



Windlesham School
& Nursery



First Aid Policy

Last Reviewed: March 2024

Next Review Due: March 2025

Reviewed by David Leggett, Headmaster
Gillian Stewart, First Aid Coordinator

Contents

1	Scope	1
2	Objectives	1
3	Responsibilities & Implementation	1
4	Principles applying to the provision of First Aid	1
4.1	Responsibilities	1
4.2	Records	1
4.3	First Aid materials.....	2
4.4	Out of school activities.....	2
4.5	First Aiders.....	2
4.6	First Aid Policy	2
5	Dealing With Accidents	2
6	Dealing With Sick Pupils.....	3
7	Blood Borne Viruses (BBVs).....	3
8	Allergies and Administering Medication to Pupils.....	4
8.1	The storage and administration of medicines.....	4
8.2	Children requiring Inhalers	4
8.3	Children with allergies requiring medical treatment.....	4
9	First Aid Procedure	5
9.1	Procedure in case of an accident	5
9.2	Procedure for head/face area injuries.....	5
9.3	Procedure for nose bleeds	5
9.4	Procedure for bruising/falls	5
9.5	Shock and other incidents requiring a seated treatment	6
9.6	Accident Reporting	6
10	Items in First Aid Boxes.....	6
11	Disposal of Waste Materials	6
12	Legal Requirements & Education Standards	6
	Appendix A: Medical Information for Trip Form	8
	Appendix B: Residential Trip Consent / Medical Information Sheet	9
	Appendix C: Parental Agreement for Windlesham School to Administer Medicines	12
	Appendix D: Emergency Services Checklist	14
	Appendix E: Head Injury Symptoms.....	15
	Appendix F: Windlesham School Head Bump Notification.....	16
	Appendix G: First Aid Provision in Covid 19 Pandemic.....	18

1 Scope

This guidance is applicable to all those involved in the provision of first aid related to school activities including EYFS staff. This Policy is developed with regard to the recommendations and requirements of the EYFS for a range of aspects of health & well-being.

2 Objectives

- 2.1** To ensure that there is an adequate provision of appropriate first aid at all times
- 2.2** To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

3 Responsibilities & Implementation

- 3.1** The Health & Safety Co-Ordinator & First Aid Co-Ordinators will be responsible for the implementation of this policy.
- 3.2** The Health & Safety Co-Ordinator & First Aid Co-Ordinators will undertake a risk assessment to determine the first aid needs. This will include consideration of the following:
 - Size of the school and whether it is on split sites / levels
 - Location of the school
 - Specific hazards or risks on the site
 - Staff or pupils with special health needs or disabilities
 - Previous record of accidents / incidents at the school
 - Provision for lunchtimes and breaks
 - Provision for leave / absence of first aiders
 - Off-site activities, including trips
 - Practical departments, such as science, technology, PE
 - Out of hours activities
 - Contractors on site and agreed arrangements.

4 Principles applying to the provision of First Aid

4.1 Responsibilities

All staff will follow the procedure in dealing with accidents as detailed in this policy.

4.2 Records

Details of any incident, which requires treatment, will be recorded on the Engage system using the Accident Report form.

This includes any incident which requires First Aid to be administered to a member of staff, pupil or other person – either on the School premises or engaged in activities sponsored by the School (including visits). It applies to every case where First Aid is given whether from a remote location or in the Medical Room. RIDDOR reporting requirements must be followed as per Health and Safety Policy.

4.3 First Aid materials

First Aid materials are held at various locations throughout the School where accidents are considered most likely to happen. Such locations are prominently marked and all staff are advised of their position at induction training and in the Staff Handbook. Listed materials are checked for use-by date, contamination etc and replenished regularly, at least termly, by a First Aid Co-Ordinator who signs and dates a sheet to identify when these checks have taken place.

4.4 Out of school activities

Adequate and appropriate First Aid provision will form part of the arrangements for all out of school activities. All groups will have a qualified First Aider with them (paediatric first aid for EYFS pupils) and the First Aid pack will be comprehensively stocked. A First Aid trip checklist (APPENDIX A) will be completed by the lead teacher. Parents will complete a Medical Form ahead of the residential trip (APPENDIX B)

4.5 First Aiders

At least one qualified person will be on site when children are present. All such staff will be trained in Paediatric First Aid to a basic minimum level of competence. The names of First Aid Co-Ordinators and their working hours are displayed in the School Office. Staff First Aid training is recorded on the Engage system. This is monitored by the Head of Finance & Operations.

First aiders will give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.

The school has appointed two First Aid Co-Ordinators in addition to first aiders. Such persons have received formal training and their duties may include:

- take charge when someone becomes ill or is injured
- look after first aid equipment, e.g., restocking of supplies
- ensure that an ambulance or other professional medical help is called when appropriate.

First aid and First Aid Co-ordinator training will be refreshed every 3 years

4.6 First Aid Policy

This First Aid Policy will be reviewed annually or immediately if any pupil or staff with a medical condition that may need special provision joins the school.

5 Dealing With Accidents

If a pupil has an accident, they should be dealt with by staff present unless it is deemed to be serious enough to require a second opinion when one of the appointed first aiders should be sent for.

In the case of distress, pupils are taken to the Medical Room for recovery. The staff member accompanying the child will advise a colleague of their whereabouts and a second child will remain with the staff member and the patient in line with Child Protection and Safeguarding procedures. The staff member should explain what is happening to the injured child.

For more serious accidents (other than minor cuts and abrasions) the pupil will be sent to hospital with their parent/guardian if contact has been made in a timely manner, or by ambulance. Instructions on contacting the Emergency Services (Appendix D) are by the phones in the School Office, the swimming pool and in the Site Manager's Office. The Headteacher and members of the SLT will be informed immediately. If a parent/guardian cannot accompany immediately and a child is going to hospital in an ambulance, a member of staff will accompany. The School Secretary will prepare a note of Parent/guardian contact details for the Ambulance crew if the parent can not accompany.

If unable to accompany and an ambulance is called, parents/guardians should be:

- given the name of the hospital to which their child has been taken
- asked to attend the hospital as a matter of urgency
- reassured to prevent parental distress and another possible accident as they travel to hospital

Pupils must be sent to hospital **immediately** by ambulance in these cases:

- any head injuries and wounds needing stitches
- all suspected fractures
- if there has been any amount of unconsciousness, even for a few seconds.

6 Dealing With Sick Pupils

If a teacher feels that a child is not well enough to continue with the School day, a member of staff will phone the office to ask them to contact parents. The child will be brought to the School Office (except in extreme cases) and the parents will be contacted and asked to take direct responsibility for the pupil (remove the pupil from the premises). The responsibility for deciding whether the pupil should go home or not primarily resides with the class teacher/tutor. If pupils become unwell at break or lunch times, the teacher(s) on duty should deal with the situation.

If a member of staff feels that a child is unwell enough to go home the final decision would normally be made by a member of SLT who should be contacted to come to see the child and decide on whether the child should go home or remain in school to be monitored.

7 Blood Borne Viruses (BBVs)

If you are a first aider in the workplace, the risk of being infected with a BBV while carrying out your duties is small. There has been no recorded case of HIV or HBV being passed on during mouth-to-mouth resuscitation. The following precautions can be taken to reduce the risk of infection:

- cover any cuts or grazes on your skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or any other body fluids
- use suitable eye protection and a disposable plastic apron where splashing is possible
- use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them;
- wash your hands after each procedure.

8 Allergies and Administering Medication to Pupils

8.1 The storage and administration of medicines.

Parents complete documentation on registering their pupil to notify the School of any allergies/health issues.

- If the child requires an inhaler or medication the parent completes the Parent Agreement for Windlesham School to Administer Medicine form (APPENDIX C) and provides the relevant medicine(s) to the School.
- Annually completed forms for inhalers/longer term treatment are kept in the School Office and on Sharepoint.
- Forms for short term treatment such as anti-biotics are kept in the School Office.
- If a child needs medicine during the school day without advance notification by the parent, two different members of staff need to obtain telephone consent from the parent and confirmation that the child is not allergic to the medicine to be administered. The staff should each make a written record of this and the parent then completes the form (APPENDIX C) on their arrival at School. This is a last resort only.
- Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

8.2 Children requiring Inhalers

Two labelled inhalers are to be supplied to the school by parents with the appropriate administration device if used. One inhaler to be kept in the Medical Room and one with the child if the child is old enough to self-administer and manage their inhaler. Children may store their inhaler in their schoolbags or desk as appropriate. For younger children, unable to self-administer, their inhaler should be kept with the class teacher in a location out of reach of children. Parents must complete a medicine administration form in the School Office. Each inhaler is stored in a plastic wallet together with their medicine administration form. Any doses administered should be recorded on this form or entered on Engage if not available and the parents informed either by a note in the diary or reading record depending on year group and verbally too where possible. The school will also hold a stock of two inhalers and sets of disposable spacers. One set of each will be in the Inhaler First Aid bag for generic use (this is stored in the bottom drawer in the Medical Room) and the other in the First Aid Cupboard in the staffroom. If a child requires use of the emergency inhaler, they must have guardian consent for emergency inhaler use (on list on Sharepoint and Inhaler First Aid bag) and any use of this inhaler must be recorded on Engage and parents informed. Administration of the inhaler should be supervised by two adults where possible. Any use of the emergency inhaler should be recorded on Engage.

Expiry dates for stored inhalers (school and parent-supplied units) will be checked at least monthly and checks recorded in the folder kept in the Medical Room/Staff Room.

8.3 Children with allergies requiring medical treatment (including auto-injectors)

Two sets of their medicines are kept in School. One should be kept with the child at all times in a small bag which ideally can be body worn. The second should be stored in the locked Medical Room cupboard in a plastic wallet, both sets should contain a copy of the child's health care plan. If it is felt that the child is not able to carry their medicines around then a suitable area will be

identified in which to keep the medicines and this information shared with staff. Parent to fill in medical form with details of allergy, how it presents and treatment plan.

For children at risk of an anaphylactic reaction, at least two auto-injectors are required to be supplied for each child. If parents want to supply an additional auto-injector, it will be kept in a secure area out of the reach of children. This may be in the staff room first aid cupboard or a suitable area in the classroom depending on the needs of the child. The availability and location of the additional auto-injector will be specified on the child's individual healthcare plan, located in the staffroom.

Expiry dates for stored auto-injectors will be checked at least monthly and checks recorded. Used auto-injectors will be returned to the parents for safe disposal.

9 First Aid Procedure

9.1 Procedure in case of an accident

Teacher in charge to:

- Assess nature of incident - severity and whether another adult is required for support.
- Call for an appointed First Aider if required. Another adult or two children to fetch them.
- Access First Aid box as required - sited in the Medical Room, outside the main school office, on top floor of Cooper House, in staff room, swimming pool, in Nursery area and in cupboard of L4's cloakroom area.
- Treat at one of these sites for minor cuts and abrasions. Wounds to be washed and dressed if necessary. Waste to be disposed of appropriately.

9.2 Procedure for head/face area injuries

When any head injury has occurred, staff should ask questions or engage the child in conversation to check that the child is alert and aware of what has happened. Be aware of the presence of signs which might indicate a more serious concern. If the child is exhibiting symptoms, then staff should consult with one of the lead first Aiders. In the case of a major head injury call 999 immediately.

Treat injury with ice pack where appropriate or possible, not applied directly to skin and phone office to advise of incident. Parents must be notified immediately and invited to view if they wish and to take child home or to hospital.

A Head Injury Advice leaflet is sent home with the child in these instances. See Appendix F for details of assessment and for copy of Head Injury Leaflet.

If the child remains in school, the teacher or supervising staff in the following lessons should be informed the child has had a head injury so they can know to be alert to any changes in the child's condition.

9.3 Procedure for nose bleeds

Treat child; notify office; office will then notify parent/carer that the child has had a nose bleed either via email or a note. If it is a significant nose bleed parents will be advised by telephone at the time it occurs.

9.4 Procedure for bruising/falls

Ice packs are in all First Aid boxes. Iced pads are kept in the fridge in the Medical Room. Singles can be applied to small areas.

9.5 Shock and other incidents requiring a seated treatment

In the Medical Room there are chairs, a bed, and blankets for treatment.

9.6 Accident Reporting

All incidents should be recorded on an Accident Report on Engage and the Class Tutor/Teacher should be informed. Parent to be seen by person dismissing the pupil at the end of the day. It is the responsibility of the Class Tutor/Teacher to ensure the Club supervisor knows.

10 Items in First Aid Boxes

The contents of a first aid box will be in accordance with the guidance given in HSE document "Basic advice on first aid at work" INDG 347

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work);
- Dressings
- Tape
- Assorted plasters
- Cleansing wipes
- Ice pack
- Large sterile individually wrapped unmedicated wound dressings
- Medium-sized sterile individually wrapped unmedicated wound dressings
- Disposable Gloves
- Individually wrapped triangular bandages, preferably sterile
- Vomit bags
- Resuscitation face shield
- Sterile eye pad
- Safety pins

11 Disposal of Waste Materials

All body fluids, blood etc, which are to be thrown away, should be placed in marked bins which in the Medical Room and the cloakroom outside the School Office. These are to be emptied and disposed of by the Site Manager.

Vomit and other fluids can be covered with prepared substance and Site Manager requested to clear.

12 Automated External Defibrillator (AED)

The AED is stored on the wall in the corridor close to the swimming pool in Cooper House. It is checked weekly as directed by the manufacturer and those checks recorded on a sheet kept in the AED case.

13 Legal Requirements & Education Standards

References:

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 (www.isi.net)

B: Reference Guide to the key standards in each type of social care service inspected by Ofsted (www.ofsted.gov.uk)

C: "[Health and Safety at Work](#)" Section H of the ISBA Model Staff Handbook,

D: "[Health and Safety and Welfare at Work](#)" Chapter N of the ISBA Bursar's Guide

E: "[Insurance](#)" Chapter K of the Bursar's Guide by HSBC Insurance Brokers Ltd

F: Early Years Foundation Stage (EYFS) Checklist and Monitoring Reference for Inspectors (www.isi.net)

G: DfE "Guidance on First Aid for Schools" (www.dfe.gov.uk)

H: HSE home page, First Aid at Work (www.hse.gov.uk)

I: MOSA Guidance: "First Aid Provision and Training in Schools" (www.mosa.org.uk)

Appendix A: Medical Information for Trip Form

First aid and medical provision

Trip Venue & Year Group:

Completed by: **Date:**

Medical forms completed by parents? _____ (sign to confirm)

Staff trained to administer medicine? _____ (list names)

Staff First Aid qualified? _____ (list names)

Medical help available? Local hospital _____

Local doctor _____

Emergency Plan

Contact numbers Venue _____

Windlesham School: **01273 553645**

School Mobile (taken on trip) : _____

Party Leader mobile phone (or other) please specify _____

Out of hours School number
(i.e. Headteacher or other) _____

Pupil list (with names and contact numbers of parents) _____ (sign to confirm)

I have read and understood the Windlesham School emergency procedures _____ (sign to confirm)

Appendix B: Residential Trip Consent / Medical Information Sheet

Pupil Details: Surname _____ Forename _____

I agree to my child taking part in this trip and, having read the information sheet, agree to their participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on their part.

Emergency details

a. I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b. I may be contacted by telephoning the following number(s):

Home (full number) _____ Work (full number) _____

Mobile _____ Mobile 2 _____

Home address _____

c. In case of emergency, please give further contact details:

Telephone number _____ Mobile number _____

Name and address of contact _____

Relationship to child _____

d. Child health service details: Medical card/NHS number □□□-□□□-□□□□

e. Family doctor name, address and telephone number _____

Appendix B (Contd.) Medical information

Does your child suffer from any of the following conditions? *(Cross out the YES or NO which does not apply)*

Asthma	YES/NO	Bronchitis	YES/NO
Chest Problems	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Fainting Attacks	YES/NO
Heart Trouble	YES/NO	Impaired/Restricted vision	YES/NO
Migraine	YES/NO	Raised Blood Pressure	YES/NO
Tuberculosis	YES/NO		

If YES to any of the above, please provide details:

Please write if there are any limitations or restrictions for your child as a result of their condition:

Does your child suffer from any other condition requiring medical treatment, including medication? YES/NO. If YES, please provide full details:

Is your child allergic or sensitive to any medication, insect bites or food e.g. nut allergy? YES/NO. If YES, please provide full details:

Has your child been immunised against the following diseases?

Poliomyelitis YES/NO

Tetanus (lock jaw) YES/NO

If YES to Tetanus, please give date if known _____

Is your child taking any form of medication on a regular basis? YES/NO. If YES, please give full details, indicating the type of medication and dosage:

Appendix B (Contd.)

Please ensure that your child has adequate supplies of medication and dosage.

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? YES/NO. If YES, please give full details:

Additional Information (e.g. sleeping problems)

Insurance cover

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised by the School.

Declaration

- I have read the attached information provided about the proposed educational visit and the insurance arrangements.
- I consent to my child _____ taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned.
- I understand that I am responsible for collecting my child from Windlesham School upon their return
- I am aware of the levels of insurance cover.
- I have completed the required consent and medical form and I will return it to the Class Tutor.
- I will ensure that any change in the circumstances which will affect my child's participation in the visit will be notified to the School prior to the visit.

Signature of parent/guardian _____ Date _____

Print Name _____

Appendix C: Parental Agreement for Windlesham School to Administer Medicines

NB: Medicines must be in the original container as dispensed by the pharmacy

The School will not give your child medicine unless you complete and sign this form. If more than one medicine is to be given, a separate form should be completed for each.

Date _____ Child's name _____

Class Teacher/Tutor _____

Name of medicine _____ Expiry date _____

Dosage _____ When to be given _____

Number of tablets/quantity to be given to School _____

Further Information _____

Parent/Carer daytime telephone number _____

Name and contact number for GP _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for Windlesham School staff administering medicine in accordance with the School policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication has stopped.

Signature of parent/guardian _____ Date _____

Print Name _____

Appendix C (Contd.)

Windlesham School – Record of Administered Medicine for Individual Child

Child's Name _____ Class _____

Date	Time	Medicine	Dosage	Reaction?	Staff signature	Print name

WINDLESHAM SCHOOL FIRST AID POLICY

Appendix D

Emergency Services Checklist

Dial 9+999 or 9+112

Have a pen and paper ready for any instructions.

School Office Address is: 190 Dyke Road Brighton BN1 5AA

Phone: 01273 553645

Entry to car park is 180 Dyke Road BN1 5AA

Appendix E

Head Injury Symptoms

Minor Head Injury Symptoms may include:

- Mild headache
- Nausea
- Mild dizziness
- Mild blurring of vision

More serious head injury:

- Look out for unconsciousness even for a brief period
- Seizures
- Problems with senses e.g., hearing loss, double vision
- Repeated vomiting
- Blood or clear fluid coming from ears or nose
- Memory loss

Appendix F Windlesham School Head Bump Notification



Head Bump Notification

Your child has bumped their head at School today. This leaflet is a direct copy of advice from the Alex Children's Hospital Emergency Dept on monitoring your child for symptoms and any next steps. The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Windlesham School Trust Limited.
Registered company no. 1172432
(England & Wales).
Registered charity no. 269264.
Registered office:
190 Dyke Road, Brighton,
East Sussex, BN1 5AA.

Brighton and Sussex
University Hospitals
NHS Trust

the alex

Head injury advice for children

Children's Emergency Department

If you require this document in a language other than English please inform your interpreter or a member of staff.

إذا كنت تريد هذه الوثيقة بلغة أخرى، فيرجى إخطار مقدم الخدمة المتخصص لك أو أحد أفراد طاقم العمل.

ইহোক্তি দ্বিতীয় ভাষায় এই নথি আপনার প্রয়োজন হলে অনুগ্রহ করে আপনার অনুবাদক বা কোল স্টাফকে জ্ঞাপন।

如果您需要索取此英文檔之外之任何語言版本，則請告知貴方的口譯員或任職職員。

فرضیتونه این سند را به زبان دیگری غیر از انگلیسی می خوانید. لطفاً به مترجم خود و یا یکی از پرسنل اطلاع دهید.

如果口譯員提供本文件之英文版本以外之任何口譯版本，請告知口譯員的口譯或在職口譯。

Jezeli chcieliśy Pórsiwo otrzymać niniejszy dokument w innej wersji językowej, prosimy poinformować o tym tłumacza usłusnego lub członka personelu.

Se precisa deste documento noutra língua por favor informe o seu intérprete ou um membro do pessoal.

© Brighton and Sussex University Hospitals NHS Trust

Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 405.2

Publication Date: January 2016

Review Date: January 2018



Red flag symptoms

If your child:

- is sleepy and you cannot wake them
- has had three or more separate vomiting episodes
- has a bad headache or is persistently irritable, even after pain medicine
- has difficulty speaking or understanding what you are saying
- has weakness in their arms or legs or loss of balance
- has a convulsion or fit

Phone 999
for an ambulance or go
straight to the nearest
A&E Department.

Post-head injury symptoms

After a head injury your child may experience some symptoms called 'post-concussion syndrome':

- mild headache, especially while watching TV or on a computer or phone
- tiredness or trouble getting to sleep
- irritability or bad temper
- concentration problems
- feeling sick and/or dizzy

Advice:

- give your child medicine such as paracetamol or ibuprofen if they are in pain. Always follow the manufacturers' instructions for the correct dose
- make sure your child is drinking enough fluid
- allow them plenty of rest until they are feeling better, avoiding TV, computers, phones and rough play/contact sports

Please tell your child's teachers if they still have any symptoms when they go back to school
See your GP if things don't get better in one week

About head injuries

Most head injuries are not serious and simply result in a bump or bruise.

Minor bumps and bruises to the head without any red flag symptoms or change in your child's normal behaviour can usually be managed at home:

- observe your child closely for the next 2-3 days. Check that they respond to you normally
- give your child pain medicine such as paracetamol or ibuprofen if they are in pain. Always follow the manufacturers' instructions for the correct dose
- make sure your child is drinking enough fluid
- allow them plenty of rest until they are feeling better

Appendix G First Aid Provision in Covid 19 Pandemic

The PPE Equipment to wear when dealing with infectious diseases is stored in the bottom drawer in the Medical Room.

The PPE equipment you should wear if caring for an individual with Covid -19 symptoms is:

- Disposable Apron
- Disposable gloves
- Disposable face mask
- Re-useable face visor (please ensure it is cleaned after use)

Advice from SJA for First Aiders in Covid 19 Pandemic

1. Be aware of the risks to yourself and others

When approaching a casualty there is always a risk of cross contamination – especially when you may have to get close to the casualty to assess what is wrong or to check their breathing. It is always important to be aware of the risks of how this cross contamination can occur.

2. Keep yourself safe

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty, also ensure that you do not cough or sneeze over a casualty when you are treating them – the PPE should prevent this and provide protection to yourself.

Do not lose sight of other cross contamination that could occur that is not related to COVID-19.

- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound.

3. Give early treatment

Sensible precautions will ensure you are able to treat a casualty effectively.

4. Keep yourself informed and updated

As this is a new disease this is an ever-changing situation and the government and NHS are continually updating their advice. Make sure that you regularly review the NHS 111 or Gov.uk website which has a specific section on Coronavirus.

5. Remember your own needs

These are challenging and uncertain times for all. The COVID-19 outbreak has meant a lot of upheaval and worry for people. To help others you will also need to look after your own needs. Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself.