



First Aid Policy

The Corporation of Oundle School includes both Oundle School, a boarding and day School for pupils aged 11 – 18 and Laxton Junior School, a day School for pupils aged 4 - 11. This policy applies solely to Laxton Junior School.

Introduction and Aims

The aims of our First Aid Policy are to:

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

Legislation and Guidance

In accordance with the requirements of the Health and Safety (first aid) regulations 1981 it is our policy to provide adequate arrangements for enabling first-aid to be administered to employees if they are injured or become ill. In addition, we shall provide first-aid for pupils and visitors as required by the Independent Schools Inspectorate's Regulatory Requirements.

Roles and Responsibilities

Appointed Person and First Aiders

The school's appointed person is Stacey Crump, Deputy Head. They are responsible for:

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

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

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in Appendix 1)
- Keeping their contact details up to date

Governing Body

The governing body - named Governor for Health and Safety and the Health and Safety Committee - has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Health and Safety Officer, Head and staff members.

Health and Safety Officer

The Health and Safety Officer is responsible for:

- Providing advice and assistance on the legal and operational aspects of first aid requirements.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Reporting specified incidents to the HSE when necessary (see Record keeping and reporting)
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place

The Head

The Head is responsible for the implementation of this policy and delegates this to the Deputy Head.

The Deputy Head

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

- Ensuring that an appropriate number of paediatric first aid trained and first aid at work trained personnel are present in the school at all times
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that staff undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see Appendix 1) for all incidents they attend to where a first aider is not called
- Informing the Deputy Head of any specific health conditions or first aid needs

First Aid Procedures

In-School Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague (including The Health Centre) or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- The Health Centre can be called for advice and support. It may be advised that a pupil is taken to the Health Centre for review by a School Nurse (Appendix 3)
- If the staff member, first aider or Nurse judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Head, Deputy Head or a member of the Leadership Team will contact parents

- The staff member or first aider will complete an Accident, Incident and Illness Register form on the same day or as soon as is reasonably practical after an incident resulting in an injury and put this in the pupil's bag.
- Form Teachers should be informed of any first aid administered and should endeavour to report this to parents at pick up.

Off-Site Procedures

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

- A mobile phone
- A portable first aid kit or medical bag
- Information about the specific medical needs of pupils
- Parents' contact details
- Copy of risk assessment and emergency procedures to follow
- The staff member or first aider will complete an Accident, Incident and Illness Register form on the same day or as soon as is reasonably practical after an incident resulting in an injury and put this in the pupil's bag. Form Teachers should be informed of any first aid administered and should endeavour to report this to parents at pick up.

Risk assessments will be completed by the Visit Lead prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

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First Aid Equipment

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

- A leaflet with general first aid advice
- Regular and large conforming bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Resuscitation face shield

No medication is kept in first aid kits.

First aid kits are stored in:

- The first aid room
- Science Classroom

- Form Class Blue Bags
- Sports Department

A catastrophic bleeding kit is stored in:

- First Aid Room

An Automated External Defibrillator (AED) is kept in:

- The First Aid Room

(**Note:** Details of the locations of the other AEDs owned by the School and Oundle Town Council is available in the AED Policy and on posters in the front office and First Aid Room)

Arrangements for Pupils with Medical Conditions

Please see our Supporting Pupils with Medical Conditions Policy and Appendix 5 – 8.

Guidance on When to Call an Ambulance

Refer to Appendix 4

In a life-threatening emergency, if someone is seriously ill or injured and their life is at risk always call 999.

Examples of medical emergencies include (but are not limited to):

- chest pain
- difficulty in breathing such as a severe asthma attack (see Appendix 5)
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- concussion
- drowning
- severe allergic reactions (see Appendix 6)
- diabetic emergencies (see Appendix 7)
- fitting (see Appendix 8)

In an emergency an ambulance will be called by the First Aider, School Administrator, Head, Deputy or another nominated person.

Bodily Fluid Spillage

Specific guidance can be found in Appendix 9. Following any incident within the school (including EYFS), any bodily fluids must be dealt with in accordance to this policy. It is the responsibility of the first aiders, Operations Manager and Domestic Team to ensure this is done effectively.

Record-Keeping and Reporting

First aid and accident record keeping

- The Accident, Incident and Illness Register will be completed by the staff member or first aider the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included on the Accident, Incident and Illness Register (Appendix 1)
- All incidents involving staff, visitors or contractors, specified occupational diseases and dangerous occurrences will be reported to the Health and Safety Officer on the Corporation of Oundle School's incident report form.
- If an incident results in a pupil attending hospital or if it arises as a result of a failure of some sort, including the way in which the activity was organised, the condition of equipment or premises, or the way in which equipment or substances were used will be reported to the Health and Safety Officer on the Corporation of Oundle School's incident report form.
- The above form will also be used to record incidents involving property damage and near miss / non-injury incidents that had the potential to cause injuries.
- Should the accident or incident require further medical treatment the Deputy Head must be informed. An incident form will then be completed and filed with the Health and Safety Officer and on CPOMS.
- Records held on the Accident, Incident and Illness Register will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

Reporting to the HSE

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

The Health and Safety Officer will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Dangerous occurrences that do not result in an injury, but could have done. Examples of dangerous occurrences events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness

- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Notifying parents

The Form Teacher or member of staff, in person or via the Accident, Incident and Illness Register form, will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Reporting to Ofsted and child protection agencies

The Deputy Head or Health and Safety Officer will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Deputy Head will also notify Northamptonshire Children's Trust of any serious accident or injury to, or the death of, a pupil while in the school's care.

Training

All school staff are able to undertake first aid training if they would like to. All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

Staff are encouraged to renew their first aid training when it is no longer valid. This is organised by the Health and Safety Officer.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

Additional first aid courses focussing on sports injuries for sports staff and outdoor and wild country first aid for Outdoor Learning leads are also provided.

Monitoring and Review Arrangements

This policy will be reviewed by the Deputy Head every 3 years, in light of any new or revised legislation or guidance and if necessary due to organisational changes. At every review, the policy will be approved by the Head.

Linked Policies

- Health and Safety Policy Manual
- Health and Safety Handbook
- Oundle School First Aid Policy
- Risk Assessment Policy
- Supporting Pupils with Medical Conditions Policy
- Allergies Policy
- Epilepsy Policy
- Anaphylaxis Policy
- AED Policy
- Emergency Adrenaline Auto Injectors and Asthma Inhalers

Reviewer	SMC
Post of Reviewer	Deputy Head
Review Date	Lent 2023
Reviewed and filed with both Schools	Summer 2023
Next Review (max 3 years)	Lent 2026

Appendix 2: List of first aiders

The most up to date list is held with the Health and Safety Officer.

Appendix 3: Health Centre Contact Details

- Lead Nurse: Sylvia Meadows
- Phone: 01832 277200
- healthcentre@oundleschool.org.uk

Appendix 4: Contacting Emergency Services

If you are required to call the emergency services, you should provide them with the information below. You must also inform the Head or Deputy Head and Operations Manager.

Assistance required inside the LJS building or playground

Location	Advise to arrive at LJS main reception
Postcode	PE8 4BX
What3words	LEND.SUFFICE.RECLUSIVE

Assistance required on the sports fields

Location	Arrive directly to playing fields via track between two new build houses. This is not the main entrance to the School site
What3words	MISTY.CORKSCREW.MANGO

What3Words: Street addresses do not always point to precise locations. What3Words has given every 3m square in the world a unique 3 word address. The words are randomly assigned to each square and will always stay the same

Share and inform emergency services of:

1. the name of the person needing help.
2. the approximate age of the person needing help.
3. a brief description of the person's symptoms (and any known medical condition).
4. ambulance control of the best entrance to the school and state that the crew will be met at this entrance and taken to the pupil.

Do not hang up until the information has been repeated back.

Please note that the person calling should be with the child, as the emergency services may give first aid instructions.

Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.

Also ensure that one or more of the following members of staff are informed that an ambulance has been called to the school: Byron House or Senior House Secretary, School Nurse, Bursar, Headmaster, Deputy Headmistress, Byron House Headmistress.

Ensure the Head, Deputy or a member of LJLT have been informed.

Ensure that the child's parents / carers have been contacted.

Never cancel an ambulance once it has been called.

Appendix 5: Emergency Asthma Procedures

Common signs of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Something younger children expressing feeling tight in the chest and tummy ache

What to do in an asthma attack:

What to do in an asthma attack

-  **1 Sit up straight** – try to keep calm.
-  **2 Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds up to 10 puffs.
-  **3 If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance.**
-  **4 Repeat step 2 after 15 minutes** while you're waiting for an ambulance.

IMPORTANT! Not applicable to SMART or MART medicine regimes. Speak to your GP or asthma nurse for further information.

www.asthma.org.uk



Call an ambulance if:

- The pupil's symptoms do not improve in 5-10 minutes
- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue
- You are in any doubt

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember when an asthma attack occurs

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, and there is parental consent, send another teacher or pupil to School Reception to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send a pupil to get another member of staff if an ambulance needs to be called.
- Inform the Head, Deputy Head or a member of Leadership Team if an ambulance is called.
- Contact the pupil's parents/carers immediately after calling the ambulance.

- A member of the Leadership Team should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 6: Emergency Anaphylaxis Procedures

Please also see our Allergy Policy and Anaphylaxis Code of Practice Policy.

Anaphylaxis usually develops suddenly, and gets worse very quickly.

Symptoms include:

Airway

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty in swallowing
- Swollen tongue

Breathing

- Difficult or noisy breathing
- Wheezing (like an asthma attacks)

Consciousness

- Feeling lightheaded or faint
- Clammy skin
- Confusion
- Unresponsive/unconscious (due to a drop in blood pressure)

Usually, other less severe symptoms (such as an itchy, raised rash (hives), feeling or being sick, lip/face swelling, or stomach pain) are also present. However, sometimes, this does not happen and only severe symptoms are seen.

Action

- Assess the situation
- Follow the pupil's Allergy Action Plan
- Administer the appropriate medication
- Get help from a second adult

If you administer an auto-adrenaline injector an ambulance **must** be called

If you consider that the pupil's symptoms are a cause for concern **call for an ambulance** (Appendix 4) and state:

- You believe the pupil to be suffering from anaphylaxis
- The cause of the trigger (if known)
- The time any adrenaline was administered

Whilst awaiting medical assistance a first aider should:

- Continue to assess and monitor the pupil's condition
- Position the pupil in the most suitable position according to their symptoms

Symptoms and the position of pupil

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should **not** stand up
- If there are also signs of vomiting, lay them on their side to avoid choking
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up

After the emergency

- After the incident carry out a debriefing session with all members of staff involved
- Complete an incident form
- Ensure that parents/guardians have replaced any medication used

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 7: Emergency Diabetes Procedures

Hyperglycemia

This is when a person's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

Action

- Act in line with the pupil's care plan
- Call the pupil's parents who may request that extra insulin be given

Call an Ambulance if:

If any of the following symptoms are present then call 999

- Deep and rapid breathing
- Vomiting
- Breath smelling of nail polish remover

Hypoglycemia

This is when a person's blood glucose levels are too low (below 4mmol/l) and may be caused by:

- Too much insulin
- A delayed or missed meal or snack
- Not enough food, especially carbohydrate
- Unplanned or strenuous exercise

Common symptoms:

- Hunger
- Trembling or shakiness
- Disorientated
- Sweating
- Going pale
- Palpitations and fast pulse
- Lips feeling tingly
- Blurred vision
- Feeling tearful
- Tiredness
- Headache
- Lack of concentration

Action

- Act in line with the pupil's care plan
- Immediately give something sugary to eat or drinking such as:
 - Apple juice or non-diet drink
 - Three or more glucose tablets
 - Five sweets eg: jelly babies
 - GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances, be guided by the individual. After 10-15 minutes check the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again such as:

- Roll/sandwich
- Portion off fruit
- Cereal bar
- Biscuit (x2)
- A meal if it is due

If the pupil still feels 'hypo' after 15 minutes, something sugary should be given again. When the child has recovered, give them some starchy food as above.

Call an Ambulance if:

- The pupil is unconscious:
 - Do not give them anything to eat or drink; call for an ambulance.

Inform the Head, Deputy or a member of LJLT and inform their parents/carers.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 8: Emergency Epilepsy Procedures

First aid for seizures can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

First aid for epileptic seizures

Remember

ACTION

for tonic-clonic seizures:

A	Assess Assess the situation – are they in danger of injuring themselves? Remove any nearby objects that could cause injury
C	Cushion Cushion their head (with a jumper, for example) to protect them from head injury
T	Time Check the time – if the jerking lasts longer than five minutes you should call an ambulance
I	Identity Look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do
O	Over Once the jerking has stopped, put them on their side. Stay with them and reassure them as they come round
N	Never Never restrain the person, put something in their mouth or try to give them food or drink

Tonic-clonic seizures

(used to be called 'grand mal')

The person goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may look a little blue around their mouth from irregular breathing. Tonic-clonic seizures can last a few minutes. A tonic-clonic seizure is the seizure you are most likely to come across. There are many others. Visit epilepsy.org.uk to find out more.

Call an ambulance if:

- You know it is a person's first seizure **or**
- The seizure lasts for more than five minutes **or**
- One seizure appears to follow another without the person gaining consciousness in between **or**
- The person is injured **or**
- You believe the person needs urgent medical attention



Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY
tel. 0113 210 8800 email epilepsy@epilepsy.org.uk epilepsy.org.uk
Epilepsy Action Helpline: freephone 0800 800 5050
text 07537 410 044 email helpline@epilepsy.org.uk
twitter @epilepsyadvice

Epilepsy Action is a working name of British Epilepsy Association.
A company limited by guarantee (registered in England No. 797997)
Registered charity in England (No. 234343)



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Focal Seizures

You may also hear this type of seizure called a partial seizure. Someone having a [focal seizure](#) may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around. Here's how to help if you see someone having a focal seizure.

Do:

- Guide them away from danger (such as roads or open water)
- Stay with them until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

Don't:

- Don't restrain them
- Don't act in a way that could frighten them, such as making abrupt movements or shouting at them
- Don't assume they are aware of what is happening, or what has happened
- Don't give them anything to eat or drink until they are fully recovered
- Don't attempt to bring them round

Call for an ambulance if:

- You know it is their first seizure **or**
- The seizure continues for more than five minutes **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention

Seizures in the Water

Tonic-clonic seizures

- From behind, tilt the person's head so it is out of the water
- If possible, move the person to shallow water
- Shout for a lifeguard to help you get the person out of the water

Once the person is out of the water:

- Cushion their head with something soft (for example a towel)
- Don't restrain their movements or place anything in their mouth
- If the person has been prescribed emergency medicine, give this if needed
- When the jerking movements have stopped, place them on their side to recover
- Keep them warm and stay with them until they feel better

Absence and focal seizures

Protect the person from danger, for example by guiding them away from deep water or by holding their head above the water. When they recover, check if they need to get out of the water as they may feel confused and need to rest.

Call an ambulance if:

- The person may have swallowed or breathed in water, even if they appear to be fully recovered **or**
- You know it's the person's first seizure, or if the person is unknown to you **or**
- The person goes from one seizure to another without regaining consciousness between seizures **or**
- The seizure lasts longer than is usual for the person or, if in doubt, when the seizure continues for more than five minutes **or**
- The person has been injured

Appendix 9: Bodily Fluids Procedure

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

This document is to be used in conjunction with [Health Protection in Schools and Other Childcare Facilities \(September 2017\)](#)

There are Body Fluid Disposal Kits available in:

- First Floor Cleaning Cupboard
- First Aid Room

Staff are advised to contact the Operations Manager or Deputy Head so that they can arrange for a member of the Domestic Team to help to clean the area appropriately, but the initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident

Body Fluid Spillage Clean-Up Procedure

1. Cordon off the area until clean-up is completed.
2. Put on disposable gloves from the nearest First Aid kit.
3. Place absorbent towels over the affected area and allow the spill to absorb.
4. Wipe up the spill using these and then place in a bin (which has a bin liner).
5. Put more absorbent towels over the affected area and then contact the Operations Manager or Deputy Head for further help.
6. If a Body Fluid Disposal Kit is available then the instructions for use should be followed. If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin bag (First Aid Room) or double bagged and put in an outside bin.
7. If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
8. The area must be cleaned with disinfectant following the manufacturer's instructions.
9. An appropriate hazard sign needs to be put by the affected area.
10. The area should be ventilated and left to dry.
11. All reusable cleaning equipment needs to be appropriately disinfected according to the manufacturer's instructions.
12. Anyone involved in cleaning up the spillage must wash their hands.

Please note that:

- The bin that has had the soiled paper towels put in needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has been contaminated with the spill should be wiped clean and then put in a plastic bag and tied up for the parents to take home.
- Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (yellow bag).
- If not available then the gloves being used needs to be taken off inside out so that the soiled item is contained within them. This can be placed in a sanitary waste disposal bin which is regularly emptied.