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**Responsibility: Nurse**



## **DAME ALLAN'S SCHOOLS FIRST AID POLICY**

### **1. INTRODUCTION**

Dame Allan's Schools (the Schools) recognise they have a duty under the Health and Safety (First Aid) Regulations 1981 (Amended 2013) to ensure the health and safety and welfare of their staff, visitors and pupils. This extends to the requirements and provision of appropriate first aid and facilities and suitably qualified persons.

### **2. POLICY OBJECTIVES**

The objectives of this policy are:

- To ensure that first aid facilities and equipment are provided to enable First Aiders and appointed persons to carry out their duties;
- To ensure an adequate and appropriate number of persons are nominated as First Aiders or appointed persons to administer first aid and also to include cover for evening work, holidays and sickness etc., by means of first aid needs assessments;
- To ensure that those nominated First Aiders are adequately trained and hold a current first aid training certificate from an organisation whose training and qualifications for First Aiders are approved by the Health and Safety Executive;
- To ensure that First Aiders receive refresher training or renewal of certification every 3 years before their current certification runs out;
- To inform all members of staff of the locations of first aid facilities and equipment, the names of First Aiders and also provide such information on the staff portal and as close as possible to first aid kits.

The Schools aim to provide good first aid care to pupils, staff and visitors, on and off the premises, in accordance with the above Regulations, and to promote their safety and well-being. This provision is

enhanced by certified training of staff members in First Aid and the maintenance of correctly stocked first aid equipment, according to the guidance of the Health and Safety Executive (HSE).

### **3. RESPONSIBILITIES**

#### Governors

The Governors are responsible for ensuring suitable facilities, equipment and suitably trained staff are provided and that they or their supervisors carry out investigation of accidents to prevent or minimise the risk of recurrence after reporting any accident to the relevant administrator. They shall delegate to the nurse the responsibility of carrying out a first aid needs assessment to ascertain the numbers of First Aiders / appointed persons required; this will take into account lone workers.

#### School Nurse/First Aiders

The School Nurse and First Aiders must treat or organise treatment for any injured staff / pupils and visitors and ensure the details of the first aid treatment are recorded on the appropriate accident report form via the Schools' online systems. They also arrange transport (if necessary by ambulance) for any staff / pupils and visitors, who need to go to hospital or are sent home as a result of an accident or illness at work.

#### All staff

Any member of staff who suffers any injury at work, however slight, must report to a First Aider to receive treatment and, if able, they must also report the accident to their line manager and complete an online accident report form.

### **4. ADMINISTRATION OF MEDICATION**

The administration of medication is governed by the Schools' Medicines Policy.

### **5. PROVISION OF FIRST AID**

Lists of First Aiders will be updated annually and are available online via the staff portal. The provision of First Aiders will reflect the activities of the subject, e.g. the ratio of First Aiders to pupils will be higher in areas such as science, field trips and educational visits, and in games. When off-site, First aid trained members of staff will provide the First Aid cover.

All First Aiders will follow a recognised course and receive updated training every three years. First Aiders dealing with Early Years pupils will complete a Paediatric First Aid Course with training updated every three years.

First Aid provision will be available at all times, whilst people are on the Schools' premises, and off-site, on school visits.

First Aid kits will be kept in suitable designated areas and areas of extra hazards, e.g. laboratories, craft rooms, food studies, sports areas. Portable kits are available for off-site use and these are kept in the Medical Centres. Portable kits are taken on all school trips and sports fixtures/events.

All First Aid kits are regularly checked and stocked to at least the minimum standard required. Stocks of First Aid equipment are kept in the Medical Centres.

The list of First Aiders and location of first aid kits are available online via the staff portal. These will be updated annually or whenever one of the First Aiders leaves the Schools.

All injuries will be recorded on an Evolve electronic accident form available via the staff portal. This is then sent to the School Nurse. All staff, visitor and contractor injuries are also reported to the Bursar's Office. Where an injury requires the submission of a RIDDOR form, the form will be completed according to the regulations set down by the HSE. The form is completed online at [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor).

The First Aider who deals with the incident is responsible for completion of the Accident Form via Evolve.

Accidents and incidents are reviewed at the Health and Safety Committee Meetings. If any health and safety risk or a significant trend is identified, this will be assessed and action taken. Any identified high risk will be dealt with immediately, to prevent further problems.

The School Nurse works from 8.30am to 4pm daily. Staff in the Schools' Offices will telephone her, as required, in an emergency or staff members can call her directly. If the School Nurse is unavailable to deal with the emergency another First Aider will be called to the scene.

The School Nurse will deal with contacting the parents/carers should the pupil be required to go home or to the hospital. The pupil, if necessary, will be sent to the hospital by ambulance with a member of staff as escort, this being arranged before the ambulance arrives. Parents/carers will be asked to go to the hospital to relieve the member of staff as soon as possible.

The First Aider dealing with the incident will decide if an ambulance is required and may either call themselves or direct a third party to do so whilst they deal with the situation. When calling for an ambulance it is important to have information about the patient, their injury and their condition and also to be able to give the school address and know the location of the patient. A member of staff should be designated to direct the ambulance or paramedic service to the patient when they arrive.

The School Nurse, according to the pupil's age and the degree of injury, may contact the pupil's parents/carers by telephone to advise them of the situation, even if the pupil does not require hospital treatment. Verbal or written advice may also be sent home with the pupil or emailed as required. In the Junior School, teaching staff will enter a note in the pupil's planner and, where possible, speak directly to the pupil's parent or carer at the end of the school day. Early Years staff send 'bump notes' home to parents/carers where a pupil has been involved in a minor accident.

All pupils, who are sent home or to hospital, are recorded in the Pupil Signing out Registers kept at Senior School Reception and the Junior School office. This will keep a proper record in the event of fire or serious incident.

The School Nurse obtains permission annually, from parents/carers, to allow school staff to administer paracetamol and ibuprofen to pupils. Parents/carers of Senior School pupils below the Sixth Form will receive a note of time and dosage of medication given by the School Nurse either in their school planner or on a slip. In the Junior School, staff will attempt to gain verbal consent to

administer calpol/ibuprofen/cetirizine prior to administration but may continue without this if prior written consent has been given.

Staff may need to bring their own medication into school. This should be safely locked away in an individual locker (to which all teaching staff are entitled) or desk drawer/cupboard (support staff). It does not necessarily need to be stored with pupils' medicines.

Staff must seek medical advice if they are taking any medication which may affect their ability to care for children. If in doubt, staff should speak to HR.

To support pupils at school with medical conditions, Health Care Plans will be written. Any pupil with specific medical needs, requiring specific help or treatment in an emergency, will have a Health Care Plan. The Plans will be written in conjunction with parents/carers, pupils and any relevant Health Professional. These are kept in confidential files online, in the nurse's office, junior medical room, senior and junior school main offices and kitchens. This will enable staff to quickly access the correct care for individual pupils and to familiarise themselves with the pupils' medical needs.

Pupils with asthma should carry their own inhaler at all times. They should be encouraged to have a spare inhaler kept in school in case of an emergency, losing their inhaler etc. Senior pupils' spare inhalers are kept in the Medical Centre. Junior School pupils' spare inhalers are kept in the staffroom or EYFS staff kitchen. The inhalers are not locked away. A pupil's inhaler should not be shared by other pupils. If required the pupil may have a Health Care Plan written to identify the specific needs of the pupil in relation to their asthma. Spare inhalers provided by the school are available at several locations around the school (pavilion, sports hall, main office, nurse's office, DAJS medical centre and EYFS staff kitchen). Parental consent is gained annually to allow pupils with a diagnosis of asthma to use these inhalers as required, in an emergency.

Pupils with serious allergies, e.g. Nuts, Latex, requiring epipen administration will have a specific Allergy Action Plan to deal with their personal requirements. Staff will have training on administration of epipens, on an annual basis. Pupils should carry at least one epipen with them at all times to allow them to administer their own epipen whenever possible, however it may be necessary for a member of staff to do so in an emergency. Pupils' named spare Epi-pens are stored in the staff workrooms and are not locked away. Anaphylaxis kits are kept in the medical rooms, kitchens and the pavilion. Spare epi-pens are available to accompany school trips and sports fixtures if required. The Schools will use only latex free gloves in all areas and First Aid Kits.

Any pupil with diabetes will have a written personal Health Plan and staff will be advised of the correct care for that individual. Pupils will be encouraged to carry dextrose supplies and snacks to enable them to treat any hypoglycemic symptoms immediately in the class. Pupils will not be sent from class to receive treatment. Spare supplies of Dextrose and snacks, provided by parents/carers, will be kept in the Medical Centres and sports areas (e.g. Gymnasium, Sports Hall and Pavilion) and in junior school classrooms and medical room.

Pupils who have epilepsy will have a written personal Health Plan if required. If a pupil has a seizure at school and it is their first seizure they will be sent to the hospital. Pupils who have epilepsy will not automatically be sent to hospital unless their condition requires this. Pupils will be treated with

respect and dignity and allowed to recover slowly in sickbay. According to their personal requirements, some pupils may go home to recover and rest.

The School Nurse will update all Health Care Plan files annually or more regularly, as required. A list of all pupils' illnesses, allergies and medical conditions is compiled and kept in the Health Care Files located in the nurse's office and stored securely in the main office as well as being available to staff online via the staff portal.

All pupils have an individual health record on the medical centre module of iSams. The School Nurse will add relevant health information and documentation to this in order to care for the pupil and monitor their health. Health records are only accessed and amended by the nurse and are strictly confidential.

All staff will follow the Body Fluids Guidelines when dealing with Body Fluids (annexed hereto). All precautions will be followed and best practice observed.

### **POLICY REGARDING HEAD AND CONCUSSION INJURIES**

Dame Allan's Schools will provide Qualified First Aid Cover and First Aid Equipment at all sports training and matches. We will ensure there is access to a telephone to ensure emergency assistance can be called immediately. Any pupil presenting with a head injury or neck injury will be assessed according to the following guidelines and appropriate action taken.

#### **Guidelines for staff**

Concussion is a type of traumatic brain injury resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck.

Failure to assess, evaluate and manage a player with a concussion can have serious adverse consequences, particularly allowing a player with concussion to continue to play, or to return too early to training or playing. If in doubt, staff should not allow the player to continue to play.

The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in the Schools should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:

- **Football:**  
General FA concussion guidelines:  
<https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold>

FA Heading Guidance:  
<https://www.EnglandFootball.com/participate/learn/brain-health/heading-in-football>

● **Rugby:**

[https://rfu.widen.net/s/rgg8bssfgb/headcase\\_extended-guidelines\\_aug\\_2023](https://rfu.widen.net/s/rgg8bssfgb/headcase_extended-guidelines_aug_2023)

RFU Graduated Return to Play guidelines:  
[https://rfu.widen.net/s/8vnbbhrmpz/gras-programe\\_aug\\_2023](https://rfu.widen.net/s/8vnbbhrmpz/gras-programe_aug_2023)

● **Hockey:**

<https://assets-eu-01.kc-usercontent.com/d66c6a48-e05a-01b8-e0ec-59ee93833239/73de0935-32c3-49b4-a605-2fc3ac1799da/Concussion%20guidelines%20for%20Parents%20and%20Coaches%20Hockey%202019.pdf>

England Hockey 'Safe Hockey' guides  
<https://www.EnglandHockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey>

## 1. Immediate management of an on-pitch head injury:

- Make sure the area is safe by getting the referee to stop the play.
- Establish if the patient is conscious and able to communicate. The possibility of an associated neck injury should be considered and managed accordingly.
- If indicated by the player's condition additional first aid may be required to ensure the player has no immediate life threatening problems (e.g. obstructed airway), and any bleeding is controlled.
- **If the player displays any features of concussion (see below), remove them from the field of play.**
- Having been removed from the field of play, the injured person is advised to undergo a full assessment by a doctor.

## 2. Neck Injuries

If a serious neck injury is suspected the player should not be moved except by appropriately trained personnel with the necessary equipment; usually the ambulance service paramedics. The exception to this rule is if the player has an obstructed airway or is not breathing, in which case staff present should first clear the airway minimising movement to the neck. If trained to do so appropriate manoeuvres may be used to open the airway. If the airway remains obstructed the player may have to be moved in order to save their life.

Whilst waiting for assistance the head should be held in the position in which the player is found and not moved unless there is an airway problem. The head must not be twisted and the player should not be allowed to sit or stand up.

The player will need to be protected from the elements (cold, rain etc.). Staff should reassure the player and remain calm.

Examples of situations where a neck injury may be sustained:

- The tackled player in a high or spear tackle.
- Collapsed scrum or 'popped' front row.

- Line-out jumper or player jumping for a catch falling from height.
- Use of 'squeeze ball' technique.

Staff should listen to the player complaining of neck pain. The player should not be moved and first aid review should be sought. If in any doubt, staff must err on the side of caution and send for assistance. Staff should be aware of 'distracting injuries' which may mask neck pain.

### **3. Identification of concussion**

All players should feel confident about reporting head injuries and be encouraged to observe fellow players for any symptoms of concussion being displayed following training or a game. A poster will be displayed in changing rooms and common areas to highlight the symptoms of concussion and players will be regularly reminded of the symptoms and procedures to follow.

The identification of a concussed player on the pitch may be difficult and the condition should be suspected if any of the following features are noted or complained of. Staff should be aware that a player may be concussed, even though they have not experienced a loss of consciousness i.e. been 'knocked out'. When in doubt, the player should be 'sat out' and observed at all times.

#### **If a player complains of:**

- Headache or 'pressure in head', feeling dazed or 'in a fog'
- Balance problems, dizziness
- Hearing problems/ringing in ears
- Vision problems
- Nausea or vomiting
- Confusion
- Drowsiness
- Feeling slowed down, low energy
- Feeling more emotional/irritable than usual
- Difficulty concentrating/remembering
- 'Not feeling right'

#### **Or staff notice in the player:**

- Loss of consciousness or unresponsiveness (even temporarily)

- Seizure/convulsion (uncontrolled jerking of arms and legs)
- Balance problems, unsteadiness or clumsiness
- The appearance of being dazed, stunned or confused
- Poor memory (of score, moves, opposition, events)
- Significant fall in playing ability
- Odd behaviour

**IF A PLAYER HAS ANY OF THESE FEATURES THEY SHOULD NOT RETURN TO PLAY.**

**If a concussion is suspected, ask these questions.**

1. Which ground are we at?
2. Which team are we playing?
3. Which half is it?
4. Who are you marking? (If appropriate)
5. Which team scored last?
6. Which team did we play last week?
7. Did we win last week?

An incorrect answer should be considered abnormal and the player should not return to play. The return to play guidelines should then be followed (see 3 below).

Following a suspected concussion, staff should inform parents/carers of the incident and advise medical review.

Staff should encourage and advise fellow players to observe for signs of concussion in each other during and after the match or whilst changing and to report any suspected problem immediately to a member of staff and the First Aider present at the match.

#### **4. Head injuries sustained outside of school**

Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the Schools, the parents/carers of the pupil concerned should promptly provide the School's Nurse with sufficient details of the incident, and keep the Schools updated of any developments thereafter. This would apply, for example, if the pupil suffers a concussion playing sport for an external club or if the pupil sustains a head injury while taking part in an informal game of sport, for example, in the local park.

## 5. Post-head injury or concussion, return to play guidance

Following a head injury or concussion, further serious problems can arise over the first 24 hours.

- The player should not be left alone and should be monitored regularly.
- The player's parent/carer should be informed directly if collecting the player or otherwise contacted by telephone of the pupil's head injury and that a medical review is recommended.
- A note for parents/carers with details of head injury symptoms should always be given to players when they have suffered a head injury. This is pre printed and kept in Sports First Aid Kits.
- Players should always consult their doctor following a suspected concussion and inform school of the result of the consultation by letter.
- Symptoms may worsen with exertion
- A player who has been concussed should follow the grass roots sports return to play advice found <https://sportandrecreation.org.uk/files/uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf> here:
- The most significant change is that pupils no longer need a minimum of 14 days without sport/exercise but should not return to competitive sport before a minimum of 21 days after the head injury.
- This rest period is necessary, as a child/adolescent who is symptomatic following a head injury is likely to have sustained a greater impact force compared to an adult with the same level of post-concussion symptoms.
- This applies to all club/school sides a player belongs to and it is his or her parents/carers' responsibility to advise other clubs/schools of the concussion.

## Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Return to normal daily activities outside of school or work.	<ul style="list-style-type: none"> <li>• Increase mental activities through easy reading, limited television, games, and limited phone and computer use.</li> <li>• Gradually introduce school and work activities at home.</li> <li>• Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.</li> </ul>	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	<ul style="list-style-type: none"> <li>• After the initial 24–48 hours of relative rest, gradually increase light physical activity.</li> <li>• Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.</li> </ul>	
Stage 3	Increasing tolerance for thinking activities	<ul style="list-style-type: none"> <li>• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block.</li> <li>• Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home</li> </ul>	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	<ul style="list-style-type: none"> <li>• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance.</li> <li>• If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation.</li> <li>• Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.</li> </ul>	

## Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	<ul style="list-style-type: none"> <li>• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).</li> </ul>	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	<ul style="list-style-type: none"> <li>• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.</li> </ul>	
Stage 5	Return to full academic or work-related activity	<ul style="list-style-type: none"> <li>• Return to full activity and catch up on any missed work.</li> </ul>	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days.  Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	<ul style="list-style-type: none"> <li>• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.</li> </ul>	
Stage 6	Return to competition	<p>This stage should not be reached before day 21* (at the earliest) <u>and</u> only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days <u>and</u> now symptom free during pre-competition training.</p> <p>* The day of the concussion is Day 0 (see example below).</p>	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer.

## **UNIVERSAL PRECAUTIONS POLICY FOR SAFE DISPOSAL OF BODY FLUIDS SPILLS**

Dame Allan's Schools (the Schools) will apply Universal Precautions to all body fluid spills to protect all staff and pupils. All staff will be made aware of the correct procedures required to deal with body fluid spills. This will protect staff and pupils in their care. Equipment used to deal with body fluid spills will also be cleaned in accordance with COSHH regulations.

The Schools will actively encourage hand washing, by all staff and pupils, as a direct method of prevention of the spread of infection.

Universal Precautions are a recognised set of procedures to enable all staff and pupils to deal safely with body fluid spills (Blood, Faeces, Nasal and Eye Discharges, Saliva and Vomit). They are as follows:

1. Spills of body fluids must be cleaned up immediately.
2. Where possible, a caretaker should be called to deal with cleaning of the spill, allowing other adults to deal with the pupil or member of staff. The Caretaker will supply the correct cleaning solution and equipment. This equipment is to be kept solely for this purpose, and separate in the Caretaker's cupboard.
3. Any person cleaning body fluid spills must wear disposable gloves to protect themselves before touching any body fluid spills and wear a disposable apron if appropriate. Gloves are available in all first aid kits, Medical Centres, Schools' Offices and Caretaker's cupboards. Hands must be washed after removal of the gloves. Care must be taken to prevent any of the fluid, being cleaned up, getting in eyes, nose, mouth or any open sore.
4. The area in which the spill occurs must be made safe and any spread of the body fluids should be prevented by covering the area with paper towels to soak up the excess.
5. Any surfaces on which body fluids have been spilled must be cleaned and disinfected. An effective disinfectant solution is household bleach solution diluted 1 in 10, but it must be used carefully.
6. Fluid-contaminated materials must be discarded in a plastic bag along with the disposable gloves. Any papers or books etc. which have come into contact with the body fluid spillages will also be disposed of in the same way. The bag must be securely sealed and disposed of in the yellow bins which are placed in each Medical Centre and then sent for incineration.
7. Mops and buckets, used to clean up fluids, should only be cleaned in a cleaning equipment sink, not a kitchen sink, washed in hot soapy water, then rinsed with a disinfecting solution and dried. They should be kept exclusively for this purpose.
8. Any contaminated clothing, materials or cloths, will be sent home wrapped in a sealed plastic bag for washing at a minimum 60 degrees Celsius. School property must also be washed to these standards.
9. Hands must be washed after dealing with a body fluid spill, even if gloves are worn.
10. Medical advice should be sought if contamination from a body fluid spill is suspected.

Following these Universal Precautions will promote a safe environment for Staff and Pupils and help to prevent cross infection, and decrease the risk of accidental contamination.

#### Sharps Disposal

All sharps used on site are to be disposed of in the bins provided, which are kept in DABS Biology prep room, the Senior School Medical Centre and the medical cupboard in the Junior School staffroom.

#### Blood Spillage - field

Blood spillages on the playing field will be sluiced with water, after the area around the spillage has been forked to an approximate depth of 12cms. Sand/sawdust may also be placed on to the spillage prior to sluicing with water if required. Gloves should be worn at all times to prevent contamination. Any equipment used, i.e. fork, should be washed with soap and hot water in an equipment-cleaning sink, and then dried.

The contaminated sand/sawdust must be collected and placed in a yellow bag for disposal in the disposal unit in the Medical Centres.

All sports participants should be actively encouraged to cover all small cuts or wounds prior to playing sports, to prevent any infection. They should also be encouraged not to 'spit', during or after a game to prevent possible infection from contaminated spittle entering wounds. Paper towels should be available at pitch side (along with first aid kits) as these may help to prevent excessive blood spillage.

These simple guidelines will protect both pupils and staff when dealing with a body spill situation. It will help to prevent cross infection and promote good hygiene habits by example to pupils.