

RUSKIN INFANT SCHOOL AND NURSERY



FIRST AID POLICY

Revised: January 2017

Revised by: Catherine Starnes / Donna Reed

To be reviewed by: January 2019

RUSKIN INFANT SCHOOL AND NURSERY

FIRST AID POLICY

Introduction

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the work place.

The minimum first aid provision is:

- a suitably locked first aid container
- an appointed person to take charge of first aid arrangements. The persons responsible for staff first aid training are the HT and DHT. The person responsible for updating first aid requirements is Wallace Cameron
- information for employees on first aid. (This information can be found in the office and staffroom)
- on display in the staff room is an overall list of ailments, first aiders, pupils with special requirements, guidance control poster and lockable first aid box.

First aid provision must be available at all time while people are on the school premises and also off the premises whilst on school visits.

Who is responsible in school

The Head Teacher and Governing Body are responsible for making local arrangements for first aid provision covering all aspects of school activities, all employees, pupils and visitors to the school, including AOTTS (Adults Other Than Teachers) and supply staff.

The Health and Safety (First Aid) Regulations 1981 says that Employers must provide adequate and suitable equipment, facilities and qualified first aid personnel.

The regulations does not require employers to make provision for anyone other than employees but it does strongly recommend the inclusion of non-employees (including pupils) in the assessment of need and that provision is made for them. This view is confirmed by the DFEE guidance and is the policy of Northamptonshire County Council.

Schools should ensure that where first aid is provided for staff and pupils its' provision for employees does not fall below the required standard; provision for pupils and others complies with other relevant legislation and guidance.

Providing Information

The Head Teacher must inform all staff (including those with reading and language difficulties) of the first aid arrangements. This should include the location of equipment, facilities, first aid personnel and the procedures for monitoring and reviewing the school's first aid needs.

A First Aid Notice is displayed in the staff room giving the names of the qualified first aiders in school (See Appendix 1). First aid boxes are situated in the staffroom, the school office and a first aid bum bag is located in each year group. Nursery and Childcare have their own boxes as well as the outside area and EVC.

Information for staff about first aid is shared via the display board in the staff room, staff meetings and staff induction programmes.

Assessment of need

The 'Management of Health and Safety at Work Regulations' 1992 require employers to make a suitable and sufficient risk assessment of the risks to the health and safety of their employees at work and others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks.

Insurance

In the event of a claim alleging negligence by a member of the schools staff, action is likely to be taken against the employer rather than the employee.

The employer should also make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is the employer's responsibility to make sure that the statutory requirements for provision of first aiders' are met, that appropriate training is provided and that correct procedures are followed. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

Employees are covered by the School's Employers' Liability Insurance Policy No. YO81349QBE 0114A

Reassessment of first aid provision

The Governing Body and/or Head Teacher should regularly review the school's first aid needs (at least annually) and particularly after any changes to ensure the provision is adequate.

Teachers and other school staff

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks.

Teachers and other staff in charge of pupils are expected to use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents 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.

The employer must arrange adequate and appropriate training for staff who volunteer to be first aiders/appointed persons. The employer must ensure that there is enough trained staff to meet the statutory requirements and assessed needs, allowing for staff sick leave or off site. A list of qualified First Aiders will be displayed in the main office and the staff room.

Qualifications and Training

A first aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE.

Standard first aid at work training courses do not generally include the resuscitation of children. The employer should arrange appropriate training for this. Four staff have 'First Aid in the Workplace, training.

First aid certificates are valid for three years. Employers should arrange refresher training and retesting of competence before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider.

Training records

Schools are advised to maintain up to date records of first aiders and certification dates to help with the timely arrangement of further training and succession planning. The persons responsible for this in school are the HT and DHT. **See List of Qualified School Staff (Appendix 1.)**

First aid materials, equipment and facilities

Suitable and sufficient materials and equipment should be provided, based on the school's assessment of the need.

First aid boxes are located in the main staff room, staff cloakroom, office, 1 bum bag per year group, Nursery, Childcare and outdoor area so that they are readily accessible.

In all these rooms except the office there is provision for hand washing.

A first aid area is situated in the corner of the hall by the staff cloakroom to be used for non emergency first aid.

Tablets and medications are kept in the lockable first aid container in the staff room.

There is no mandatory list of items to be included in a first aid container, the minimum stock of first aid items should:

A leaflet giving general guidance on first aid (*HSE leaflet Basic Advice on First Aid at Work- see Appendix 2*);

20 individually wrapped sterile plasters (assorted sizes) appropriate to the type of work (may be of a detectable type for food handlers and/or hypoallergenic if necessary); individually wrapped children's plasters. Please note that contrary to popular belief, plasters have not been "banned" and should be included in a first aid container. A list of pupils who are allergic to plasters will be displayed on the notice board in the staff room. At the beginning of each year we ask parents to inform us of any allergies, including plasters.

- Two sterile eye pads plus eye bath and saline
- Four individually wrapped triangular bandages(preferably sterile);
- Six safety pins
- Micro-pore tape
- Six medium sized sterile individually wrapped un-medicated wound dressings;
- Two large sterile individually wrapped un-medicated wound dressings;
- One pair of disposable gloves; powder-free latex examination gloves with low latex levels are normally suitable
- Tweezers

Responsibility for checking First Aid Boxes

The contents of first aid boxes are examined frequently by Wallace Cameron (a company employed to ensure the boxes are checked and restocked). First Aid boxes are restocked as soon as possible after use with sufficient supplies and out of date materials are disposed of and replaced.

All staff must ensure that they replace items used.

Allergies to 'plasters'

Some people do experience allergic reactions to 'plasters'. It is the responsibility of the individual employee or the parents/ carers of the pupil to inform the school if such an allergy exists and in these circumstances it would be sensible for the school to have a supply of 'hypoallergenic' plasters available. If no prior knowledge of such an allergy exists, normal first aid procedures should be followed by the school; if an allergic reaction does then

occur, medical assistance should be sought appropriate to the severity of the reaction. In extreme circumstances, emergency procedures may need to be instigated.

Other first aid equipment

Heat reflective foil blankets for casualties during PE/ offsite; these items are stored in the first aid cupboard. Ice packs are located in the staff room and childcare.

Travelling first aid kits

Before undertaking off site activities, the assessment should reveal what level of first aid provision is needed when out of school. **A travelling first aid kit is provided in the office, this is regularly examined and replenished by (Wallace Cameron CO.)** Bum bags for staff to carry first aid provision are located around the school in designated classes.

In accordance with national guidance, any offsite visits for children under the age of 5 years old (EYFS) must be accompanied by an adult with a Paediatric First Aid qualification.

Provision does not necessarily have to be made directly by the school if, for example, the organiser of the activity/event is doing so, but the school must still ensure that it is being made and is to a suitable standard. In all cases it will be necessary to ensure that in the event of an emergency, effective means of communication between the group leader and school, for example, are in place.

In the event of a school evacuation to Ruskin Junior School (as per the Business Continuity Plan) a bag of essentials will be kept at the school for use.

First aid facilities

The Education (school premises) Regulations 1966 require every school to have a suitable room that can be used for medical or dental treatment when required during school hours. The area must contain a wash basin, and be reasonably near to a WC, need not be used solely for medical purposes but it should be appropriate and readily available when needed. These facilities are located in the corner of the hall next to the staff cloakroom.

Hygiene/infection control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood or other bodily fluids and disposing of dressings or equipment

When considering their arrangements for dealing with blood-borne viruses (BBVs) in the context of first aid, schools are advised to refer to the guidance

contained in the HSE leaflet '*Blood-borne viruses in the workplace- guidance for employers and employees*' which is provided as a PDF document. **(See Appendix 3)**

The following advice is offered to first aiders and all other persons who may have cause to give first aid treatment where loss of blood or other bodily fluids is a significant feature. The hygiene guidelines apply irrespective of whether a virus is known to be present or not as they represent sound first aid procedures.

Within the workplace, BBVs are mainly transmitted by direct exposure to blood or other bodily fluids contaminated with infected blood. Direct exposure can happen through accidental contamination by a sharp instrument such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema or through splashes to the eyes, nose or mouth.

Sanitising gel dispensers have been fitted in all classrooms and various locations around the school to help prevent with infection control.

Managing the risk

For first aiders in the workplace, the risk of being infected with a BBV while carrying out their duties is small. There has been no record case of HIV or hepatitis B virus being passed on during mouth-to-mouth resuscitation and therefore the procedure should not be withheld in a life saving emergency.

First Aiders are advised to follow the following precautions to reduce the risk of infection;

- cover any cuts and abrasions on their skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or any other bodily fluids
- use suitable eye protection and a disposable plastic apron where splashing is possible
- hands should be washed before and after administering first aid
- hands should be cleaned with alcohol wash if available.

It is not normally necessary for first aiders in the workplace to be immunised against hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs.

Action after possible infection with a BBV

If contamination with blood or other bodily fluids occurs, the following action should be taken without delay;

- wash splashes of your skin with soap and running water; if your skin is broken, encourage the wound to bleed, do not suck the wound
- rinse thoroughly under running water; wash out splashes in your eyes using tap water or an eye wash bottle, and your nose and mouth with plenty of tap water
- do not swallow the water; record the source of contamination; report the incident to your line manager as appropriate
- prompt medical advice is important. Treatment might be appropriate but to be effective, it may need to be started quickly and therefore contact should be made with the nearest Accident and Emergency department without delay

further information is available within ‘*Advice on immunisation against BBVs*’ (Appendix 4)

Decontamination / Disposal of Waste

It is possible for HIV and hepatitis B virus to remain infectious in dried and liquid blood for a considerable time. If materials become contaminated with blood or body fluids, they will require decontamination in a way that is designed to inactivate BBVs, mainly by using heat, chemical disinfection or safe disposal. Schools should have in place a procedure for dealing with spillages and other forms of contamination and staff should be familiar with it.

As a general guide:

disposable plastic gloves must be worn and paper towels used when mopping up blood or body fluids. (These should be sealed in plastic bags and safely disposed of in line with waste disposal arrangements)

clothing may be cleaned in a washing machine using the hot cycle

surfaces and re-usable personal protective equipment (e.g. eye protection) should be wiped down/cleaned with a suitable disinfectant.

In a lot of cases, schools will only generate what is termed ‘human hygiene waste’ and this is generally assumed not to be clinical waste (as defined) as the risk of infection is no greater than that for domestic waste.

However, schools may have specific knowledge/experience of local circumstances (e.g. pupils' health issues/special needs) that require separate arrangements to be made for dealing with clinical waste and if so, these should be formalised and implemented by the school.

Emergencies

If it is deemed to be an 'emergency' or an otherwise serious injury, a paramedic or an ambulance will be summoned to the school by a member of the schools leadership team or a member of staff from the office, giving the location of the accident and details of the incident. ***The use of an employees' or other persons' private vehicle to take the pupil / adult to hospital should not be used in these circumstances.***

The emergency contacts procedure for the injured pupil will also be activated with the parents/carers being advised to either come to school etc or go direct to a specified hospital. Where the parents/carers are able to accompany the pupil in the ambulance, school employees will not usually need to be further involved.

If however the parents/carers will be meeting the pupil at hospital, a school employee who knows the pupil well will accompany the pupil in the ambulance and arrangements made for the employee to return to school etc once the pupil is in the care of the parents/carers. Pupils should not be left unaccompanied at the hospital and therefore the school employee may have a protracted wait for the arrival of the parents/carers. The employer will ensure that arrangements are made for the school employee in this instance.

For those requiring hospital treatment

If medical treatment is required beyond the scope of the First Aider, an ambulance should be summoned.

If the injury is minor and does not warrant calling an ambulance and it is a pupil, the named contact will be contacted and be requested to take the pupil to hospital for further medical treatment; otherwise an ambulance will be called to take the pupil to hospital. If a parent or contact is not available, then a member of staff will accompany the pupil.

If the casualty is an adult, then the wishes of that adult will be considered, however if the First Aider feels that further treatment is required, an ambulance will be called.

If the casualty is a pupil, then the parents/carers should be contacted and informed to meet the pupil at hospital. When the parents/carers arrive at the hospital the member of staff should return to work in accordance with arrangements made by the Head Teacher.

In the event of the parents/carers not being able to be contacted, the member of staff should stay with the pupil and return him/her home or back to the school, whichever is appropriate after treatment.

If the injury is an adult then a member of staff should accompany him/her but when care is obtained, the member of staff should return to the school in accordance with arrangements made by the Head Teacher.

For those not requiring hospital treatment

The First Aider will decide whether the injury needs a period of rest in a quiet area or needs to be taken home. If the injury is to a pupil:

- parents, carers or family members may be contacted to advise them of an injury
- parents, carers or family members may be requested to collect the pupil from the premises
- The parent / carer of any pupil who has a minor accident including bumps to the head, will be given an orange letter of advice.
- a child that has a head bump will be given a head bump sticker
- the member of staff should complete the NCC accident book and this will be checked by the bursar.

Transferring pupils to hospital etc

When a pupil suffers an injury or ill-health occurrence, either on school premises or during an off-site activity, a decision will need to be made on what action is required. First aid will usually be adequate in the majority of cases but in some circumstances, further treatment at a hospital or other medical facility may be necessary.

Non-emergencies

In less serious situations where paramedics or an ambulance is not required but it is considered that a visit to hospital or other medical facility is still needed, schools should contact the pupils' parents/carers to inform them of the situation and request that they arrange to collect their child from school etc and transport them accordingly. This is the recommended method.

Informing parents

When a pupil has an accident or suffers ill-health at school or during an off-site activity, the school will generally need to communicate some information about the accident/incident to the child's parents/carers.

If it is a serious accident/incident it is likely that the pupil will need transferring to hospital etc and therefore the parents/carers will be informed at an early stage as described above but if the pupil does not require immediate medical attention, consideration will need to be given to what information is provided, when and in what format.

The final decision on calling an ambulance will be made by the Qualified First Aider, if in any doubt they may need hospital treatment.

Parents/carers are likely to require information about;

- basic details of the accident/incident
- any first aid/emergency medication administered
- the potential for delayed reaction and/or requirement for monitoring the child, especially in relation to head injuries
- any follow up action required by them if symptoms persist or give further cause for concern (e.g. consult GP, NHS Direct etc)
- any follow-up action that the school will be undertaking (e.g. investigation).

In determining when and how the information will be communicated, consideration will need to be given to;

- the nature and severity of the injury
- the urgency/accuracy required
- any significant issues relating to the child (e.g. age, additional needs, accident history, safeguarding issues etc)
- any effect on same school siblings
- any requirements of, or relating to, the parents/carers

It must be borne in mind that the First Aiders' are only trained to administer first aid and recognise the presence of major illness; they are not medically trained and are not in a position to make a medical diagnosis or advise parents/carers in this way.

Where professional medical advice is required or they have concerns about their child's health, parents/carers should be advised to contact NHS Direct, their GP or a hospital.

In all situations, schools should be careful to keep to the basic facts when providing initial information about an accident/incident and be mindful of the potential for civil action being taken against the school or County Council. If necessary, further details can be provided later as part of the investigation process but copies of the schools' accident record should not be provided.

It is good practice for schools to have an agreed procedure that parents/carers are aware of and can be implemented when required. We recommend a

qualified first aider on every trip and are aware if the location has their own first aid station/policy. (**See EVC policy**)

Site access for Emergency Services

Access to the school site for ambulances etc should be available without delay. Where access is restricted for security reasons, the procedures for summoning an ambulance should include a designated person to open the gates etc. A member of school office ensures that the gates are unlocked and doors can be accessed as quickly as possible.

In some circumstances it may be decided by the ambulance service that the 'air ambulance' is required to transport a casualty to hospital and, where feasible, that landing within the school grounds is desirable. It will be the responsibility of the pilot to determine the safety aspects of any given landing site atmospheric conditions, adjacent buildings, overhead cables, trees, people on the ground etc) and the ambulance crew on the ground would direct other aspects of the situation.

With the possible exception of those who do not have any large open area, schools are advised to have in place a procedure to clear the proposed landing site (playing field, playground etc) as a matter of urgency and ensure that all bystanders are either kept away or directed back into the building. Additional school employee/ SLT may be required to achieve this with minimal delay if the incident occurs at a break/lunchtime when pupils are playing outside. Areas will be cordoned off and parents will be re-directed

Reporting Accidents and Record Keeping

All accidents and incidents are to be formally reported by completing (section 1 to 5 of the Northamptonshire County Council ACCIDENT/INCIDENT report form- Annex B), in accordance with county instructions included at the Annex and are to be submitted to the Head Teacher and Health & Safety Officer.

Local Authority Health and Safety Officer

Northamptonshire County Council

PO Box 216

John Dryden House

8-10 The Lakes

Northampton

NN4 7DD

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Nov 2013 (RIDDOR), the following work related accidents (an accident is a separate, identifiable, unintended incident that causes physical injury. This includes acts of non-consensual violence to people at work) must be reported to the HSE: (See Appendix 3)

- accidents resulting in death to workers or non-workers (including as a result of physical violence); suicides are not reportable, as the death does not result from a work-related accident
- a fracture, other than to fingers, thumbs and toes
- amputation of an arm, hand, finger, leg, foot or toe
- permanent loss of sight or reduction of sight
- crush injuries leading to internal organ damage
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs)
- scalping (separation of skin from the head) which require hospital treatment
- unconsciousness caused by head injury or asphyxia
- any injury arising from working in an enclosed space, which leads to hypothermia, head-induced illness or requires resuscitation or admittance to hospital for more than 24 hours
- where an employee or self employed is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the accident)
- work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided and no need to report incidents where are taken to hospital purely as precaution when no injury is apparent.

See NCC RIDDOR policy. The HSE must be notified without delay;

- Head Teacher

- Chair of Governors / Chair of Health and Safety Committee
- Local Authority Health and Safety Officer (03001266661)
- Health and Safety Executive- John Dryden House.

This must be followed up within 10 days with a written report on Form F 2508 See HSE Guidance.

In the HSE's view, an Accident must be reported if it relates to:

- any school activity, both on or off the premises
- the way a school activity has been organised and managed(e.g. the supervision of a trip)
- equipment, machinery or substances
- the design or condition of the premises.

Statutory Accident records

The school must keep readily accessible accident records either in written or electronic form for a minimum of 3 years.

School's record

The school keeps a record of any first aid treatment given by first aiders. This includes:

- the date, time and place of incident
- the name (and age) of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example, went home, resumed duties, went back to class, went to hospital)
- name and signature of the first aider or person dealing with the incident.

The information recorded can:

- help the school identify accident trends and possible areas for improvement in the control of health and safety risks
- be used for reference in future first aid needs assessment
- be helpful for insurance and investigation purposes
- be fed back to Governors

This policy was reviewed by the Governors.

This policy will be reviewed annually.

APPENDIX 1

RUSKIN INFANT SCHOOL AND NURSERY – INCORPORATING RUSKIN CHILDCARE

FIRST AIDERS – FEBRUARY 2015

NAME OF FIRST AIDER	LOCATION OF FIRST AIDER	LEVEL OF QUALIFICATION (PAEDIATRIC/WORKPLACE/BASIC)	EXPIRY DATE OF QUALIFICATION
Catherine Starnes	Head teachers Office	First Aid at Work Level 3	June 2017
Kerry Bateman	Sunflower Room	First Aid at Work Level 3	June 2017
Donna Reed	Whole school	First Aid at Work Level 3	June 2017
Anne Nunn	Childcare	First Aid at Work Paediatric Level 3	June 2017 September 2016
Ann Davies	Foundation Stage	Paediatric Level 2	June 2017
Chrissie Cundy	Foundation Stage	Paediatric Level 3	November 2017
Shane Jones	Lunchtimes	Paediatric Level 3	November 2017
Nicki Broughton	Lunchtimes	Paediatric Level 3	November 2017
Vicki Thorne	Sunflower room	Paediatric Level 3	November 2017
Donna Mills	Foundation Stage	Paediatric Level 3	November 2017
Katy Sharman	Childcare	Paediatric Level 3	November 2017
Sharon Walding	Childcare	Paediatric Level 3	November 2016
Kayleigh Miller	Foundation Stage	Paediatric Level 3	February 2016
Janice Heagren	Forest School	Paediatric Level 3	February 2016
Abi Wathen	Lunchtimes	Paediatric Level 3	February 2016
Jeanette Coles	Sunflower Room	Paediatric Level 3	February 2016
Kelly Holmes	KS1	Paediatric Level 3	February 2016
Debbie Lazarus	Foundation Stage	Paediatric Level 3	February 2016
Bernadette Rawle	Lunchtimes	Paediatric Level 3	February 2016
Penny Reeves	KS1	Paediatric Level 3	February 2016
Ravi Samplay	KS1	Paediatric Level 3	February 2016
Debbie	Foundation	Paediatric Level 3	February 2016

Waples	Stage/ KS1/Library		
--------	-----------------------	--	--

Appendix 2

Arrangements for First Aid provision-DfES checklist

The following checklist was formulated by the DfES in 1998 to enable schools to assess their existing provision and identify areas for development.

- Are there an adequate number of trained First Aiders to cover all locations (especially identified hazards areas) allowing for staff absences and impending retirements?
- Is there an up-to-date list of First Aiders prominently displayed on notice boards and at other strategic locations?
- Are there sufficient numbers of First Aid boxes on the premises, including travelling kits for outside journeys?
- Is there a designated member of staff/ company who is responsible for checking and maintaining the contents of First Aid boxes and kits?
- Is there a properly equipped First Aid room on the premises and, if so, does each First Aider have a key to it?
- Is there a prominently displayed up-to-date list of local hospital casualty departments and GPs with addresses / telephone numbers for use in emergencies?
- Is there a system for notifying the parents or carers when an accident occurs?
- Are all treated accident cases recorded and basic details held centrally for official notification?
- Is there a clear procedure for notifying potential hazards to the appropriate authorities?
- Is there a general awareness throughout the school of the importance of safety and provision for the basic training to cope with accidents & emergencies?
- Is there an adequate supply of suitable signs and posters for display?
- Is there a need to review current procedures in order to:
 - reduce the risk of accidents on the premises?
 - ensure that all accidents are dealt with in the most speedily and efficient way?
- Are all staff aware of the procedures needed to reduce the risk of transmission of blood-borne viruses in administering First Aid?

- Are there any pupils with disabilities, medical conditions or allergies which require special attention in case of accident or emergency? Who knows of these pupils and of the special treatment or actions needed?

Appendix 3

Blood-borne viruses in the workplace

Safe working practices

The following steps will minimise the risk of exposure to blood products and any associated BBV, but not all will be necessary in all situations.

- Avoid contact with blood or bodily fluids
- Take all necessary precautions to prevent puncture wounds, cuts and abrasions in the presence of blood and body fluids
- Avoid use of, or exposure to, sharps (needles, glass, metal etc) when possible and discard sharps directly into the sharps container immediately after use, and at the point of use
- Take particular care in handling and disposal if the use of sharps is unavoidable – ‘one use only’ contaminated sharps must be discarded into an approved sharps container (this is generally safer and more practical than attempting to recycle contaminated items). This must be constructed to BS7320:1990/ UM 3291, and used containers must be disposed of through a waste management company who will dispose of them safely as ‘waste for incineration only.’
- Protect all breaks in exposed skin by means of waterproof dressings and/or gloves. Chain mail and armoured gloves are available to protect the hands when working with sharp instruments or exposed to bone splinters, etc.
- Protect the eyes and mouth by means of a visor or goggles/safety spectacles and a mask when splashing is a possibility
- Avoid contamination of the person or clothing by use of waterproof/water resistant protective clothing, plastic apron, etc
- Wear rubber boots or plastic disposable overshoes when the floor or ground is likely to be contaminated
- Apply good, basic hygiene practices, including hand-washing, before and after glove use, and to avoid hand-to-mouth/eye contact. Disposable gloves should never be washed and reused, as they may deteriorate during use and in washing. If latex gloves are worn, powder-free, low-protein products should be chosen to help prevent latex allergy.

- Control surface contamination by blood and body fluids by containment and appropriate decontamination procedures

Appendix 4

Guidance for BBVs

<http://www.hse.gov.uk/pubns/indg342.pdf>