



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 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.

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, then a friend of the injured child will accompany him to the School Office. If the injury is thought to be serious, a member of staff will accompany the child to the School Office or send for a qualified first aider. Minor incidents in Pre-Prep will be dealt with by the teacher or teaching assistant and a first aid box is kept in the classroom for that purpose. Pre-Prep incidents are recorded in a book held in Reception M (behind the door). 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 absolutely 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 son has bumped his head and should be observed. The child is also issued with a sticker to alert other members of staff to the fact that he has bumped his head that day. For bumps causing concern, parents are contacted by telephone and asked to collect their son. 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 he 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

Always wear disposable gloves when treating any injuries which involve body fluids. Make sure any waste (wipes, pads, paper towels, etc) are placed in a disposable bag and fastened securely. Any children's clothes should be 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 for staff to take for Games and fixtures. Staff are trained via an online course in the use of a defibrillator. The equipment outside the staff room is guided equipment which is used following the steps by steps actions.

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.
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be 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 a 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 EpiPen. A list of pupils with asthma, nut allergies and other notifiable problems is displayed in the staff room and kitchen. A list, which includes the photo of all pupils with asthma and nut allergies (those that have an EpiPen in the school), is kept on the wall of the first aid room. Copies of both are also in each Year group box of medicines in the First Aid Room. 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 requested to supply two EpiPen's which are taken by staff to the games field and on school trips. All staff are offered annual training in administering the EpiPen.

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:

- | | |
|--|--|
| • Acute encephalitis | • Leprosy |
| • Acute infectious hepatitis | • Malaria |
| • Acute meningitis | • Measles |
| • Acute poliomyelitis | • Meningococcal septicaemia |
| • Anthrax | • Mumps |
| • Botulism | • Plague |
| • Brucellosis | • Rabies |
| • Cholera | • Rubella |
| • Coronavirus Covid-19 (See Appendix I) | • Severe Acute Respiratory Syndrome (SARS) |
| • Diphtheria | • Scarlet fever |
| • Enteric fever (typhoid or paratyphoid fever) | • Smallpox |
| • Food poisoning | • Tetanus |
| • Haemolytic uraemic syndrome (HUS) | • Tuberculosis |
| • Infectious bloody diarrhoea | • Typhus |
| • Invasive group A streptococcal disease | • Viral haemorrhagic fever (VHF) |
| • Legionnaires' disease | • Whooping cough |
| | • Yellow fever |

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.
Covid-19 See Appendix I	If suspected of having symptoms, new continuous cough or high temperature, loss or change of taste or smell. They must be sent home and advised to follow the guidance for households with possible coronavirus infection *	Exclusion of contacts only if they develop symptoms.**
Diarrhoea	Exclude until diarrhoea ceases.	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 24 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 onset of the rash.	Immunised contacts not excluded. 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.
Ringworm/tinea	Exclusion not necessary.	Not excluded.
Rubella (German measles)	Exclude until fully recovered or for at least four 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 five days after starting antibiotic treatment.	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.

* If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which it is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and or sealed until it can be disinfected using standard cleaning products before being re-opened and used by anyone else.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

**If a member of staff has helped someone with symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Read [guidance about cleaning non-healthcare settings](#)

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

Related Policies

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

Appendix 1

Specific Covid-19 guidelines

PPE equipment

The PPE equipment required is to include:

- fluid-resistant surgical face coverings
- disposable gloves
- disposable plastic aprons
- eye protection (for example a face visor or goggles)

Where PPE is recommended, this means that:

- A face covering should be worn if a distance of 2 metres cannot be maintained from someone with symptoms of coronavirus
- If contact is necessary, then gloves, an apron and a face covering should be worn
- If a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, sneezing, spitting or vomiting, then eye protection should also be worn
- When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on [how to put PPE on and take it off safely](#) in order to reduce self-contamination.

Face coverings must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged

Cleanliness

To prevent the indirect spread of the virus from person to person, regularly clean frequently-touched surfaces, such as:

- door handles
- handrails
- table tops
- play equipment
- toys
- electronic devices (such as phones)
- Glass
- Plastic chairs

When cleaning, use the usual products, like detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.

All education, childcare and children's social care settings should follow the Public Health England (PHE) [guidance on cleaning for non-healthcare settings](#).

Appendix 2

HSE Information Sheet

<https://www.hse.gov.uk/pubns/edis1.pdf>