any witnesses										
PART 2: NEXT S	TEPS REC	QUIRED								
Which of the following applies:					_					
Death RIDDOR	ln	pecified jury IDDOR		Disease RIDDOR	:	+7 day absence RIDDOR		None Not reportabl	le	
RIDDOR reporte					Date					
What was the in	nmediate	e cause of the a	accider	nt?						
Immediate caus	e: did the	e accident occi	ur due	to an issue	relating to:	(circle all tha	at apply)			
Premises		iquipment ai naterials	nd/or	Behaviour	r Some other reason					
If yes, complete	•		gation			No furthe append to upload to e by SBM fo	accident b employee/	oook entry	and s	submit for
Signed					Date					
PART 3: ACCIDE	NT INVES	STIGATION (use	root o	ause analys	sis template	to help if n	ecessary)			
What was the nature of the injury/ill health?										
Where and when did the incident happen?										
What activity was taking place at the time of the incident?			e incident?							
What happened	to cause	e the injury?								
Who else was in										
Were there any environment at space, layout, s	the time	of the accider	nt? (e.g	g. available						

	FR DOCUMENTS APPENDED IN CONNECTION WITH T	HIS INCIDEN	I NT (TICK IF II	VCLUDED)	
5					
4					
3					
2					
1					-
	Recommendation		By who?	When?	Date completed
REC	OMMENDATIONS	ı			
Wha	t are the root causes of the accident?				
Wha	t are the underlying causes of the accident?				
Wha	t are the immediate causes of the accident?				
	EDIATE, UNDERLYING AND ROOT CAUSES				
	e of the accident? Did any other circumstances ribute to the accident?				
Was	anything unusual about the circumstances at the				
	e procedures in place, were they being followed and they adequate? If not, why not?				
trair	ned? If not, why not?				
Was	Other the person/people involved competent and suitably				
•	Maintenance Othor				
•	Cleaning				
•	Use of PPE Workplace inspection				
l	Safe systems of work				
•	On the job training				
•	Induction training				
	It procedures are in place to manage and control the associated with this incident, e.g.				
doc	umented for the hazard/risk?				
	the incident arise in relation to a known hazard or? If yes, has an adequate risk assessment been				
	ropriately where required? If not, why?				
inju	red person, including any PPE being worn/used				
	accident? appropriate clothing/footwear being worn by the				
that	was inappropriate? Did this behaviour contribute to				
pus	ning and shoving on stairs?) Was there any behaviour				
	were the individual and others in the vicinity aving at the time of the incident (e.g. were pupils				
Did	the materials contribute to the accident?				
	e any hazardous substances involved at the time of incident (e.g. chemicals, vapour, dust)? If so, what?				
the	accident?				
	heavy box, cleaning solution, cooking oil)? If so, t? Did any attributes of the materials contribute to				
	e any materials being used at the time of the incident				
-	ne accident?				
	he task? Has it recently been maintained or serviced elevant)? Did any aspect of the equipment contribute				
wha	t? Was this equipment in good condition and suitable				
	any equipment in use at the time of the accident machine, hand tool, computer, craft knife)? If so,				
	accident?				
wha	t? Did any aspect of the environment contribute to				

1	Accident book entry (required)				
2	RIDDOR report (if relevant)				
3	Witness statements (if relevant)				
4	Photographs/diagrams (if relevant)				
5	Training records (if relevant)				
6	Risk assessments - before (if relevant)				
7	Risk assessments - after (if relevant)				
8	Documented procedures (if relevant)				
9	Other relevant documents				
ACC	ACCIDENT INVESTIGATION COMPLETED BY:				
Ciar	d	Name in capitals	s		
Sign	ieu	Date			

APPENDIX 4: FIRST AID TRAINING LOG

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

APPENDIX 5 - COVID-19: First Aid risk assessment

Assessment conducted by:	Job title:	Covered by this assessment: Staff, pupils, contractors, visitors, volunteers, parents/carers
Date of assessment:	Review interval:	Date of next review:

Related documents					
Trust/government documents:	Government guidance:				
	Actions for educational and childcare settings to prepare for wider opening from 1 June 2020				
	Coronavirus (COVID-19): implementing protective measures in education and childcare settings				
	Coronavirus (COVID-19) Collection: guidance for schools and other educational settings				
	Actions for schools during the coronavirus outbreak				
	Coronavirus (COVID-19): implementing social distancing in education and childcare settings				
	Coronavirus (COVID-19): guidance for educational settings				
	COVID-19: cleaning in non-healthcare settings				
	COVID-19: Planning guide for primary schools				

Risk matrix

	Risk rating	Likelihood of occurrence					
	High (H), Medium (M), Low (L)	Highly likely	Likely	Possible	Unlikely	Highly unlikely	
	Catastrophic impact						
Likely impact	Major impact						
	Minor impact						
impaot	Negligible impact						
	No impact						

Areas for concern	Risk rating prior to action (H/M/L)	Control measures	In place? (Y/N)	Outstanding Actions/Comments	Residual risk rating (H/M/L)
1. Managing infection risk	from symptomatic pupi	ils, staff and visitors			
1.1 Managing pupils, staff or visitors with symptoms					

Areas for concern	Risk rating prior to action (H/M/L)	Control measures	In place? (Y/N)	Outstanding Actions/Comments	Residual risk rating (H/M/L)
Infection is transmitted by pupil, staff member or visitor with symptoms of Covid-19		symptomatic pupils, staff or visitors Staff send pupils displaying symptoms to Covid-19 treatment room Staff or visitors displaying symptoms notify SLT and isolate in Covid-19 treatment room until released to leave site Separate toilet established for symptomatic individuals Pupils displaying symptoms kept in Covid-19 treatment room until collected by parent/carer All symptomatic individuals advised to seek a Covid-19 test as soon as possible, notifying school of the result Staff overseeing children with symptoms to maintain social distancing as far as possible Staff required to wear PPE if unable to maintain social distance while caring for a pupil			
2. Providing first aid					
2.1 Administering First Aid					
First Aid required by a pupil, visitor or member of staff who is not displaying Covid-19 symptoms		 Staff and pupils do not attend school if displaying symptoms of Covid-19 First aid provided by a member of staff from the same bubble where possible Before administering first aid, patient to be asked if they have any of the Covid-19 symptoms: Temperature/fever Persistent dry cough Loss of taste or smell Staff administering first aid maintain 2m social distancing as far as possible 		•	

Areas for concern	Risk rating prior to action (H/M/L)	Control measures	In place? (Y/N)	Outstanding Actions/Comments	Residual risk rating (H/M/L)
		 Staff administering first aid maintain good hand hygiene by washing hands before and after administering first aid Other normal first aid procedures apply. There is no need to wear additional PPE whilst treating a child or staff member who does not present symptoms of Covid-19 All staff delivering first aid who are unable to maintain a 2m distance must complete a track and trace form to enable them to be identified if the pupil/member of staff later tests positive for Covid-19 			
First Aid required by a pupil, visitor or member of staff who is displaying Covid-19 symptoms		 Patient moved to identified Covid-19 treatment rooms (following social distancing guidelines) unless they cannot be moved First aid provided by a member of staff from the same bubble where possible Staff administering first aid maintain social distancing as far as possible Staff administering first aid maintain good hand hygiene by washing hands before and after administering first aid Staff to wear appropriate PPE: aprons, Fluid Resistant Surgical Masks (FRSM - Type IIR), eye protection (if risk of bodily fluids entering eyes) and gloves before entering the room to administer first aid. Parents/carers collect child from school as soon as possible Staff members/visitors to leave site as soon as possible 		•	
Insufficient staff available who are first aid trained		Additional first aiders trained if possible		•	