



# First Aid and Medical Emergency Protocol

Created October 2021

This policy document needs to read in conjunction with the school's safeguarding policy, whistleblowing policy, intimate care policy, Supporting Pupils at School with Medical Conditions.

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## First Aid in Oak Lodge School and Phoenix House

Oak Lodge School and Phoenix House are committed to providing emergency first aid provision in order to deal with accidents and incidents affecting pupils, employees and visitors. First Aid will be administered to any individual in need and does not require any form of written or parental consent. Should any individual refuse First Aid, this will be logged via an accident form and parents notified.

We have suitably stocked First Aid boxes stored across the school (Appendix A), which are checked and restocked monthly by the Medical Lead. Travel First Aid kits are kept in the school Medical Room and must be taken on all visits/trips with pupils. Latex gloves and plasters will not be used on site due to common allergies.

We have suitably detailed and current risk assessments for all pupils in school and for specific trips and activities.

First aiders' names and date of their most recent training are listed in the school's training record. A poster of current First Aiders and photos is publicised across the school (Appendix B).

The school's designated First Aid/medical rooms are clearly marked by a sign on the door and are confidential rooms with access to running water and a fully stocked first aid supply.

All staff working at Oak Lodge School know that, when in doubt, calling 999 is the most appropriate and safe course of action.

# Roles and Responsibilities

## Governors

Governors are required to develop policies to cover their own school. This should be based on a suitable and sufficient risk assessment carried out by a competent person. The Governors have a general responsibility for all of the school's policies and should follow the Health and Safety policies and procedures produced by the LEA.

## The Head Teacher

The Head Teacher has overall responsibility for the provision of First Aid within the school. They are responsible for putting the governing body's policy into practice and developing detailed procedures. They will identify an appointed person who has the overall responsibility for the organisation of First Aid across the school.

## Medical Lead

The Medical Lead has a duty to ensure the policy and procedures are followed across the school. They must work with the Head of Care and Head Teacher to feedback any issues regarding the day-to-day implementation of policy.

In addition to this they must:

- check and restock First Aid kits on a regular basis
- ensure that First Aid boxes are located across the school site and staff are aware of where these are located
- ensure that First Aid boxes are available on all school mini-buses
- ensure that First Aid boxes are available to take on all educational visits/off-site visits (to include emergency asthma kits)
- ensure that sufficient personnel are trained in First Aid procedures at all times ensuring CPD needs are addressed to secure currency within training requirements
- ensure staff qualifications are, and remain, in date and current (e.g. First Aid at Work Certificates are valid for three years).

## First Aiders

First Aiders must complete a training course that is approved by the Health and Safety Executive (HSE). Within school they must give immediate help to casualties and seek professional help when required, such as calling an ambulance. First Aiders are expected to keep up to date with current First Aid practices.

## All School staff

All staff are expected to use their best endeavors at all times, particularly in emergencies, to ensure the welfare of students in the same way a parent would be expected to act towards their own children. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

In the instance of an emergency when a First Aider is present, all staff have a duty to follow the directions of the First Aider regardless of their role or status within the school.

## Who can administer first aid?

First Aid within Oak Lodge and Phoenix House is divided into three categories (fig. A).

### Minor Treatment

Injuries that require basic care such as cleaning; a plaster applied; reassuring the student. This can be carried out by any member of staff with training in Basic First Aid or Paediatric First Aid.

### Assessment and Treatment

Any injury or incident that requires an assessment such as a swollen ankle, head bump etc. Any injury that occurs to the face and eyes. This must be carried out by a fully qualified First Aider (three-day course renewed every three years).

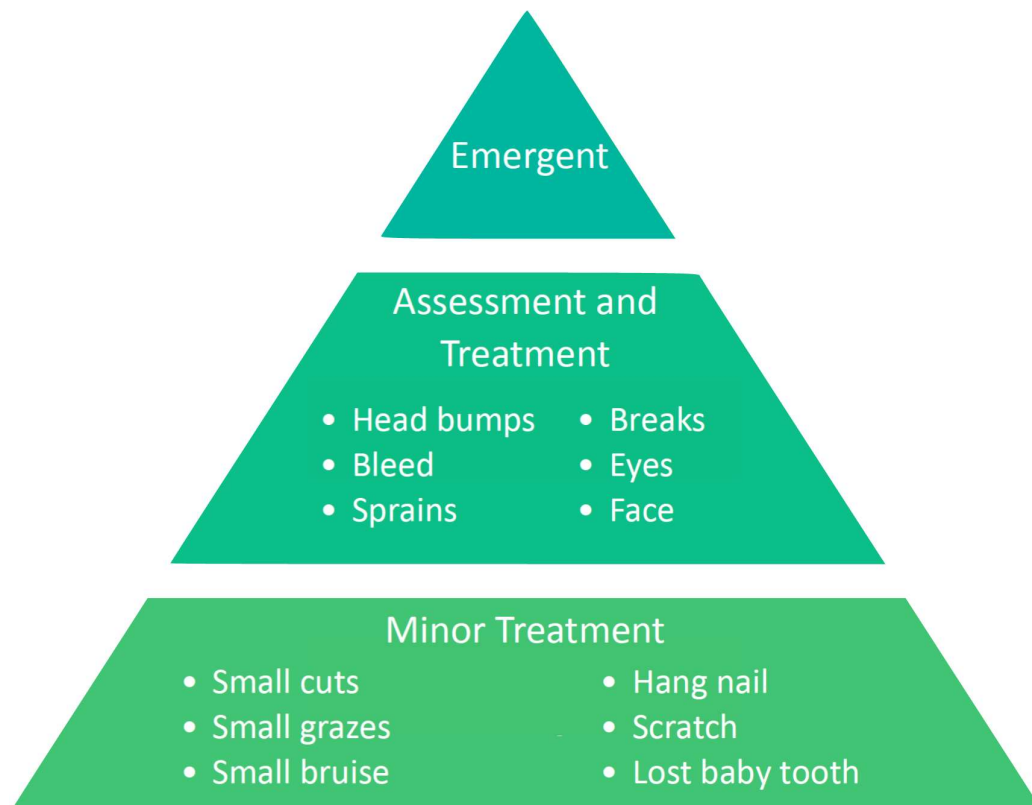
### Emergent

Any incident or injury that puts the student in immediate danger where action must be taken as soon as possible, and inaction could cause serious injury or death. Such as a burn, asthma attack, serious bleed, or choking. This can be carried out by **any** member or staff. A First Aider must be called for, but treatment may be carried out before they arrive.

### Emergent Care protocol

- Stay with the casualty and call/send for help.
- Do not move the casualty unless in immediate danger.
- Begin treatment if possible (e.g. run burn under cold water, apply pressure to a bleed).
- Call for an Ambulance if required.

Fig A



## Reporting and Recording

**Minor Treatment** depending on the treatment provided, it is likely a record is not required. First Aid slips are available in the Medical Room to notify parents of minor treatment (Appendix C).

**Assessment and Treatment** that does not require hospital attendance should be recorded via the Accident Logbook (Appendix D), and parents should be notified via letter, email, text, or phone call detailing; what happened, what treatment was given, and if any further medical advice should be sought.

Should a student require hospital treatment, a Wandsworth *Internal Report of an Accident, Assault or Near Miss to a non-employee* (WBC Form TC1297B) (Appendix E) should be completed and parents contacted by phone call/video call at the earliest possible time.

Should a member of staff have an accident that requires hospital treatment a Wandsworth *Internal Report of an Accident, Assault or Near Miss to an employee* should be completed (WBC Form TC1297A) should be completed.

**Emergent Assessment and Treatment** that does not require hospital should be recorded via the Accident Logbook and parents should be contacted as soon as possible to notify them of what has happened, the treatment provided, and if any further medical advice is needed. Should a student require hospital treatment, *Internal Report of an Accident, Assault or Near Miss to a non-employee* (WBC Form TC1297B) (Appendix E) should be completed and parents contacted by phone call/video call at the earliest possible time.

## Emergency Procedure for Calling an Ambulance

All members of the school community have a duty of care to call for an ambulance should any individual require urgent care. All staff will be made aware of any student with specific conditions that require treatment within the school first (eg. Asthma, Epilepsy).

### 1. Who can call 999?

Any member of staff can call 999 on any phone including personal mobiles. The person making the call should be with the student.

**DO NOT WAIT FOR PERMISSION FROM A SENIOR MEMBER OF STAFF.**

**DO NOT SEEK PERMISSION FROM PARENTS.**

**USE YOUR KNOWLEDGE OF THE INDIVIDUAL'S HEALTH CARE PLAN.**

### 2. Who takes charge?

The first person to identify the casualty should stay with them and call for an ambulance if they believe it necessary. As soon as possible a First Aider should be sent for.

The First Aider who attends to the casualty first, is responsible for taking charge of the emergency and will direct other staff. All staff have a duty to follow the directions of the First Aider regardless of their role or status within the school.

### 3. What happens next?

Do not move the student unless it is necessary due to imminent danger. Do not leave the student. When able, send a member of staff to notify a member of SLT that an ambulance has been called and why. Send a member of staff to meet and direct the ambulance and crew to the student. The SLT member will inform the school office and the parents. Admin staff will be required print the student's medical overview from SIMs and hand it to the staff member accompanying them to hospital. The senior member of staff will designate a member of staff to travel in the ambulance to hospital. Staff will stay in touch via mobile phone until the parent arrives at hospital

## Common Illnesses

Caring for students who are unwell is the responsibility of the child's parent. Should a student become unwell and unable to remain in school they should be collected as soon as possible.

### **Vomiting and Diarrhoea**

Any student who is vomits or is suffering from diarrhoea must remain at home for 48 hours after the last incident in order to further prevent the spread of illness. E.g. If a student last vomited on Monday at 3pm, they cannot return to school until Thursday.

### **Chicken Pox**

Any student with chicken pox should remain at home for 5 days after the initial rash appears. In addition to this prior to returning to school the rash must be dry. A letter will be distributed notifying all families that there has been a case of chicken pox and detail symptoms to watch out for in their own children. Staff with a compromised immune system or who are pregnant should contact their medical provider for specific guidance.

### **Coughs and colds**

If the student is able to fully participate in the school day they are welcome to remain in school and continue to practice good personal hygiene. If they are not feeling well enough to participate they should remain at home until they have recovered. We are unable to offer spaces for students to rest on their own, nor can we administer any home remedies.

### **Head Lice**

Any student identified as having head lice should remain in class and should not be excluded from any school activities. The parents of the student should be notified via the pastoral team that their child has head lice. A letter for all families notifying them that there has been a case of head lice and recommended treatment should be distributed.

### **Infections**

Students with minor infections (eg. ears, throat, eyes, dental) that have been seen by their medical provider may remain in school if they do not have a temperature and are able to fully participate in the school day. Antibiotics or other medicines that require administration during the day must be provided in their original packaging with a legible prescription label. Please see 'Supporting Students in School with Medical Conditions' for further details.

### **Epidemic/Pandemic**

In the case of a pandemic or global health concern (such as swine flu, covid19, SARS) Oak Lodge School and Phoenix House will follow the advice, procedure and guidelines provided by Wandsworth Council, Department of Health England, the NHS and British Government.

## Standard First Aid Kit Requirements

First aid kits should contain the following items as standard:

- Saline wipes, foil packaged
- Sterile eyewash pods
- Eye dressing
- Plasters in a variety of different sizes
- Triangular bandage
- Small, medium, and large sterile gauze dressing
- Disposable gloves
- Biohazard yellow bag
- Face shield

## Public Service Vehicle Requirements

Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on board a First Aid container with the following items:

- 10 Saline wipes, foil packaged
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20cm)
- Disposable gloves
- Biohazard yellow bag
- Face shield
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt-ended scissors.

## Appendices

### Appendix A. Location of First Aid Kits

# First Aid Kits

Reception  
Main Office  
D.T Room  
F.T Room  
Medical Room  
Science Room  
Art Room  
Top Corridor School  
Hurding Lodge  
Skills 4 Life  
Site Office  
Deaf First Training Room  
Kitchen  
Kitchen Office  
First Floor Kitchen  
Head of Care Office  
Laundry  
Residential Medical Room  
Residential Kitchen





# First Aiders



Ramona Mason



Rachel Rust



Saul Allison



Daniel Hogan



Beverley Francis



Tasha Stephens



Serafina Little



First aid kits can be found across the school including:

- Medical Room
- Residential Medical Room
- Reception
- Staff Room
- DT, FT, Science
- Site Office

## Appendix C.1 Accident Report Book




School Accident / Illness Report Slip			
	Pupil's Name:		
	Date:	Time:	Class:
	Person Reporting Accident/Illness:		
Location and details of accident/incident/illness:			
<div><div><b>IMPORTANT:</b> Please consult you doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.</div><div><div><input type="checkbox"/> Head injury</div><div><input type="checkbox"/> Vomiting/Nausea</div><div><input type="checkbox"/> TLC applied</div></div><div><div><input type="checkbox"/> Asthma</div><div><input type="checkbox"/> Sprain/Twist</div><div><input type="checkbox"/> Collected from school</div></div><div><div><input type="checkbox"/> Bump/Bruise</div><div><input type="checkbox"/> Nosebleed</div><div><input type="checkbox"/> Parent/Carer contacted</div></div><div><div><input type="checkbox"/> Cut/Graze</div><div><input type="checkbox"/> Stomach pain/Upset tummy</div><div><input type="checkbox"/> Unable to contact parent</div></div><div><div><input type="checkbox"/> Headache/High temperature</div><div><input type="checkbox"/> Mouth injury/Toothache/Loose or missing tooth</div><div><input type="checkbox"/> Well enough to stay in school after first aid</div></div></div>			

Jax First Aid Supplies Tel: 0800 689 4731

## Appendix C.2 Accident Record





<b>ACCIDENT RECORD</b>	REPORT NUMBER	BOOK NUMBER	DATE
<b>ACCIDENT RECORD</b>	REPORT NUMBER	BOOK NUMBER	DATE

**1 Details of the person involved in the accident**

Name .....

Address .....

Postcode .....

Occupation: .....

**2 Details of the person filling in the record**

Name .....

Address .....

Postcode .....

Occupation .....

**3 Details of the accident** (continue on the reverse of this form if necessary)

When did it happen? Date     /     /     Time .....

Where did it happen? State which room or place. ....

What happened? Give the cause if you can. ....

Did the person involved in the accident suffer an injury? If so, what injury? ....

Please sign and date this record

Signature ..... Date     /     /

**4 For the employee only**

By ticking this box I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.     ☐

Signature ..... Date     /     /

**5 For the employer only**

Only complete this section if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

If applicable, how was it reported? ....

Signature ..... Date     /     /



**Internal Report of an Accident, Assault or  
Near Miss to a non-employee  
(member of the public, pupil, client, etc.)**

**WBC Form  
TC1297B**

**All yellow boxes must be completed for all incidents.** Green boxes should be completed where appropriate

**Section 1 – Personal details**

Full name of person affected			
Home address			
Post code			
Contact telephone number			
Personal Details	Date of Birth (or age):	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Status	Pupil <input type="checkbox"/> Client <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Member of public <input type="checkbox"/>		
Was the incident a	Accident <input type="checkbox"/> Abuse/Assault <input type="checkbox"/> Near Miss <input type="checkbox"/> Dangerous occurrence <input type="checkbox"/>		

**Section 2 – Accident record**

Date and time incident occurred	Date :	Time (24 hour clock) :
Name of School/ Establishment/ location where the incident occurred		
Actual location within the school/establishment/etc.		
What was being done at the time of the incident?		
What happened?		
Nature of harm / ill health /damage (describe any injury stating to which side of the body the injury refers)		

**Section 3 – Treatment details**

Was first aid	Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Not required <input type="checkbox"/> Advised to attend GP <input type="checkbox"/>
Brief description of first aid given	
First aider's name	
Was the person sent to hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**Section 4 - Notification**

Local manager informed	Name:		
	Position:		
	Date:	Time	
Parent carer informed	By:	At:	insert time
Police informed	By:	At:	insert time
If police informed state action taken and record crime number if given			
Health and Safety Team notified	Date:	Time:	

**Section 5 - Assaults**

Name of alleged assailant			
Address			
Personal details	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Has this person threatened or assaulted others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approximate number of times

**Section 6 - Witnesses**

<b>Witness 1</b>	Name	
	Address	
	Contact telephone number	
<b>Witness 2</b>	Name	
	Address	
	Contact telephone number	

**Section 7 – Sign off**

Name of person completing form: (where different from person affected)	
Occupation:	
Working relationship to person affected:	
Signature	
Date	

## Section 8 – Initial investigation (to be completed locally on-site)

(a) Contributory causes		Tick all that apply	
		Yes	No
Did any of the following contribute to the accident:			
• poor organisation, e.g. lack of supervision		<input type="checkbox"/>	<input type="checkbox"/>
• defective plant or equipment, e.g. machinery, lifts, play equipment		<input type="checkbox"/>	<input type="checkbox"/>
• substance used, e.g. chemicals in experiments		<input type="checkbox"/>	<input type="checkbox"/>
• condition of premises, e.g. slippery floor, potholes in play ground		<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment has not been carried out for this activity		<input type="checkbox"/>	
Risk Assessment exists but was not suitable or sufficient		<input type="checkbox"/>	
There was a general lack of procedures / safe systems of work		<input type="checkbox"/>	
Poor housekeeping		<input type="checkbox"/>	
Absence / unsuitability of personal protective equipment		<input type="checkbox"/>	
Lack of information / instruction / training / supervision		<input type="checkbox"/>	
Failure to follow procedures / systems of work		<input type="checkbox"/>	
Behavioural factors (NB for assaults mainly)		<input type="checkbox"/>	
Personal Risk Assessment not carried out for this activity		<input type="checkbox"/>	
Personal Risk Assessment exists but needs to be revised		<input type="checkbox"/>	
Personal care plan needs to be revised		<input type="checkbox"/>	
Contractor's lack of safety systems		<input type="checkbox"/>	
Other: (please specify)		<input type="checkbox"/>	
<b>(b) Immediate measures taken to prevent recurrence/reduce severity of incident impact e.g. area secured and access prohibited, hazard contained or made safe, counselling, work adjustment, etc.</b>			
For assaults / threats etc., I recommend that the details are included in the CBCR for sharing with others <input type="checkbox"/>			
<b>(c) Permanent changes made (or recommended) to existing procedures/practices to prevent a recurrence, including whether a risk assessment has been carried out or reviewed following this incident</b>			
Signature of Head of establishment:		Date:	
PRINT name:		Contact Tel. No:	

The form should now be sent by e-mail to [safety@wandsworth.gov.uk](mailto:safety@wandsworth.gov.uk)

**Section 9 – Health and Safety Team input**

Date form received/processed	Received:	Processed:
Reportable to HSE?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Date reported
Comments and/or recommendations		
Processed by (print name)		
Signature		
Date form passed to Department		

**Section 10 – Departmental input**

Date form received		
Do you agree with the action recommended (or taken) detailed in Sections 8 and 9?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional comments and action recommended including inclusion on the CBCR.		
Does the incident solely involve non-employees?	Yes <input type="checkbox"/>	Return form to local manager/Head of Establishment
	No <input type="checkbox"/>	Pass a copy of the form to HR Service Centre and the original to local manager/Head of Establishment
CBCR action taken (where required)	Database updated <input type="checkbox"/> Letter written <input type="checkbox"/>	
Name of person completing this Section		
Signature		
Date		

**Section 11 – HR Service Centre input**

Date form received		
Computer records updated	CBCR <input type="checkbox"/> PWA <input type="checkbox"/> Not applicable <input type="checkbox"/> Other <input type="checkbox"/> please state	
Confirmation of inclusion on Personnel File	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of person completing this Section		
Signature		
Date		

## Appendix D. Public Health England Exclusion Table for Schools.

### Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.



Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

**\*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

## Additional Reading and Guidance

### DfEE Guidance: First Aid for Schools

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306370/guidance\\_on\\_first\\_aid\\_for\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf)

### The Health and Safety (First-Aid) Regulations 1981. Guidance on Regulation

<https://www.hse.gov.uk/pubns/priced/l74.pdf>

### Public Health England Guidance: Health protection in schools and other childcare facilities

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

### St John Ambulance First Aid Guides and Advice

<https://www.sja.org.uk/get-advice/>

### Public Health England Guidance: Health protection in schools and other childcare facilities

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>