

AMDG



Donhead Preparatory School

Policy for First Aid and Policy for Administering Medication **(including EYFS)**

First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill. At Donhead First Aid is administered in a timely and competent manner. At Donhead we achieve this by ensuring several of our staff have training and are qualified First Aiders. We ensure that they are kept up to date with developments, recognise the limits of their competence, have received first aid training from a qualified trainer and are reminded when refresher courses become necessary (usually every three years). This policy is applicable to pupils, as well as staff, in the event of illness or accident.

Training and Named First Aiders (in the EYFS relevant staff have Paediatric First Aid)

A list of staff qualified in First Aid and dates of certificates appears on the noticeboard in the staff room and the master list is kept and updated by the School Office. First aid procedures are available to all new members of staff on their induction. The Principal First Aiders are Mrs Tavares and Mrs Thompson who update records and administer medicines. They maintain the First Aid Cabinet in the First Aid Room and check all First Aid boxes. Mrs Tavares and Mrs Thompson look after all the rucksacks that go out on trips, the games staff look after their first aid boxes and the Teaching Assistants have bags that are checked each term and replenished as required. The checklist for each First Aid Box is kept in the First Aid Room and monitored by Mrs Tavares or Mrs Thompson. There is at least one person who has a current paediatric first aid certificate on the premises and available at all times when children are present. All EYFS outings are accompanied by a trained paediatric first aider.

All staff, both teaching and non-teaching, are also responsible for dealing with minor incidents in the absence of the qualified first-aiders.

Paediatric first aid training is carried out by external agencies and is relevant for workers caring for young children. Paediatric first aid training is renewed every 3 years and annually online

Accidents and Illness Procedures

When to Call 999

Any accident, which is beyond basic First Aid assistance, including serious head injuries, excessive bleeding or unconsciousness, must be treated as an emergency and a call to ambulance assistant must be made. Any member of staff can do this as time is of the essence. The Headteacher is informed, and the incident recorded on an 'Accident Report' sheet, which is then handed into the School Office.

If an accident occurs in the playground and first aid is required, the injured child is accompanied by a staff member or another pupil to the School Office. If the injury is thought to be serious, a member of staff will send for a qualified first aider. Minor incidents in Pre-Prep will be dealt with by the teacher or teaching assistant who carry a first aid bag for

that purpose. Pre-Prep incidents are recorded in a book held in Reception R (Inside the white cupboard). If an accident occurs at the Sports Ground, or on an educational visit, the injury should be assessed appropriately by a qualified First Aider and the following procedure followed.

Cuts and Grazes: Examined, assessed, cleaned and plaster applied if necessary. We use non-antiseptic/non-alcoholic wipes or cold water to wash the wound.

Bumps to Head: Examined, assessed and ice applied if applicable. An email is sent to the parents to inform them that their child has bumped their head and should be observed. The child is also issued with a red wristband to alert other members of staff to the fact that they have bumped their head that day. For bumps causing concern, parents are contacted by telephone and asked to collect their children. If the accident occurs off-site (Games Field or educational visits) the School Office should be informed and they will then inform the parents. An ambulance will be called in more serious incidents.

Bumps & Bruises: Examined, assessed and ice applied.
If the pupil is going to the games field, the Games staff will be informed verbally of the incident.

IF A FRACTURE OR SERIOUS INJURY IS SUSPECTED:

The pupil's parents are contacted and an ambulance called, if necessary.

Headaches: Water and observation for 20 minutes. If there is no improvement, Calpol administered and the child sent back to class. Alternatively, the child may be sent home.

Tummy Aches: Assessed and observed for 20 minutes. If there is no improvement, Calpol is administered and the child sent back to class. Alternatively, the child may be sent home if there is no improvement.

Parents sign a form on entry to the school to give permission for Calpol to be administered if necessary. Parents are requested to inform the School Office when Calpol is administered at home before coming to school.

Full details of all accidents, incidents, medications administered, etc., are recorded on the school's management information system. More serious incidents are recorded on an 'Accident Report' sheet and sent home to parents.

A report of all accidents, illnesses, etc, is compiled each term and reported to the Governors.

A child may be sent home without the permission of the Headteacher, but they must be informed via email as soon as possible after this has happened. Sick children may only leave the premises if escorted by a named person that is over 18 years of age.

Cross Infection Safety

Disposable gloves are always worn when treating any injuries which involve body fluids. Any waste (wipes, pads, paper towels, etc) are placed in a disposable bag and fastened securely. Any children's clothes are placed in a plastic bag and fastened securely ready to take home.

Main First Aid Box

Location: First Aid Room – box with Green Cross on the wall

Contents: Scissors, bandages, non-allergenic plasters, wipes, sterile gauze, disposable gloves, bactigras

dressings, eye pads, eyewashes, sling & sick bags.

Defibrillators: There is a defibrillator located outside the Staff Room and also a portable device in the first aid room. Staff are trained via an online course in the use of a defibrillator. Both defibrillators are fully automatic and guided with step-by-step instructions.

Policy on the Administration of Medicines during School Hours

From time to time, parents request that the school should dispense medicines. These requests fall into two categories:

- Children who require medication on a long-term basis because of the chronic nature of their illness (for example, asthma and epilepsy)
- Children who are suffering from casual ailments (coughs, colds, etc)

The First Aid room has a fridge and freezer to enable the school office staff to keep ice packs and medications that need to be kept cold.

Staff are asked to administer medicine to children when this is requested in written form. Please note that teachers are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis.

For the school to agree to assist in long-term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children. This needs to include instructions regarding the quantity and frequency of administration.
- The medicines must be brought into school in a properly labelled container that states: (a) the name of child, (b) the name of the medicine, (c) the dosage and (d) the time of administration.
- Medicines are kept in the First Aid Room in accordance with safety requirements. A record is kept of all stored medicines.
- In cases of asthma, each child's inhaler is kept in the School Office in their year group box.

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance.

Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

Allergies

At Donhead we have a number of pupils with allergies of one form or another – some of these are severe and may result in anaphylactic shock needing emergency treatment with an injection of epinephrine (adrenaline) using an auto-injector device. A list of pupils with asthma, nut allergies and other notifiable problems are displayed in the staff room, kitchen and emailed to staff termly. When pupils go off-site, staff are made aware of any potential medical problems and a copy of this list applicable to that class is put in the first aid box for that day. Parents are asked to supply two auto-injectors, when possible. These are taken with the students to all fixtures, Games sessions, and on school trips. All staff are offered annual training on Anaphylaxis and administering auto injectors.

Notifiable Diseases, Injuries and Incidents (RIDDOR and ICC)

Reporting accidents and ill health at work is a legal requirement. The information enables the Health and Safety

Executive (HSE) and local authorities, to identify where and how risks arise, and to investigate serious accidents. A reportable accident, dangerous occurrence, or case of disease is comparatively rare. However, if it does happen, it is the Headteacher's duty to report it to the Incident Contact Centre (ICC). The ICC is a 'one-stop' reporting service for work-related health and safety incidents in the UK. The ICC can be contacted as follows:

Phone: 0845 300 9923 or 0345 300 9923

Online: HSE RIDDOR – report online

Email: riddor@connaught.plc.uk

Post: Incident Contact Centre, Caerphilly Business Park, Caerphilly CF83 3GG

The following must be reported:

- Deaths (report without delay)
- Major injuries (report without delay)
- Over 3-day injuries (where an employee or self-employed person is away from work or unable to perform their normal duties for more than 3 consecutive days) (report within ten days of incident)
- Injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital
- Some work-related diseases (report as soon as a doctor notifies us that the employee suffers from a reportable work-related disease)
- Dangerous occurrences – where something happens that does not result in an injury, but could have done (report without delay)

Not all incidents are reportable, and advice can be sought from ICC. A record must be kept of any reportable injury, disease or dangerous occurrence. This record should be kept in the Accident Book. ICC will also send a copy of the record held within their database.

List of notifiable diseases:

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| • Acute encephalitis | • Plague |
| • Acute infectious hepatitis | • Rabies |
| • Acute meningitis | • Rubella |
| • Acute poliomyelitis | • Severe Acute Respiratory Syndrome (SARS) |
| • Anthrax | • Scarlet fever |
| • Botulism | • Smallpox |
| • Brucellosis | • Tetanus |
| • Cholera | • Tuberculosis |
| • Diphtheria | • Typhus |
| • Enteric fever (typhoid or paratyphoid fever) | • Viral haemorrhagic fever (VHF) |
| • Food poisoning | • Whooping cough |
| • Haemolytic uraemic syndrome (HUS) | • Yellow fever |
| • Infectious bloody diarrhoea | |
| • Invasive group A streptococcal disease | |
| • Legionnaires' disease | |
| • Leprosy | |
| • Malaria | |
| • Measles | |
| • Meningococcal septicaemia | |
| • Mumps | |

Exclusion from School Due to Infection

The spread of certain infectious diseases can be reduced by excluding a person, known to be infectious, from contact with others who are at risk of catching the infection. The need for exclusion depends on:

- the ease with which the infection can be spread.
- the ability of the infected person to follow hygiene precautions.
- to a lesser extent, the severity of the disease.

The following are recommended minimum periods of exclusion from school for the most common illnesses. For exclusion periods for rarer illnesses/diseases, advice should be sought from the Health Protection Agency:

Disease or condition	Exclusion of case (ill person)	Exclusion of contacts (those having contact with ill person)
Chickenpox	Exclude until fully recovered or for at least 5 days after eruption first appears. Note that some remaining scabs are not a reason of continued exclusion.	Any child with an immune deficiency (e.g. leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded. Note: Pregnant women in 1 st trimester should avoid contact.
Conjunctivitis	Exclusion not necessary.	Not excluded.
Diarrhoea	Exclude for 48 hours after last episode of diarrhoea.	Not excluded.
Diarrhoea and vomiting	Exclude for 48 hours after last episode of diarrhoea or vomiting.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by an appropriate health authority.
Glandular fever (mononucleosis)	Exclusion is not necessary.	Not excluded.
Head lice (pediculosis)	Exclusion not necessary.	Not excluded.
Hepatitis A (infection hepatitis)	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice or illness.	Not excluded.
Herpes simplex (cold sores or fever blisters)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions should be covered by dressing where possible.	Not excluded.
Impetigo	Exclude until lesions have healed or crusted or 48 hours after starting antibiotic treatment.	Not excluded.
Influenza and influenza like illnesses	Exclude until well.	Not excluded.
Measles	Exclude for at least four days after the	Immunised contacts not excluded.

	onset of the rash.	Non-immunised contacts should be excluded for 14 days after the first day of appearance of rash in the last case. If non-immunised contacts are vaccinated within 72 hours of their first contact with the first case, they may then return to school. Note: Pregnant women in 1 st trimester should avoid contact.
Meningitis (bacterial)	Exclude until well.	Not excluded.
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed.	Not excluded.
Mumps	Exclude for five days or until swelling goes down (whichever is sooner).	Not excluded.
Respiratory infections including COVID-19	Individuals should not attend if they have a high temperature / unwell.	Not excluded.
Ringworm/tinea	Exclusion not necessary.	Not excluded.
Rubella (German measles)	Exclude until fully recovered or for at least five days after the onset of the rash.	Not excluded. Note: Pregnant women in 1 st trimester should avoid contact.
Salmonella infection	Exclude until diarrhoea ceases.	Not excluded
Slapped Cheek	Exclusion not necessary, once rash appears.	Not excluded Note: Pregnant women in 1 st trimester should avoid contact.
Streptococcal sore throat	Exclude until the person has received antibiotic treatment for at least 24 hours and the person feels well.	Not excluded.
Vomiting	Excluded for 48 hours after last incident of vomiting.	Not excluded.
Warts	Exclusion is NOT necessary.	Not excluded.
Whooping Cough	Exclude for two days after starting antibiotic treatment, or 3 weeks after	Exclude unimmunised contacts aged <7 years from school for 14 days after the last exposure to infection or until they have been on antibiotic treatment for at least 5 days of a minimum 14-day course of antibiotics.
Worms	Exclusion not necessary.	Not excluded.

Related Policies

- Supporting Students with Medical Conditions Policy
- Health & Safety Policy

Updated January 2026 (subject to annual review)