

RYDES HILL PREPARATORY SCHOOL & NURSERY

P31 (ISI 13A) – FIRST AID POLICY



RYDES HILL

PREPARATORY SCHOOL & NURSERY

CHILDREN'S MISSION STATEMENT

Think deeply, live wisely, love generously

MISSION STATEMENT

- ❖ Rydes Hill Preparatory School and Nursery is a Catholic school where children learn how to live in loving relationship with God and each other.
- ❖ Christian virtues of love and justice, faith and courage, hope and perseverance are fostered.
- ❖ Pupils and staff comprise individuals of different faiths and beliefs but the Rydes Hill community aspires to unity within the life of the school based on shared moral values.
- ❖ The importance placed on the development of individual talents is at the heart of what school stands for and all are encouraged and challenged to be the best they can be.

Written By :	Alison Packman – Compliance Officer	12 th June 2020
Reviewed By :	Sarah Norville – Headmistress	17 th June 2024
Approved By :	SLT	18 th June 2024
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Revision History

Revision	Paragraph Number	Revision
November 2011		New Document
November 2012		Update
November 2013		Update
November 2014		Update
November 2015		Update
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June 2020		Update
November 2020		Update
April 2021		Update
May 2022		Update
April 2023		Update
June 2024	34	New paragraph Appendix D (exclusions table) moved over from infection control policy

Abbreviations, Acronyms and Definitions

Abbreviation / Acronym	Definition
DHSC	Department of Health & Social Care
EYFS	Early Years Foundation Stage
PHE	Public Health England

Aim / Objective / Statement of Intent

This policy applies to the whole school including EYFS. See also P38 Health & Safety Policy.

1. This policy aims to clarify procedures and expectations and to provide efficient and sympathetic provision for dealing with accidents and illness in School. From January 2015, the regulatory standard in the ISI Regulatory Handbook has been updated to include “the timely and competent administration of first aid and the effective implementation of the first aid policy”.

The Responsibilities of Parents/Guardians

2. Parents/guardians are a pupil’s main carers and are responsible for making sure that he/she is well enough to attend School. Any pupil who is acutely unwell should be kept at home. If children have vomited or have experienced bouts of diarrhoea they must be kept home from School for at least 48 hours after the last occurrence. Where a medical professional or Government advice dictates, pupils must be kept at home in accordance with their instructions.
3. It is the responsibility of the parents/guardians of any pupil with particular medical needs to inform the School of these in writing. A form for this purpose is supplied to all new entrants as part of the admissions process and may also be obtained from the School Office. The School must be informed of any changes throughout the year and a pre-populated form using current information will be issued to parents at the beginning of new school year for them to check.
4. For serious long term conditions (e.g. severe asthma, diabetes, serious allergies, epilepsy) parents/guardians are required to provide written instructions from the pupil’s GP advising of the treatment necessary in an emergency.

The Responsibilities of the School

5. The Governors recognise that they have a duty of care for staff, pupils and others using the School Premises. As such, the School will follow the relevant guidelines (see below) when considering whether a child may attend school when suffering from any infection. (See also P38 Health & Safety Policy – Appendix A)

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/65873/6/Exclusion_table.pdf

6. The Headmistress is responsible for putting this policy into practice. The School accepts responsibility for the consequences of the actions of First Aiders acting in accordance with this policy.
7. All staff in charge of pupils have a duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on School Premises. This duty extends to activities taking place off the School site e.g. educational visits and sports fixtures.
8. All pupils and staff are made aware that if medical attention is required, the School Office staff or one of the listed First Aiders or Paediatric First Aiders should be contacted. As part of their induction, new pupils and staff are informed of School First Aid procedures.
9. All EYFS Teaching Staff have received Paediatric First Aid Training.
10. The Medical Room is kept unlocked and there is access to a range of First Aid Kits in various locations. (See Appendix A). If a pupil is in the Medical Room then the door should remain open at all times. This is to ensure the safety and well-being of pupils and is in line with good safeguarding practice. If a pupil has been sick on their clothing and needs fresh clothes then care and help should be given to the pupil (appropriate to their age and ability) following the guidelines provided in the "Intimate Care" section of P38 Health and Safety Policy. In these circumstances the door may be pulled closed slightly to ensure the privacy of the pupil whilst changing however staff must remain within earshot such that they can quickly respond to any request for help.
11. Staff taking pupils out of School on a trip must collect a First Aid Kit and any medication necessary for pupils before leaving. First Aid Kits are checked "in" and "out" by the School Secretary. Trip permission slips must also be checked by the trip leader to ensure that any additional medication noted by parents has been collected. Cognisance must be given to any medication which needs to be refrigerated, although if possible, the need to administer this whilst on the trip should be avoided. It is the member of staff's responsibility, when returning the Kit and any medication, to inform the School Secretary in the School Office if any of the contents have been used. Each School minibus contains a First Aid Kit.
12. A record of all accidents and injuries and all First Aid administered is kept. These are reviewed on a termly basis by the Health & Safety Committee in order, where possible, to minimise the likelihood of recurrence. Records for the administering of medication and the Accident Book are kept in the School Office and parents are informed of every injury to their child.
13. The School ensures that its First Aiders complete appropriate training courses and that their qualifications are kept up-to-date. (List of Training is held and maintained by the School Secretary).

14. In an emergency, staff will call an ambulance and First Aiders will carry out First Aid procedures until the emergency services arrive. Pupils are accompanied to hospital by a member of staff who stays with them until their parents or guardians arrive.

The Responsibilities of first Aiders and Staff

15. All staff will:

- Maintain medical records for each pupil, documenting all treatment given during times of attendance and contact parents/guardians when pupils need to be taken home.
- Liaise with pupils requiring medical attention in a sympathetic manner with subsequent communication to the Headmistress, other staff and/or parents as necessary.
- Ensure that any incident is entered into the School's Accident Book, reporting as required to the Headmistress or her Deputy.

16. The School Office / Designated First Aider on duty will:

- Provide First Aid Kits to staff in charge of school trips, as requested.
- Take responsibility for and monitor the contents of all First Aid Boxes using a termly procedure.

17. As a minimum, the School will ensure the following is in place:

Occasion	First Aid Staff
Normal School Day	Minimum of 2 Paediatric First Aiders
Breakfast Club	Minimum of 1 Paediatric First Aider
Stay & Play	Minimum of 1 Paediatric First Aider
School trips	Minimum of 1 member of staff with basic First Aid training
Residential trips	Minimum of 1 member of staff with basic First Aid training

Wherever EYFS children are present, there will be at least one member of staff with Paediatric First Aid Training. All staff receive basic first aid training every 3 years.

Administration of Medicines

18. Medicines can be administered to pupils if parents/guardians have supplied a signed permission form or letter each time a course of medicine is prescribed. In addition, medicines must be clearly labelled with the child's name and the School Secretary must be advised by the parents/guardians if the medicine requires refrigeration.

19. The School makes every effort to assist pupils with long term medical needs if parents/guardians have supplied detailed information of the procedures to be carried out. If medicines are to be administered by staff, parents/guardians must provide information in writing detailing the name of the medicine, dose, method of administration, time and frequency of administration and possible side-effects. Training

will always be sought where appropriate for staff who are required to deal with particular medical conditions (e.g. diabetes, use of EpiPens, Epilepsy medication). Parents/guardians must hand in the medicine at the School Office themselves (medication is not to be handed in by pupils). It is then secured in the medical cabinet in the School Office or in the secure refrigerator in the Staff Workroom as appropriate.

20. No medicines can be stored over the summer holidays and parents/guardians should collect any unused medicines at the end of the Summer Term. Any medicines not collected will be disposed of. Medicines for chronic conditions may be brought back to School at the beginning of the Autumn Term.
21. Medication (e.g. antibiotics) for short-term conditions should only be brought into school when absolutely necessary. If possible, dose timings should be arranged so that medicine can be taken out of school hours. If medicine has to be taken it should be handed in at the School Office and pupils are responsible for reporting to the School Secretary in order that the medication can be taken in accordance with 19 above. (Younger pupils will be reminded of the need to take their medication.). Staff should not administer non-prescription drugs such as paracetamol. (DofE regulation)
22. Staff should not administer any medication containing aspirin unless it has been prescribed for the child by a doctor, dentist, nurse or pharmacist (even with parental permission) to children under the age of 5 years. (ISI regulations for EYFS framework 2017 which came into force on 3rd April 2017.)
23. Staff medication should be securely stored at all times.

Procedure for Pupils who become Unwell whilst at School

24. If a pupil feels unwell he/she tells a member of staff, normally his/her class teacher, or a member of staff on duty, who may send him/her to the School Office and will be accompanied either by another member of staff or another pupil, dependent upon the age of the child and the nature of any injury or illness.
25. If the First Aider, class teacher or other member of staff decides a pupil needs to go home, they must contact the pupil's parents/guardians by telephone and inform the class teacher that they are no longer in School. A pupil sent home in this way does not need to bring an absence note if he/she returns to School the next morning. Parents/guardians must sign out a pupil in the Illness Record Book in the school office.
26. Staff are advised to avoid contact with other people's bodily fluids. Staff are informed of the appropriate procedures for dealing with spillages of bodily fluids, including the use of PPE, via the Staff Handbook and Appendix B of this Policy.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

27. All accidents that result in hospitalisation must be reported to a member of the Senior Leadership Team. The School Office team will then complete the report made to the Health and Safety Executive on 0845 300 9923. (Monday to Friday 08:30 to 17:00)

List of Appendices:

Appendix A – First Aid Procedures for Staff.

Appendix B – Outlines procedures in the event of spillage of bodily fluids.

Appendix C – Provides information on EpiPens

Appendix A - First Aid Procedures for Staff

28. In the event of an injury/accident to a pupil, staff member, visitor, volunteer, member of supply staff or contractor, the following steps should be followed:
29. Basic first aid to be administered by supervising adult (Appointed Person or First Aider) at nearest first aid station. Staff on morning break duty must inform other staff on duty before leaving the playground.
30. If injury is deemed to be serious, e.g. injury other than minor cuts or bruises, send for the First Aider to assess. A card saying "Assistance required in...." is available in every room in School.
31. If a fracture/break is suspected the First Aider will give appropriate treatment and an ambulance will be called. Parents are to be informed as soon as possible. A member of staff will escort the casualty to hospital if a parent is not available.
32. In the event of suspected injuries of a minor nature that may need hospital care, but an ambulance is not deemed necessary, parents will be contacted and the situation discussed. A decision will be made as to the course of action to be taken, in consultation with the parents.
33. Any head injury must be treated as potentially very serious. An ambulance will be called if the first-aider deems it necessary. Staff are advised not to take a casualty with a head injury to hospital by car. Pupils who sustain a minor head injury such as a 'bump' through play, must be taken to the School Office where a first-aider will deliver appropriate treatment according to current guidelines. A 'bump' sticker is placed on the child so that both teachers and parents are aware a minor injury has occurred, an accident form will be completed and an "Important Notice" form will be completed by the teacher on duty – available from the School Office. The "Important Notice" form will be handed to the parent by the Form teacher to read, sign and return to School noting the child has sustained an injury. The "Important Notice" form is kept on file in the School Office for future reference.
34. The NHS guidance on Head Bumps states:

Signs of a brain injury after a head injury include:

- unconsciousness – either brief (concussion) or for a longer period of time
- fits or seizures
- problems with the senses – such as hearing loss or double vision
- repeated vomiting
- blood or clear fluid coming from the ears or nose
- memory loss (amnesia)

If any of these symptoms occur after a head injury, immediately go to your nearest A&E department or call 999 and ask for an ambulance.

35. If the casualty receives a head injury and is unconscious – an ambulance will be called immediately and then the parents/emergency contact will be informed. The casualty will be accompanied by a member of staff to hospital.
36. All accidents are to be recorded in the appropriate accident book and parents informed at the end of the day by the class teacher if the injury is of a “visually distressing” nature, or of injuries to the head.
37. In the event that an ambulance needs to be called, the following protocol is in place:
- I. When calling an ambulance, the caller needs to alert that the driver must be directed to the entrance on the Aldershot Road, through the St Mary’s Church car park.
 - II. As soon as the call has been made, a different member of staff (whoever is nearby and available) must make their way outside to wait on the Aldershot Road to direct the ambulance on arrival and to open the exit gate. When they see the ambulance, they should draw attention to themselves (waving of an arm) to alert the driver
 - III. If it is the beginning or end of the School day, another member of staff must be in the car park to help direct traffic and direct the emergency vehicle.
 - IV. If an ambulance is called, a different member of staff needs to print off a copy of the child’s medical form ready for when the ambulance arrives. If the parents are yet to arrive, the paramedics will need information quickly so someone needs to have this to hand.
 - V. If a decision has been made to call the ambulance, this call must be made before calling the parents.
 - VI. Any member of staff can be redeployed to do the above - generally speaking there will be a TA in Kindergarten and Lower Transition who could help.
 - VII. A member of staff needs to be available to accompany the child in the ambulance if their parents have not arrived.

First Aid Stations and First Aid Kit Locations

38. First aid stations are situated in the School Office and in the First Aid room accessed through the School Office.
39. First aid kits are available at the following locations and are contents are checked regularly:
- Every class has a medical bag
 - School Office
 - Nursery
 - Lodge
 - Science Laboratory
 - Medical Bag 1 & 2
 - Breakfast Club and Stay & Play
 - School Minibuses

40. A defibrillator is located in the main corridor outside the Staff Room (opposite the kindergarten playground door). Instructions for use are posted on the wall as well as on the machine itself.
41. All teaching and most administrative staff have received First Aid Training.
42. First Aid qualifications are updated as required. Normally this is every three years.
43. There must be at least one First Aider on site when pupils are present.
44. Within the Early Years Foundation Stage setting, at least one person on the premises and at least one person on outings must have a Paediatric First Aid Certificate.

Appendix B – Protocol for dealing with bodily fluid spillages

General statement

45. The aim of this document is to decrease the exposure risk to blood, blood-bone and body fluid pathogens. Adherence to these guidelines is the responsibility of all staff that may come into contact with spillages of blood or other bodily fluids. All staff should be aware of their personal responsibilities in preventing the spread of infection.
46. The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this document, biohazards are defined as:
- Blood
 - Respiratory and oral secretions
 - Vomit
 - Faeces
 - Urine
 - Wound drainage

Management

47. If any type of body fluid has been spilled onto a surface the following precautions should be made:
- Notify appropriate staff i.e. housekeeping/maintenance, to secure the environment using signs where appropriate
 - All staff dealing with a biohazard spill to wear suitable protection i.e.
 - Disposable gloves
 - Disposable plastic apron
 - Eye and mouth protection with goggles and mask, if splash or spray anticipated
 - Access “spillage kit” in order to clean up spillage promptly. Dependent on the type of spillage different items may be required. Please check with the School Office / Site

Maintenance Team. Items available include: sawdust as an absorbent, disinfectant, scoop and scraper, disposable gloves, bags.

- Sprinkle sawdust over the spillage, completely covering it. This will solidify a liquid.
- Using the scoop and scraper provided, remove the now solidified residue and place in a bin bag, along with scoop and scraper, seal and dispose of in further bin liner. Dispose of by agreed and approved means – contact School Office for latest details.
- Clean area and equipment thoroughly using hot water and detergent, and disposable cloths.
- Hand hygiene should be performed following management of spillage.
- N.B. if a spill contains glass or other sharps, these should be picked up using forceps and disposable gloves and disposed of by agreed and approved means – contact School Office for latest details.

Appendix C - Additional information on the use of Epi-Pens

The link below provides government advice on the use of Epi-Pens in Schools – September 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Latest Advice

Updated advice has been issued to schools by the DHSC on 16th October 2018 in relation to the current shortages of EpiPen and EpiPen Junior Auto Injectors. The full advice is available below:-



EpiPen_and_EpiPen
_Junior_Schools_Gu

This advice includes important information for schools. It states that schools should hold two devices for each affected pupil (this is a change from the previous advice to hold one device). Parents will be required to provide two devices to the School whilst this advice remains in place.

Staff must be aware that there may now be circumstances where children weighing over 30kg have been prescribed adult dosage injectors (to help combat the shortage of the junior doses). This should not be the case for any of our pupils as they are unlikely to have reached 30kg in weight however if staff are provided with an adult dose injector for use on a child, please query with parents before the injector is accepted by the school.

As with existing guidelines, if an EpiPen has been used on a child an ambulance must be called immediately and parents informed. Please ensure that the second EpiPen held by the School travels with the pupil in the ambulance in case there is a shortage at the hospital.

APPENDIX D– Exclusions Table

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

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to ‘exclusion’ as used in an educational sense.

Infection	Exclusion period	Comments
Athlete’s foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores

Infection	Exclusion period	Comments
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell</p> <p>Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test</p>	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT

Infection	Exclusion period	Comments
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 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

Infection	Exclusion period	Comments
		contact. Contact your UKHSA HPT for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed

Infection	Exclusion period	Comments
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 UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife

Infection	Exclusion period	Comments
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic	Only pulmonary (lung) TB is infectious to others, needs close,

Infection	Exclusion period	Comments
	treatment (if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	prolonged contact to spread Your local HPT will organise any contact tracing
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 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. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

