

Durston House

First Aid Policy

Aims of the Policy

- to establish the school's approach to the provision of First Aid
- to ensure that First Aid provision is available at all times while pupils and staff are on School premises, and also off School premises whilst on outings, trips or at sports matches
- to outline Durston House School's responsibility under the Health and Safety (First Aid) Regulations 1981 to provide adequate and appropriate First Aid to pupils, staff, parents and visitors and have the procedures in place to meet that responsibility
- to identify the First Aid needs in line with the Management of Health and Safety at Work Regulations 1992 and 1999 and the Health and Safety (First Aid) Regulations 1981

Objectives of the Policy

- to ensure that the appropriate number of people, suitably trained as First Aiders, are appointed to meet the needs of the school
- to ensure that relevant training and monitoring of the training needs are put in place
- to ensure that sufficient, appropriate resources and facilities are provided
- to ensure accident records are kept and reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- to establish procedures in the event of an accident or injury
- to provide information for employees, pupils and parents about the arrangements for First Aid at school
- to initiate risk assessments of the First Aid requirements of the school
- to complement the **Health and Safety Policy**, the **Epipen Policy and Procedures** and the **Pastoral Policy**

Introduction

This policy, reviewed annually, is made in order to comply with the school's Health and Safety Policy and has been drawn up in line with the DFE Guidance on First Aid for Schools, a copy of which is held in the Bursar's Office. The First Aid Policy is available on the website, in the School Handbook or from the School, on request.

Responsibilities

- The School Assistant, Junior School, is the First Aid Lead for the School, supported by the Health and Safety Officer, and is responsible for managing and monitoring the work of the office based First Aiders, including the adequate stocking of First Aid boxes and bags.
- Ensuring the incident and accident books in each school building are completed accurately and in a timely fashion.
- Ensuring pupil medical records are properly recorded, up to date and available when needed.
- Advising the Bursar of any notifiable accidents to be reported to the Health & Safety Executive.
- Keeping statistics and preparing summary reports for the School Health and Safety Committee.
- Escorting pupils to hospital (and informing their parents), when needed.

First Aiders

During the normal school day, at least one First Aider is present in each building, during PE lessons and during break times at Castlebar Field. In addition, a number of staff in the EYFS settings have Paediatric First Aid qualifications which meet the requirements of the EYFS statutory regulations. All Science teachers, PE and Games Staff and the Maintenance Staff are trained First Aiders as well as the following:

- Main School (No.12-14) - School Assistants, two or three other members of the teaching staff, the After School Care Supervisor, the School Secretary.
- Junior School (Nos 20-22) – Head of Junior School, Junior School Secretary, the Learning Support Assistant, the School Assistant, the After School Care Supervisor and one member of the teaching staff.
- Pre-Prep and EYFS (Nos 24-26) - Head of Pre-Prep, Head of Pre-School, Pre-Prep Secretary, After School Care Supervisor, After School Care Assistants and eight Teaching Assistants (including some with Paediatric First Aid qualifications).
- Dining Room and Playground Assistants attend INSET First Aid Training which provides basic training to enable them to administer Emergency Aid.

The list of approved First Aiders is displayed on the Health & Safety notice boards in the staff rooms.

Facilities

First Aid boxes are provided as follows:

- Main School in the School Office and Science laboratory
- Junior School in the School Office
- Pre-Prep in the Pre-Prep Office
- The pavilions at both the playing field sites
- In all school vehicles

All three schools have a designated First Aid room with access to toilets nearby within the school Offices.

Equipment

The three School Assistants are responsible for checking and replenishing stock levels in the First Aid rooms on a regular basis. The First Aid Lead (Junior School Assistant) is responsible for checking and restocking the containers at the playing fields and the Sports Staff bags. It is the responsibility of all staff to alert the School Assistant, Junior School, if stock runs low during the term. The minimum recommended provision of items for each of the above is detailed in ***Appendix 3***. The PE and Games staff are qualified First Aiders and are issued with First Aid bags. Portable First Aid kits are available for Trips and Outings.

Automated External Defibrillators (AEDs) are strategically located at the following designated locations.

- Inside No 12 Castlebar Road W5 - Front lobby, directly inside main entrance to No12 on right hand side
- Inside No 20 Castlebar Road W5 - Front lobby, directly inside main entrance to No20 on left hand side
- Rear of No 26 Castlebar Road W5 - Outside Room M14 (Head of Reception's office), ground floor rear
- Castlebar Playing Field, Carlton Road W5 (Pavilion) - Entrance foyer on the wall
- Swyncombe Avenue Playing Field W5 (Pavilion) - Main pavilion, on the wall next to the female toilets

These devices are easily accessible and are accompanied by clear signage to ensure swift identification during emergencies. Additionally, a number of staff have been trained in AED usage to facilitate quick and effective response in case of cardiac emergencies. The DfE guide for schools is available in *Appendix 2*.

Risk Assessment

The Health and Safety Officer, in conjunction with the First aid Lead will ensure that a First Aid Risk Assessment is carried out every two years, unless there has been a change in circumstances.

Action in the Event of an Accident or Injury

In the first instance an injury will be assessed as to how serious it is. This does not have to be done by a First Aider. If the injury is as a result of a fall from height, a knock to the head, a wound which bleeds or an abnormal swelling, then a First Aider should be called. If in any doubt, a First Aider should be called.

The majority of playground incidents involving pupils are grazes and minor bumps requiring only time for the pupil to get over the shock and dry their eyes. In these cases no formal record taking is necessary. If a First Aider is summoned and attends to a pupil, then a record must be made.

If a pupil requires hospital attention, parents should be contacted and asked to meet their child at the hospital or, if they are very local to come to the school and accompany them to the hospital. If the parents are unable to do so, the pupil should be accompanied a member of staff. If the injury is not serious enough to require an ambulance, the pupil should be taken to hospital by the parents or two members of staff, one of whom should be a First Aider.

See procedures for calling an ambulance – *Appendix 1*

The Administration of Medicines

Non-prescribed medicines

The only non-prescribed medicines dispensed within the School are Calpol and Piriton. These may only be given by members of staff who are trained in the Administration of Medicines and to children whose parents have given prior written consent. These medicines are stored in secure areas within each of the three school buildings. Whenever they are dispensed, parents must be informed. A record of the medicine administered must be completed and stored on Engage.

For drug auditing purposes, a count of the medicines is recorded on a separate spreadsheet. The spreadsheet is checked by the First Aid Lead each month.

Prescribed medicines

Prescribed medication is only administered if parents have given written permission (email or letter) stating the name of medication, time and quantity to be administered. Children who require medicine for emergency use such as an Epipen or asthma inhaler need to carry their medication on their person at all times. (See **Pupils with Conditions** below). Other prescribed medication can only be dispensed if it is received into the school in its original packaging and delivered to the appropriate School office. It may only be dispensed by members of staff who are trained in the Administration of Medicines. As above, these medicines are stored in First Aid room in each of the Schools. A record of the medicine administration must be completed and stored on Engage. Prescription drugs should be returned to the parents when no longer required.

All medicines

Staff, parents and pupils are regularly reminded of these procedures. Medicines should never be kept in other areas of the School. Arrangements for medicines on trips, outings and visits are outlined in the Outings and Trips Policies.

Pupils with Conditions: Asthma, Epilepsy, Diabetes, Allergies and Anaphylaxis

Pupils who need access to Epipens or inhalers must keep them in bum bags and must have them with them at all times. All inhalers and bum bags must be clearly marked with the pupil's name. Parents are responsible for ensuring their son's Epipen is not out of date. EYFS pupils may take their bum bags off when in the classroom. However, as soon as they leave the classroom they must put them back on – including when they go home. Pupil Epipens must not be left in School overnight. Parents who wish to provide a spare Epipen for their child may do so. The spare Epipen must be kept in the bum bag.

If it comes to the attention of a teacher that a pupil, who is registered as needing an Epipen, is in school without their bum bag their parents will be contacted to arrange to get their child's bum bag to school without delay.

The School provides training to all staff on how and when to administer an Epipen. There is no legal requirement for a member of staff to administer any medication and, if he/she does volunteer, then that person can be assured that they are covered by the school's insurance for employee liability. The School reserves the right to refuse to administer any treatment or drug and, if appropriate, to exclude that child until their treatment is over.

Parents are therefore asked to attend a meeting at School to give advice and direction on their son's particular allergy, their reactions to it and the treatment to be undertaken, including instruction on how to administer an Epipen or other invasive drugs at which an Individual Healthcare Plan will be drawn up. The meeting will be attended by staff with responsibility or contact with the pupil. This process may need to be repeated when a pupil transfers from EYFS to Pre-Prep and then to the Junior School and Main School.

The School may, in exceptional circumstances, be obliged to review the offer of a place if suitable supervision arrangements cannot be agreed.

If an Epipen has been administered an ambulance must be called immediately.

All Staff are made aware of the medical information held by the school which includes details of pupils who need to have access to asthma inhalers, Epipens, injections or similar. This information is circulated to all First Aiders. The Individual Healthcare Plans with photographs of the pupils are displayed on notice boards in the school offices and/or staff rooms. ***See Guidance Notes – Appendix 1***

Emergency Auto-injectors (AAIs)

In accordance with a change in legislation introduced in October 2017, the school has a supply of spare emergency auto-injectors (AAIs – Epipens) for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. Written consent from the parents is required for use of a spare AAI and will be obtained as part of the pupil's individual healthcare plan. Should a spare AAI be used, the cost of a replacement will be passed on to parents.

The spare AAIs are not to be used as a substitute for a pupil who does not have their prescribed AAI on the day of an Outing or Trip.

The spare AAIs will be stored as part of an emergency anaphylaxis kit (held in each of the three school offices and in the pavilions at Castlebar and Swyncombe).

Hygiene and Infection Control

Pupils who have been sick or have diarrhoea must be excluded from school for 48 hours after the last episode.

Disposable gloves and hand washing facilities are provided in the First Aid Rooms. All staff should take precautions to avoid infection and must follow basic hygiene procedures. Extra care should be taken when dealing with blood or other body fluids and the disposing of dressings or equipment. The Maintenance staff should be contacted if necessary to deal with mopping of any spillages of body fluids.

Yellow disposal bags are provided in all First Aid cabinets, kits and travelling bags.

Further information on infection control is displayed on notice boards in the school offices.

Head Lice

If a pupil shows signs (constant head scratching) of possible head lice the School Secretary should alert their parents, but they should not be excluded from school.

There is no obligation on parents to inform the school when their child has head lice. However, once the school has been informed no action should be taken to alert other families unless there is evidence of a severe outbreak in any particular class. Professional advice is not available from the school. Parents who report that their child has head lice should get appropriate advice from their local pharmacist or GP.

Out of Hours Activities

First Aid is available in all three schools until 5.00 p.m. when the School Offices close. PE staff leading games or fixtures are responsible for administering First Aid after this time.

First Aid for pupils in the After School Care facilities is provided by the After School Care Supervisors.

The Health and Safety Officer is responsible for ensuring, when appropriate, that adequate First Aid support is provided by outside agencies for the major events such as Sports Day, tournaments and the Durston House Athletics Meet, as appropriate. The organiser or teacher in charge of evening events (Parents Evenings, the School Concert, the school productions) or weekend events must discuss and agree First Aid provision with the Health and Safety Officer, as required.

Off Site Activities and Trips

The Lead Teacher in charge of Games, or any fixture, at any time, must have their First Aid bag and a mobile phone (a school mobile phone, or a personal mobile phone as agreed) with them wherever Games are taking place.

A trained First Aider will accompany all Outings and Trips and take a First Aid kit and a mobile phone (a school mobile phone, or a personal mobile phone as agreed).

Contact with Parents

Parents/Guardians, or their nominated emergency local contact person, must be contacted if a pupil is injured or is unwell at school and requires treatment.

The school's contract with the parents includes a provision for the Headmaster to act *in loco parentis* as and when required. All parents/guardians are asked to sign the New Pupils' Confidential Information Form when their child/ren start at Durston House confirming their permission for the school to act *in loco parentis* to authorise medical treatment in any emergency if they cannot be contacted.

The school recognises that accidents involving the pupil’s head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time. Where a pupil receives a blow to the head as a result of an accident parents will be informed in writing.

A scanned copy of the First Aid report will be sent to the parents of any pupil who receives First Aid treatment in school and stored in the Pupil Document Management System in Engage. EYFS and Pre-Prep pupils are also given a sticker to alert the parents.

Training and Training Records

The appropriate number of First Aiders and Emergency First Aiders are identified after all the relevant factors have been taken into account, including the complexities of the split sites and the remote playing fields. The Teaching Assistants in EYFS and Reception hold Paediatric First Aid certificates.

First Aiders are trained in accordance with the standards laid down by the Health and Safety Executive (HSE) and all are certified. The majority of the trained staff hold First Aid at Work Certificates, others have Emergency Aid Certificates.

The Bursar is responsible for:

- arranging for First Aiders to attend a refresher course up to 3 months before the expiry date of their certificates. The school funds all First Aid training courses
- keeping appropriate records of First Aiders, training courses attended and certification dates
- arranging for any additional training, as and when appropriate.

Record Keeping

An incident record book for Accidents, Near Misses and First Aid, that complies with current legislation, is held in each of the three School Offices and the two pavilions for the purpose of recording all incidents and accidents. The Health and Safety Committee review all reported accidents termly to minimise the likelihood of recurrence

First Aiders must record all First Aid treatment given in the First Aid Book. The report is scanned and will be sent to the parents of any pupil who receives First Aid treatment in school. It will be stored on DurstonNet: Health & Safety/First Aid and in Engage. The records must be kept for a minimum of three years.

All accidents at school, the playing fields or at any Durston House sports or games venue must be recorded, as above

Reporting

The Bursar is responsible for reporting to the HSE, as required, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). See further information attached to this policy.

Evaluation of this Policy

This policy will be evaluated annually by the school, amended where necessary and approved by SMT.

<i>Updated for Co-Education, Sept 2023</i>	<i>April 2023</i>	<i>JMT</i>	<i>Version 1</i>
<i>Reviewed and updated</i>	<i>April 2024</i>	<i>JMT/DB</i>	<i>Version 2</i>
<i>Approved</i>	<i>May 2024</i>	<i>SMT</i>	<i>Version 2</i>

GUIDANCE NOTES FOR ALL STAFF

1 PROCEDURE FOR CALLING AN AMBULANCE

First Aider decides if an ambulance is needed and, if so, will call directly or ask the school office to do so.

Dial 9 (for a line) then 999 from a school phone or 112 from a mobile

- Give brief details of the accident or incident and the location;
- Send message back to First Aider that ambulance is on its way;
- Inform parents, if there is time they should come to school to accompany their child to the hospital;
- Inform Headmaster, Deputy Head and Bursar, and the Head of Junior School or Pre-Prep or Pre-School, as appropriate;
- If the parents are not available, a First Aider or teacher accompanies the pupil to hospital and waits until parents arrive.
- If an ambulance is not required and the parents are not available, the pupil should be taken to hospital by a member of staff in their car or the minibus, if available, accompanied by a teacher and/or the First Aider. On arrival at hospital, the First Aider is no longer required and may return to school by taxi, if necessary. Once parents arrive the second member of staff may return to school.

At all stages there must be no delay.

2 ANAPHYLAXIS (ANAPHYLACTIC SHOCK) – SEVERE ALLERGIC REACTION

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets). In its most severe form the condition is life threatening. The symptoms are:

- itching or a strange metallic taste in the mouth
- hives/skin rash anywhere on the body, causing intense itching
- angioedema – swelling of lips/eyes/face
- swelling of throat and tongue- causing breathing difficulties, coughing or choking
- abdominal cramps and vomiting
- low blood pressure – child will become pale/floppy
- collapse and unconsciousness
- not all of these symptoms need to be present at the same time.

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

- **DO NOT PANIC.**
- Stay with the child at all times and send someone to the school office for help.
- Treat the child according to their own protocol which will be found in their bum bag with their allergy kit.

IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG

- Inform the School Office who will contact the parent or guardian.
- If an Epipen has been administered an ambulance **MUST** be called.
- Fill in the Allergic Reaction Report provided with the pupil's allergy kit and give it to the ambulance crew with the used Epipen.

3 DIABETES

Diabetes is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

- Most pupils who are diabetic will know when their blood sugar level is low and should be able to self-administer. If not, give them something sugary such as a glucose sweet, a sugary drink, chocolate or anything that has a good concentration of sugar.
- Take the pupil to the School office, if appropriate, for blood sugar level test.
- Inform the parents.
- If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called.

4 EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits). There are many different types of seizures; however a person's first seizure is not always diagnostic of epilepsy.

What to do if a pupil has a seizure

- **Do Not Panic**
- Ensure the pupil is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the pupil or, if this is not possible, move the pupil to safety.
- Let the seizure run its course
- Do not try to restrain convulsive movements
- Do not put anything in the pupil's mouth, especially your fingers
- Do not give them anything to eat or drink
- Loosen tight clothing especially round the neck
- Do not leave them alone
- Remove all other pupils from the area and send a responsible pupil to the School Office for assistance
- If the pupil is **NOT** a known epileptic, **AN AMBULANCE MUST BE CALLED**
- If the pupil requires medication to be given whilst having the seizure a First Aider or other member of staff trained to give medication must do it.
- As soon as possible put the pupil in the recovery position.

Seizures are followed by a drowsy and confused period. Arrangements should be made for the pupil to have a rest as they will be very tired.

- Inform the parents as the pupil may need to go home and, if they are not a known epileptic, they must be advised to seek medical advice

5 REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 1995 (RIDDOR)

All employers have a duty to report to the relevant enforcing authority by the quickest practical method and in any event within 15 days, any injury or dangerous occurrence if:

- any person dies as a result of an accident arising out of or in connection with work.
- any person at work suffers a ‘major injury’ (see below) as a result of an accident arising out of or in connection with work.
- any accident which prevents an employee from undertaking their normal work activities for more than seven consecutive days (not including the day it occurred).
- any person not at work e.g. a pupil or visitor, suffers an injury as a result of an accident arising out of or in connection with the physical condition of the premises or a curricular activity and that person is immediately taken to hospital for treatment from the scene of the accident.

Major injuries are defined as follows:

- any fracture, other than to the fingers, thumbs or toes
- any amputation
- dislocation of the shoulder, hip, knee or spine
- a chemical or hot metal burn to the eye or any penetrating injury to the eye
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury
 - leading to hypothermia or heat-induced illness
 - leading to unconsciousness
 - requiring resuscitation
 - requiring admittance to hospital for more than 24 hours
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent
- either of the following conditions which result from absorption of any substance by inhalation, ingestion or through the skin
 - acute illness requiring medical treatment
 - loss of consciousness
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected materials

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) GUIDANCE FOR SCHOOLS

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

- **Early recognition and call for help** - Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
- **Early CPR** – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression only CPR.
- **Early defibrillation** – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a ‘non-shockable rhythm’. In this case, continuing CPR until the emergency services arrive is paramount.
- **Early post-resuscitation care** – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasize that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialing 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.

Training

Although AEDs are designed to be used by someone without any specific training and by following step by step instructions on the AED at the time of use, a number of staff have been trained in the safe use of the AED.

A list of AED trained staff is available in the medical room, the staff room and the School Office.

Modern AEDs undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. Our lead First Aider/Facilities Manager will check the AED periodically for warning indicators.

The AED is kept with a number of accessories/consumables to ensure that it is always ready for use. Where necessary, these will be replaced after every incident.

MINIMUM REQUIREMENTS FOR FIRST AID EQUIPMENT

	FIRST AID ROOMS	FIRST AID BAGS SPORTS STAFF	FIRST AID BOXES VEHICLES	FIRST AID PACK TRIPS & OUTINGS
1	Guidance Leaflet	Guidance Leaflet	Guidance Leaflet	Guidance Leaflet
2	40 Individually wrapped sterile adhesive dressings (assorted sizes)	Six individually wrapped sterile adhesive dressings (assorted sizes)	24 Individually wrapped sterile adhesive dressings (assorted sizes)	20 Individually wrapped sterile adhesive dressings (assorted sizes)
3	A supply of saline wipes	10 saline wipes	10 saline wipes	10 saline wipes
4	3 sterile eye pads	3 sterile eye pads	2 sterile eye pads	2 sterile eye pads
5	4 individually wrapped triangular bandages	2 individually wrapped triangular bandages	2 individually wrapped triangular bandages	1 individually wrapped triangular bandage
6	12 safety pins	2 safety pins	12 safety pins	6 safety pins
7	1 Micropore tape	1 Micropore tape	1 Micropore tape	1 Micropore tape
8	6 medium sized individually wrapped sterile un-medicated wound dressings	2 medium sized individually wrapped sterile un-medicated wound dressings	2 medium sized individually wrapped sterile un-medicated wound dressings	6 medium sized individually wrapped sterile un-medicated wound dressings
9	2 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)	1 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)	2 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)	2 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)
10	2 Burn dressings 10cm x 10cm		2 Burn dressings 10cm x 10cm	2 Burn dressings 10cm x 10cm
11	5 Resuscitation Face Shields	1 Resuscitation Face Shield	1 Resuscitation Face Shield	1 Resuscitation Face Shield
12	1 pair of rustless blunt-ended scissors	1 pair of rustless blunt-ended scissors	1 pair of rustless blunt-ended scissors	1 pair of rustless blunt-ended scissors
13	Supply of disposable gloves	2 pairs of disposable gloves	2 pairs of disposable gloves	2 pairs of disposable gloves
14	1 conforming disposable bandage (not less than 7.5cm wide)	1 conforming disposable bandage (not less than 7.5cm wide)	1 conforming disposable bandage (not less than 7.5cm wide)	1 conforming disposable bandage (not less than 7.5cm wide)
15	5 Finger Dressings 3.5x3.5cm	2 Finger Dressings 3.5x3.5cm	2 Finger Dressings 3.5x3.5cm	1 Finger Dressing 3.5x3.5cm
16				Calpol and Piriton
17				A supply of 'sick' bags
18	Water repellent face masks			
19	Splash proof eye protectors			
20	Disposable Aprons			
21		One bottle of sterile water	One bottle of sterile water	One bottle of drinking water & a supply of paper cups
22	Supply of paper towels	Supply of paper towels	Supply of paper towels	Supply of paper towels
23	Supply of yellow disposal bags	Supply of yellow disposal bags	Supply of yellow disposal bags	Supply of yellow disposal bags