



ST MARGARET'S
SCHOOL

First Aid Policy

Including EYFS (found at the end of the policy)

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Reference

ISI Handbook for the Inspection of Schools: The Regulatory Requirements, Part 3 MOSA Guidance: "First Aid Provision and Training in Schools" July 2011 DfE: "Guidance on First Aid for Schools" The Early Years Foundation Stage checklist and monitoring references for ISI inspection.

Status

The Governors and Head accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing First Aid for employees, pupils and visitors within the school.

The Governors are committed to the procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Statement of First Aid Organisation

The School's arrangements for carrying out the policy include the following key principles.

- Places a duty on the Governing Body to approve, implement and review this policy
- Places individual responsibility on all employees to report, record and where appropriate investigate all accidents
- Record all occasions where first aid is administered to employees, pupils and visitors
- Provide equipment and materials to carry out first aid treatment
- Make arrangements to provide training for employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require first aid treatment
Provide information for employees on the arrangements for first aid
- Undertake a risk assessment of the first aid requirements of the School

Arrangements for First Aid

First Aid Boxes

Boxes kits are kept in the following locations:

Location	Comments
Art Department	1* box
DT Department	2* boxes, eyewash station
Food Tech	1* box, eyewash station
Boarding House Office	EpiPens and Ice Packs. Travel bag
Boarding Staff Kitchen	
Caretakers Office	Eyewash Station 1* box
Grounds Workshop	1 * box, 1 * bag for site work, Eyewash Station

- Grounds Tractor	
- Rough Terrain Vehicle	
Laundry	Ice Packs, Eyewash Station, 1* box
Junior School - Entrance Hall	Defib
Junior School - Office	Anaphylaxis kit, emergency asthma kit, 1 backpack, ice packs
Junior School - Staff Room	1* box
Junior School - First Floor	
Junior School - Playground	2 * bag for playground
Maintenance Office	Eyewash Station
Maintenance Workshop	Eyewash Station
Medical Centre	Epipens, Ice Packs and Eyewash Station. 12 kits for school trips, 4 large travel bags
Main Kitchen	
PE	5 First Aid Backpacks, Ice Packs
School Hall	Epipens
Waterhouse Main Corridor	Defib
School Coaches 1 & 2	
Science Department Prep Room	Eyewash Station in each lab
Site Manager's Office	First Aid box, Eyewash Station
Sports Centre	Defib. First Aid box

The contents of these boxes, which are in accordance with the guidance given in HSE document, 'Basic advice in first aid at work' INDG 347, vary according to location and are checked on a regular basis by the School Nurse. The School Nurse retains a log of the contents of each box / kit

The Nurse will be responsible for all record keeping on first aid. Staff are required to inform the nurse if items need replacing.

In compliance with The Education (Independent School Standards) Regulations 2014 and the Department of Health guidance "Boarding Schools: National Minimum Standards, Inspection Regulations", the Governing Body will ensure that a room will be made available for medical treatment. This facility will contain the following and be readily available for use.

- sink with running hot and cold water
- drinking water and disposable cups
- paper towels
- smooth-topped work surfaces
- a range of first aid equipment and proper storage
- chairs
- a couch with water-proof cover, blankets and pillows
- soap
- clean protective garments for First Aiders
- suitable refuse container (foot operated) lined with appropriate bag for its use
- appropriate record keeping systems and facilities
- a telephone

Responsibilities

The Head will appoint the School Nurse.

In general the School Nurse will

- take charge when someone becomes injured or ill
- look after the first aid equipment, including restocking when required
- ensure arrangements are in place that an ambulance or other further professional medical help is summoned when appropriate

In order to provide first aid for pupils and visitors, the Health and Safety Coordinator will undertake a risk assessment to determine, alongside the Nurse, how many qualified First Aiders are required.

In implementing the outcome of the risk assessment, the Governing Body acknowledged that unless the first aid cover is part of a member of staff's contract of employment, those who agree to become First Aiders do so on a voluntary basis.

Medical forms are sent out to all pupils as part of their induction / joining pack. Administration of First Aid and Medicines to Pupils Junior and Senior

At the start of each year all parents / guardians complete a medical questionnaire / consent form. These forms are different for boarding, temporary boarding and for day pupils.

1. Boarding

The procedure for the administration of medicines to boarding pupils and other health-related matters can also be found in the Boarders' Handbook.

1.1 Prescribed Medicines

These are either self-administered or administered by the School Nurse or a House Mistress according to the following protocol.

1.1.1 Self-administration

Only if the medicine is prescribed for a protracted period will a pupil be considered suitable to self-administer. The pupil and the nurse initially meet to conduct a risk assessment. If agreeable, the pupil will then keep their medicine in a locked box which also contains a copy of the risk assessment. The original copy is held by the nurse.

The above position is reviewed after a period decided, at the outset, by the nurse.

1.1.2 Staff- administered

Boarding staff follow the procedure outlined in the Boarding Staff handbook. All boarding staff are inducted, trained and assessed in respect of their competence and this is recorded.

1.2 Non-Prescribed Medicines

Guidelines for the administration of non-prescribed medicines are produced in the Boarding Staff Handbook.

A list of non-prescribed medicines NOT to be given to specific pupils is produced and updated by the nurse.

2. Day Pupils (Senior School)

2.1 Prescribed Medicines

These must be brought to the nurse along with an administration note from the parent / guardian.

2.2 Non-Prescribed Medicines

Only pupils in the Senior School will be administered non-prescribed medicines if not contra-indicated by the parents and even then, only by the school nurse.

3. Day Pupils (Junior School)

For pupils to be administered pain relief in school, a specific form is completed by parents which records the following information

- Name
- The reason for the medication
- Name of the medication to be given
- The time the medication should be given.

Medication will be given by the school nurse.

If pupils need to take antibiotics during the school day, they are brought into school in the original container with the Pharmacist label still attached to the container and the pupil's name clearly legible. The school nurse will administer the medication, or will give permission for a member of staff to give the prescribed dose.

Medication or first aid treatment given to any child is recorded on ISAMS. Depending on the level of treatment required, parents are informed variously by way of a 'treatment' form, a phone call from a member of the teaching staff or a phone call from the School Nurse.

Head injuries or serious injuries contact is made immediately and a written record is also sent home

Medicine when given is recorded on ISAMS for all pupils, which captures the expiry date of all medicines. Regular checks are carried out of expiry dates of all medicines, including inhalers, epi-pens and over the counter medicines.

Prescribed Medication

All prescribed medicines should be handed to the School Nurse at the start of the school day for safekeeping.

A separate consent form must be completed by the parent, clearly stating the child's name, the dosage and time of administration. All medicines should be clearly marked with the child's name. The child must be well enough to attend school. This form is available from the school office, school website, or medical room.

Asthma

All parents of asthmatic children in the school are required to fill in a School Asthma Card. This is sent home on an annual basis for updating. Parents are asked to inform the school of any change in treatment.

Consent is obtained for use of the School Emergency inhaler in the event the pupil's inhaler is not available e.g. is lost, broken or empty. Parents are notified when the emergency inhaler is used, the reason for the use of the inhaler is given. An emergency inhaler is located in the Medical Centre, Junior School office, PE and Boarding. The expiry date of children's inhalers and our school spare inhaler are regularly checked. On ISAMS when recording administration of medication, the expiry date is recorded.

All children with asthma are required to supply two reliever inhalers while in school.

In the Junior school, if able to self medicate, one inhaler should be kept with the child at all times (at break time, games lessons, sporting fixtures and outings). The second inhaler is kept in the Medical Centre in the asthma box clearly labelled.

In the Lower Juniors, one reliever inhaler is kept by the Form Teacher and accompanies the pupil at break time and on outings or games lessons. The second inhaler is stored in the Asthma drawer located in the Medical Room in the Junior School.

Inhaler use is recorded on iSAMS and parents are emailed via the email wizard on iSAMS informing them about any medication used.

Expiry dates of all inhalers are monitored and parents informed when a replacement is required.

Severe allergy

Pupils that suffer from a severe allergy that might require the administration of adrenaline must be made known to the school on entry.

Parents must supply an up to date Allergy Action plan which are available on the BSACI.org website. The Allergy Action plan must be completed by the pupils' Allergy Specialist or GP, giving details of the pupils allergens and treatment regime. Parents must complete the Emergency contact details section of the form and sign authorisation for the administration of the medicines listed in the care

plan including a spare back-up adrenaline autoinjector(AAI) by school staff in the event of an anaphylactic reaction.

The Allergy Action plan is reviewed annually by parents. An updated Allergy Action Plan is required if treatment changes or the pupil is diagnosed with new allergens.

Pupils at risk of anaphylaxis and prescribed adrenaline auto injector devices (AAI) require two auto injectors in school at all times including travel to and from school, school trips/sporting fixtures The AAI's together with the Allergy Action plan, and listed antihistamine must be supplied in a small bag with the pupils name clearly visible

Two junior and two adult Emergency adrenaline auto injector (AAI) devices are stored in the EpiPen Box in the Medical Centre. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The Emergency AAI's can be used if the pupil's own prescribed AAI's are not immediately available e.g. because they are broken, out of date, have misfired or lost

For Senior Pupils:

Are required to carry their two prescribed AAI's with them at all times in school.

For Junior Pupils:

The adrenaline pens are kept in the location of the child, they accompany the child to the dining room and locations around the school.

The expiry date of the adrenaline auto injector devices is monitored and replacements requested as necessary.

Staff are given annual training on anaphylaxis and adrenaline auto injector devices by the School Nurse.

The School Nurse liaises with the Head of Catering on matters concerning diet and allergy.

Head Injuries & Concussion protocol including EYFS

Head Injuries

In the event of any injury to the head, the adult in charge must remain with the person concerned at all times until help is called.

If the person is partially or fully unconscious an ambulance must be called immediately.

Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head and in the school environment this is usually due to a fall or sporting activity.

Every minor head injury is different and caution is followed. The advice below gives details of what signs and symptoms should be looked for in children who have hit their heads in school and when medical advice should be sought. A head injury is defined as 'any trauma to the head other than superficial injuries to the face' NICE Head Injury Guidelines September 2019.

- Common minor symptoms after a head injury:
- Bump or bruise on the exterior of the head.
- Nausea or vomiting once soon after the injury.

- Mild headache, younger children may show only irritability. You may give paracetamol according to instructions.
- Mild dizziness.
- Feeling generally miserable/off colour.
- Loss of appetite – do not force food but ensure good fluid intake.
- Increased tiredness. He/she should be allowed to sleep but check on them to make sure that they are rousable.
- Lack of interest/concentration.

If a child sustains a head injury whilst in school the child should be taken or sent to the School Nurse for her to assess and take appropriate action. Preschool children treated by Paediatric First Aiders and seen by the School Nurse.

A Head Bump accident form is completed and parents are also informed by whatever means is viable (ie telephone, email or ISAMS).

A head bump wrist band is given to all Junior Pupils including EYFS to wear so all staff and parents are aware to be observant for any signs of deterioration that would require assessment by a medical professional.

All accidents are recorded on the accident form.

Minor head injuries should not require treatment and most children make a full recovery, however occasionally a child who is thought to only have a minor head injury can develop complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem. If the child develops any of the following symptoms medical advice must be sought and the child taken to A&E by parents or the child's emergency contact.

- Becomes steadily sleepier or very difficult to wake up.
- Complains of severe headache or visual disturbance.
- Two or more bouts of vomiting.
- Appears confused.
- Has a seizure or fit (when the body suddenly moves uncontrollably).
- Cries continuously/becomes irritable and cannot be consoled.
- Becomes unconscious for either short or extended periods of time.

If after a head injury a child remains unconscious or fits, an ambulance should be called immediately and the parents contacted.

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common, but least serious type of brain injury. Its development and resolution are rapid and spontaneous. A pupil can sustain concussion without losing consciousness. All pupils that sustain a head injury or blow to the head, a head bump form advice sheet must be given, and the accident recorded on the accident form.

Concussion must be taken extremely seriously. If any of the common early signs and symptoms listed below are seen, the pupil should be assessed by a medical professional. If this is not possible, an ambulance should be called: Indicator Evidence Symptoms Headache, Dizziness, Physical signs (Loss of consciousness, vacant expression, vomiting, visual disturbance) Behavioural changes (Inappropriate emotions, Cognitive impairment, Slowed reactions, confusion/disorientation, poor attention and concentration, loss of memory for events up to and after the concussion) Sleep disturbance and Drowsiness are Red Flags for potentially serious head injury.

If any of the following are reported or develop whilst under observation, the pupil must be seen by a medical professional:

- Deteriorating conscious state
- Increasing confusion/irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual change in behaviour
- Seizure or convulsion
- Double vision or deafness
- Weakness or tingling/burning in the arms/legs
- Clear fluid coming out of ears/nose
- Slurred speech, difficulty speaking or understanding

Following a blow to the head where concussion is diagnosed, (by a medical professional), sport avoidance is recommended for 3 weeks.

Rehabilitation Stage Functional Exercise Objective Requirement

Day 0 - 14 - No Activity/Rest Complete physical and cognitive rest Recovery GP permission to proceed to next stage

Day 15 Light jog/aerobic exercise return to courts Increase heart rate 24hrs symptoms free before moving to next stage

Day 17 Sprint/ no head impact activities Add movement, coordination and increase exercise 24hrs symptoms free before moving to next stage

Day 23 Normal play Restore confidence and skills

If headaches occur during the rehabilitation period, the pupil should restart the rest period. If you feel your child is ready to return to full exercise before this date, GP approval is required.

Post Concussion Syndrome: After a minor head injury it is common to suffer from the effects of concussion until the brain has fully recovered.

Symptoms may include:

- Headache
- Nausea
- Poor concentration
- Memory lapses
- Mood swings

- Double or blurred vision

The most important treatment to speed recovery is complete rest. Rest should continue until the headache eases.

This may take a few hours, up to a week, or even longer in some cases. Rest should be as complete as possible - ie no TV, computer games, reading or studying.

Epilepsy/Diabetes/ other conditions requiring special attention.

The School Nurse will produce an Individual Care Plan for those children suffering from any of the above conditions. Each plan will be agreed by the child's parents and tailored to the needs of the child, while following the guidelines set down by a Medical Practitioner. It is the duty of the parent to inform the school of any change in treatment.

All staff will be made aware of any such conditions and taught how to deal with the complications that might arise.

Any medication required must be clearly labelled with the child's name and given to The School Nurse. A separate consent form must be completed by the parent stating dosage and time of administration.

Any special diets that may be required will be discussed at meetings between parents, The School Nurse and the Head of Catering.

The school has its own glucogel/hypostop gel to use if a child was having an episode of low blood sugar. The school does have its own blood glucose machine to use in emergencies where low blood or high blood sugar is suspected, however in children with known blood glucose conditions such as diabetes or hypoglycemia, the child's own machine would be used to test the child. Individual care plans would give clear instructions on treatment and threshold levels for treatment of care.

Mental Health & Self Harm

The school's pastoral care regularly supports children that have emotional and mental health needs. The school Nurse, head of student support, wellbeing lead and DSL support children with Mental Health, referring to CAHMS or other agencies as well as using the school counsellor. Self-Harm is identified and reported and safe practices for the child in question are put in place with support from external agencies. All staff are encouraged to record and report any concerns.

The Junior School also has a wellbeing assistant who works with the school nurse and school wellbeing lead, supporting children with emotional health and mental health.

The play therapist and school counsellors report to the Head of Student support and follow safeguarding procedures with any ongoing concerns.

Existing injury

1. An existing injury is an injury that a child comes to the setting with that did not occur when the child was with us, the day before, for example. It could be that a child bumped their head on a kitchen cupboard or grazes their leg at the playground on a weekend.
2. Parents should inform us of such an injury when they drop their child off. In other cases staff
3. will notice something on the child that could not have happened whilst with us for example a plaster under their trouser leg or a bruise.
4. In all these cases it is our duty to complete an Existing Injury Form to detail what has been noticed. A parent needs to be rung to inform them what has been noticed and asked how it happened. These details need to be noted on the form which the parent reads and signs upon pick up, a copy made that the parent takes and the original should go to the School Nurse.

5. Existing Injuries can form a part of a wider safeguarding concern (for example if a child was to have bruising every Monday)

Information on First Aid Arrangements

The Health and Safety Coordinator will inform all employees at the School of the following

- the arrangements for reporting and recording accidents
- the arrangements for first aid
- those employees with first aid qualifications
- the location of first aid boxes

In addition, the Health and Safety Coordinator will ensure that signs are displayed throughout the School providing the following information

- those employees with first aid qualifications
- the location of local first aid boxes

If appropriate, pupils may carry their own asthma or allergy medication with them during the school day or during off-site activities. For this to happen, a written consent must be given by the parents after agreement with the School Nurse.

Accident Reporting

The Governing Body is aware of its statutory duty under The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees.

1. An accident that involves an employee being incapacitated from work for more than 7 consecutive days (excluding the day of the accident but including non-working days)
2. An accident which requires admittance into hospital for an excess of 24 hours
3. Death of an employee
4. Major injury such as a fracture, amputation, dislocation of hip, shoulder, knee or spine For non-employees and pupils an accident will only be reported under RIDDOR
5. where it is related to work being carried out by an employee or contractor and the accident results in death or major injury; or
6. it is an accident in school which requires immediate emergency medical treatment at hospital

The Director of Estates or, in his absence, the nurse (after checking with the Head), is responsible for timely, on-line RIDDOR notification.

Where an employee, pupil or visitor has been injured or becomes ill as a result of a notifiable accident or dangerous occurrence which is a cause of death within one year of the date of that accident the HSE must be informed in writing as soon as this is known.

It is also a statutory duty to keep a record following enquiries from the DWP concerning claims for any of the prescribed industrial illnesses.

For EYFS children:

The Governing Body is aware of its statutory duty to notify Ofsted of any serious accident, illness or injury to, or death of, any EYFS child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. The School will notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

Duties of staff

The School is required to maintain a record of injuries and accidents to employees and pupils.

These records are to be retained by the HR Department for a minimum of three years.

All accidents and dangerous occurrences, however minor, arising out of or in connection with work and school activities must be reported to the Health and Safety Co-ordinator or through the School Nurse. The requirement applies to accidents involving staff, pupils, parents, non CDM contractors, visitors and members of the public. It applies to accidents and incidents that occur on and off site when a school activity is involved. A regular report is to be made to the Health and Safety Committee by the Director of Estates

The format of the Accident/Incident report forms is given at Annex A. Action required by staff is as follows:

- A. The person reporting the accident/incident completes the relevant parts of the form and submits it to the Director of Estates/Nurse. The Nurse may of course initiate reports. Written notification should be made as soon as possible after the event and not later than the next working day. Near incidents/accidents should also be reported in the same way.
- B. The HR Department is to maintain a central log of all accident report forms.
- C. The Nurse completes the section on treatment prior to passing the form to the Director of Estates.
- D. The Director of Estates considers the report and decides on further action required before filing the form for retention by the HR Department. Each term they report on these accidents to the Health and Safety Committee.
- E. Serious accidents/incidents should be reported verbally as quickly as possible.
- F. Parents of EYFS pupils will be informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any first aid given. A record is kept in the medical file and passed onto the school nurse. To facilitate this, a Junior School 'Minor Accident / Illness report' (Annexe B) is used. This form is sent to the Nurse only who then files these within the pupils medical records.

Transport to Hospital or Home

The School Nurse will determine what is sensible and reasonable action to take in the circumstances of each case.

Where the injury is an emergency an ambulance will be called, following which the parents will be called.

Where hospital treatment is required but it is not an emergency, the School Nurse will contact the parents for them to take over responsibility for the pupil. If the parents can not be contacted, then the school office staff will attempt to contact other nominated people. If the Nurse decides that the school should transport the pupil to hospital, s/he will ask the school office to make the necessary arrangements in order that s/he may remain active on site.

Register of Personnel

Assessment of staff training needs

Following the methodology of the HSE 'The Health and Safety (First Aid) Regulations 1981 (3rd edition) guidance published in 2013, the School and its Subsidiary Company have assessed the number and level of training needed to provide first aid cover. The personnel below significantly exceed what we believe to be the minimum requirements.

Nurse

School Nurse Milly Ticehurst (BSN)

A first aider (paediatric first aid for EYFS pupils) will accompany pupils on visits out of school.

Emergency First Aiders

A number of employees have undergone Epilepsy training.

Some staff have additional first aid qualifications and experience such as training for expedition leaders.

Long term conditions

Parents are required to discuss with the School Nurse any long term health care needs, for example asthma, allergies and diabetes. This will ensure that the school has the necessary medication and that the appropriate information is recorded and held on record.

Pupils suffering with asthma are required to have 2 inhalers/relievers in school.

Pupils suffering with allergies who have been prescribed epi-pens are required to have 2 epi-pens in school.

Control of Infectious diseases

The purpose of this policy is to ensure that a routine of infection control is carried out to ensure the wellbeing of all members of St Margaret's School.

Aims

- To prevent illness.
- To detail infection control routines to be followed by all staff

These standards should be maintained by everyone.

Educating children, parents and staff about good hygiene practises will feature highly, particularly at the start of a new school session or when a pupil starts throughout the year.

Hand Washing

Staff should encourage pupils to learn basic principles of good hygiene. Hand washing is one of the most important methods.

- Children must be encouraged to wash hands after every visit to the toilet.
- Children must be encouraged to wash hands prior to eating.

- Children must be encouraged to wash hands prior to working with food.
- Children must be encouraged to wash hands after contact with pets.
- Children must be supervised when carrying out hand washing to ensure a good basic technique is learned.
- Children must be encouraged to wash hands after playing outside.

Toileting

If a pupil has a toileting accident we will ensure that the privacy, dignity and welfare of the pupil will be maintained at all times. Disposable gloves must be worn by staff. The unclean clothes should be put in a sealed bag and sent home. Any remaining mess should be disposed of in a plastic bag along with the gloves and placed in the bin specifically for this purpose. The staff member and child must wash hands thoroughly. Regular checks will be made to toilets to make sure they are clean.

Handling of Food e.g. cooking in school.

Those responsible for the preparation and handling of food must be fully aware of, and comply with, regulations relating to food safety and hygiene. A comprehensive Food Safety Management Process is in place.

Illness

Excluding children who have certain infectious diseases helps prevent other children becoming infected. Pupils should return to school when they are better unless they pose a risk of infection to others.

The School follows and communicates to parents guidance offered by Public Health England under the title 'Guidance on infection control in schools and other childcare settings'

Parents will be contacted if their child becomes ill whilst in our care.

In the event of an infectious outbreak

At the discretion of the School Nurse or a senior member of staff, in the event of an abnormally high transmission of a disease, the School will phone the Health Protection Unit and discuss the situation with an Infection Control Nurse.

If there is reason to believe that the original source of the infection is in the school e.g. food produced by the kitchen, the Director of Estates or Catering Manager will also contact the Environmental Health Officer.

Additional precautions

In addition to the standard cleaning procedures and those procedures outlined above, the school will increase to four times daily its routine for disinfecting surfaces likely to facilitate the transmission of disease.

All domestic staff have been trained in both The Control of Substances Hazardous to Health (COSHH) and instructed in (SCIPS), Standard Control of Infection Principles.

Hydrochloric solutions applied to any frequently touched surfaces:

- Toilets, basins, taps, shower areas.
- Door handles, doors, banisters.
- Light switches and fittings.
- Monitoring visually of all areas four times a day.

Laundry

Storage/Handling/Bagging linen or clothing items, that have been soiled with any bodily fluid, should be placed by the gloved person, in the Red Hygiene bags obtained from the laundry.

Transporting if the pupil is a boarder, the bag is taken straight to the laundry, if a day pupil the bag should be put into another black bag and sent home.

Laundry the red bag is placed separately directly into the washing machine by a gloved person at 65c for not less than 10 mins or 71c for less than 3 mins. The bag disintegrates in contact with the correct heat and infection is therefore controlled.

The parents of pupils who have been sent home suffering from the symptoms associated with the outbreak will be reminded, in writing, that their child should not return to school until 48 hours after the last display of symptoms.

Staff will also be reminded of this requirement.

The Director of Estates, in conjunction with the Head, will record pupil and staff absences from the start of the abnormally high incidence of infection until such a time as they revert to the seasonal norm. In this way the success or otherwise of the enhanced control measures can be assessed.

Return to school after illness

If a child is ill/unwell s/he should remain away from school until able to fully participate in the school day. In particular if he/she has had diarrhea or vomiting within the last 24 hour period or if the child has had a higher than normal temperature, this must be registered within the 'normal' range for a 24 hour period before returning to school.

Preventative matters

Diet and exercise

Parents may discuss with the school nurse any concerns that they may have about their child's weight. This may be to support or advice, or for referral to other colleagues or external health professionals.

EYFS parents are made aware of the procedure for responding to illness and infection through the Induction Talk (June), the EYFS Parents' Handbook and in the Class Talk (September).

Clinical waste management

The legal definition of Clinical Waste is given in the Controlled Waste Regulations 1992 as:

"any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or in the collection of blood for transfusion, being waste which may cause infection to any person coming in contact with it".

The safe disposal of clinical waste is a shared responsibility of the Nurses and the School Caretaker. Approved 'yellow' bags must be used for the temporary storage of such waste in clearly defined and safe areas prior to removal from the school by an authorised contractor.

Review of First Aid Policy

The Pastoral Committee will review the First Aid policy on an annual basis and make recommendations, where appropriate, to the Governing Body, through the Finance and General Purposes Committee for changes to the School's policy.

Protocol for Out of Hours Injury

Actions to be followed by the member of staff

If a pupil reports to you with an injury you should:

- Assess the situation, talk to the pupil and look at the injury
- Call 999 immediately if there are any major concerns
- Basic first aid plasters, ice packs are available in the School Office, P.E Office, the Sports Centre and Boarding House
- The School Nurse is available in the Medical Centre until 5pm.

Mobile number is - **07309 658914**

If the injury is P.E related, after 5pm and you have concerns, please contact the following members of the P.E department in order:

Camilla Powell Senior – 07907067220

Mike Murton Junior – 07555116020

Next steps:

Always ask how the pupil will be getting home. If they intend to use public transport, parents should be contacted by phone to explain what has happened and to check that they are happy for their child to make the journey.

Contact details for parents/guardians can be found on iSams. Pupils may make such a call using their own mobile in the presence of the member of staff.

If the pupil is being collected by their parent they should be accompanied to the car park and handed over to their parent and an explanation of the nature of the injury should be given.

An accident form must be completed within 24 hours.

EYFS First Aid Policy

To be read in conjunction with the First Aid policy and other school policies This policy applies to EYFS.

Introduction

This policy has been devised for use by PARENTS, PUPILS and SCHOOL STAFF.

The aim of the policy is to provide clear guidance and information on the use and storage of medication in school. Through it we hope to promote, where possible, regular school attendance of those requiring medication, ensure that the health needs of those requiring medication are met as much as possible and that there remains a safe environment in which everybody can work and learn.

The policy will deal with the following areas:

- Information about medication required by pupils in EYFS.
- Different categories of medication within the School.
- Storage and carriage of medication at School.
- Parental consent and administration of medication by staff.
- The procedure to be followed in the unlikely event of a medication error.

The policy has been approved by the School's Board of Governors and adheres to the principles set out by the Nursing and Midwifery Council guidelines on the Storage and Administration of Medicines, and also to the Department of Health's Managing Medicines in Schools and EYFS documents.

Information about medication required by pupils in EYFS

It is quite possible that at some point when at St Margaret's or involved in a school activity off-site, that a pupil in EYFS may require assistance in taking such medication or be susceptible to side effects of it.

It is important for the School to be made aware of any regular medication a pupil may be taking, regardless of the length of time for which it is to be taken, or of any medication prescribed to be taken in the event of a deterioration of a condition (i.e. Emergency Medication).

When a pupil joins the school, parents are required to complete an online medical form, outlining details of medical history, dietary requirements, and to give consent regarding emergency treatment and medicine administration. This is recorded on each pupil's records and updated regularly. Any

change of medical details outside of these times should be shared with the school as a matter of urgency.

It is the responsibility of those requiring medication, or of those with parental responsibility for such children, to ensure that the School is made aware of this information in a timely fashion.

Different categories of medication within school for children in EYFS

PRESCRIPTION MEDICATION (PM) is medication which has been prescribed by a medical professional for the use of a named individual. This should also be stored securely in a locked first aid cupboard or fridge. The prescription will determine dosage, frequency and method of administration.

OVER THE COUNTER (OTC) MEDICATION, can be bought without a prescription and, therefore, comes with generic directions for use and not specific directions for use for an identified person.

EMERGENCY MEDICATION (EM) is medication prescribed by a medical professional to treat a named individual for a potentially life threatening condition. This may include CDs or PM. There are specific recognised circumstances when this medication **MUST** be administered.

Storage and carriage of medication for children in EYFS or whilst offsite on school trips

If possible, the administration of any medication should be scheduled outside of school hours. If, however, the medicine is required at school, an administration of medicine in school form must be completed and the following guidelines apply:

- Medication is in the original container in which it was dispensed
- The original dispensing label must be intact and all necessary instructions clearly visible
- The name of the person for whom the medication was prescribed is clearly displayed on the label
- The dosage and frequency of the medication is clearly displayed on the label
- The route of administration is clearly displayed on the label
- The expiry date is clearly displayed on the label

If a pupil requires over the counter medicines (OTC) during the school day, these must be handed to the School nurse or to the school office and an Administration of medicine in school form completed. While in school or involved in school activities, pupils should not accept any medication offered by anybody other than staff. Any lost or found medication should be reported to the school office or, if involved in an activity outside of school, the member of staff responsible for the trip as soon as possible.

St Margaret's cannot be held responsible for any problems experienced related to medication about which the school has not been notified and which pupils self-administer.

The School Nurse stores a small supply of OTC medication in a wall-mounted, locked, medicine cabinet in the Nurse's Room. The stock of medication in this cabinet is limited in accordance with guidelines on the amount of medication which should be appropriately stored in schools at any one time.

During school trips, outdoor learning or visits to the animals, staff can request OTC medication from the school nurse when they ask for medical details of pupils. Medication will be provided in a small bag which should be kept separate from first aid kits and accessible only to staff.

If a child requires any prescribed medicine during a school trip, the member of staff responsible for the trip should obtain a copy of the medicine form from the School nurse. The timing and details of the administration of the medication should be discussed between the pupil and staff member beforehand so that both are clearly aware of their roles.

Emergency medicines (EM) prescribed by a medical professional to treat a named individual for a potentially life threatening condition MUST be provided by parents or guardians for staff to hold in school and access at any time that it may be needed.

Accompanying should be an Individual Care Plan specific to any person for whom EM has been prescribed. Emergency medicines are held in the classroom of the child who needs the medicine or in a prearranged place. EM's are easily identifiable as belonging to a named pupil and are accessible to staff at all times.

When a pupil with an EM box is travelling off-site and departing from school, it is the responsibility of the staff member to collect the EM from the School Nurse immediately before departure and return it immediately on arrival back at the School.

At all times when in the care of school staff, a pupil should have access to their EM as the equipment could save their life if ever required.

It is the responsibility of the Parent or Guardian to note the expiry date of any EM provided to the school and ensure it is replaced before the expiry date has passed.

Disposal of expired medication provided to the school for the use of an individual is the responsibility of the person who supplied it to the school.

Parental consent and administration of medication by St Margaret's Staff

No medication should be given to a EYFS pupil by staff without prior written consent from parents or guardians.

Staff should only administer medication once the following has been checked:

- The name of the recipient
- Any medication already taken by the recipient that day and times when taken
- Any allergies or existing medical conditions of the recipient contraindicating the medication
- The circumstances under which the medication is to be administered
- The medication's strength, dosage and route of administration
- Side effects and what to do if they occur (see the user leaflet inside packets)
- The expiry date of the medication
- Parental consent

Should staff wish to receive further training on administration of medication they should consult the School nurse.

Only those who have undergone training or who have been identified as being qualified can administer medicines to pupils. Currently it is the school nurse who is responsible for giving medication to EYFS pupils.

All staff will receive an annual update on anaphylaxis and use of adrenaline auto-injectors. Parents or Guardians will receive details via 'Medical center visit' email if medicine has been administered by a member of school staff as an OTC medication.

Procedure to be followed in the unlikely event of a medication error

The School Nurse will keep a record of every occasion where any medication is administered to a pupil in EYFS. This documentation will include all relevant pupil details along with the medicine, its dosage and the reason for administration.

In the unlikely event that a pupil is given the wrong medication, the wrong dose or at the wrong time, or has an adverse reaction to any medication given in school, the school nurse administering medication will:

- Ensure that any necessary first aid is promptly administered
- Ensure that, if necessary, the pupil is transferred to hospital for further treatment/investigation
- Inform Parents/Guardian of the situation and any relevant information and/or advice as soon as is possible
- Record all necessary information and keep it securely with the pupil's medical records.
- Inform MHRA if applicable

A list of staff with First Aid at Work

Staff Name	Qualification	Date qualification ends
Anna Frame	First Aid At Work	08/02/2025
Amber Charlton	Emergency First Aid at Work (RQF)	19/05/2026
Anne Maitland	First Aid At Work	24/02/2026
Barbara Colgan	Emergency First Aid at Work (RQF)	19/05/2026
Calvin Browne	First Aid At Work	24/02/2026
Camilla Powell	3-Day First Aid at Work	16/09/2025
Camilla Powell	Emergency First Aid at Work	20/10/2023
Claire Weldon	Emergency First Aid at Work	26/09/2025
Craig Collett	3-Day First Aid at Work	16/09/2025

Dan Payne-Cook	Emergency First Aid at Work	30/03/2026
David Anderson	First Aid At Work	24/02/2026
Deborah Soulsby	First Aid At Work	24/02/2026
Emma Berckmans	First Aid At Work	24/02/2026
Emma Desmond	First Aid At Work	24/02/2026
Ewen Stevenson	First Aid at Work	16/09/2025
Jay Gorasia	Emergency First Aid at Work	30/03/2026
Jethro Durant	Emergency First Aid at Work	26/09/2025
Kirstie Barraclough	Emergency First Aid at Work (RQF)	19/05/2026
Maila Patrela	Emergency First Aid at Work (RQF)	19/05/2026
Mark Field	First Aid At Work	24/02/2026
Michelle Bird	Emergency First Aid at Work	07/05/2025
Michelle Franklin	Emergency First Aid at Work	30/03/2026
Mike Metcalfe	First Aid At Work	24/02/2026
Nicole Yao	3-Day First Aid at Work	16/09/2025
Paul Clark	First Aid At Work	24/02/2026
Richard Marsh	Emergency First Aid at Work	26/09/2025
Ryan Collett	Emergency First Aid at Work	26/09/2025
Sandra Barraclough	Emergency First Aid at Work (RQF)	19/05/2026
Sarah Hutchings	Emergency First Aid at Work (RQF)	19/05/2026
Sarah Small	Emergency First Aid at Work (RQF)	19/05/2026
Sarah Small	Emergency First Aid at Work	30/03/2026

A list of staff with Paediatric First Aid

Staff Name	Qualification	Date qualification ends
Mrs Annette Caher	Paediatric First Aid	19/04/2026
Mrs Vanessa Coleman	Paediatric First Aid	19/04/2026
Mrs Manali Desai Patel	Paediatric First Aid	21/09/2025
Mrs Teresa Evans	Paediatric First Aid	19/04/2026

Mrs Diana Flores-Pankhania	Paediatric First Aid	19/04/2026
Miss Sammi Hill	Paediatric First Aid	21/09/2025
Miss Mia Hyams	Paediatric First Aid	21/09/2025
Miss Sarah Johnson	Paediatric First Aid	19/04/2026
Mrs Dianne Jolley-Tiplady	Paediatric First Aid	21/09/2025
Mrs Fazala Khaki	Paediatric First Aid	19/04/2026
Mrs Jenny Regan	Paediatric First Aid	19/04/2026
Mrs Nazira Shah	Paediatric First Aid	19/04/2026
Mrs Lynsey Pickles	Paediatric First Aid	19/04/2026
Mrs Priscila Wil	Paediatric First Aid	19/04/2026

A first aider (paediatric first aid for EYFS pupils) will accompany pupils on visits out of school.

END OF POLICY