REIGATE ST MARY'S
PREPARATORY AND CHOIR SCHOOL

FIRST AID POLICY
(including the Early Years)

ISI Code:	13A First Aid Policy including EYFS
Policy Author:	Roisin Gibbs, Operations Manager
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First Aid Policy

No member of staff is a qualified paramedic or nurse and therefore all serious incidents will be referred to the Ambulance Service or pupils will be accompanied to hospital.

If the pupil cannot be moved or is unconscious or having a fit, first call an ambulance immediately then contact the school office

TO CALL AN AMBULANCE

- **PICK UP THE PHONE DIAL 999**
- **ASK FOR AN AMBULANCE**
- **STATE THE NAME AND ADDRESS OF THE SCHOOL AND YOUR NAME**
- **REIGATE ST MARY'S SCHOOL, CHART LANE, REIGATE. TEL 01737 244880**
- **FOLLOW THEIR INSTRUCTIONS**

First Aid Arrangements

1. General

Children visit the medical room for many reasons in the day including feeling unwell, for reassurance and to address a first aid need.

Any pupil requiring First Aid will be sent to the School Office / Medical Room where staff are qualified as First Aiders. The office staff/Medical Officer will apply their discretion when deciding which category of incident applies.

The Medical Room is fully equipped for all First Aid needs. In the case of any accident requiring First Aid, a member of staff who deals with the situation in the first instance should liaise with the Medical Officer to ensure the incident if recordable is recorded or if appropriate a Head Injury form completed or in the case of a serious accident a full accident report form should be completed.

All accidents/injuries received in the EYFS setting are notified to parents on the same day by the child's class teacher.

When issued a copy of the Head Injury or the full accident report form the child is given this to take home. This is also the case for all children in the EYFS. The form is then filed with the School Medical Officer who does a termly analysis which is used at the termly health and safety meetings.

As a guide the following are considered minor injuries and will not result in a full accident report form:

- Small grazes and scratches
- Small surface cuts less than 8cm long
- Blisters caused by abrasive footwear or equipment
- Minor bruises
- Some rashes e.g. heat rash
- Minor nose bleeds
- Removable splinters
- Minor knock to any part of the body other than the head

Where there are any safeguarding concerns the schools DSL will be informed.

Abi Riches is the School First Aid and Medical Officer and is the named First Aider and is qualified in First Aid Valid until 01/2025 and fully qualified in Paediatric First Aid valid until 01/2025 responsible for:

- Treating and recording all First Aid incidents in the school.
- Keeping First Aid Supplies Stocked
- Keeping records of pupils with specific medical requirements and circulating this information to all staff.
- Is responsible for reporting accidents, diseases and dangerous occurrences to the enforcing authority.

There is always a fully qualified first aider based in the school office to administer general first aid to pupils and staff.

There are 24 fully qualified paediatric first aiders, 8 of whom are available specifically to pupils in Green Shoots, Kindergarten, Reception and Extended Day.

Level 3 Paediatric First Aid Qualified – Expiring 01/09/2024

Peter Alden	Tim Austin	Debbie Baker
Roseanna Bew	Lindsay Browning	Annie Clark
Lynn Chippendale	Louise Eveleigh	Julie Filmer
Robert Forsyth	Marie Goddard	Barbara Hopkins
Gemma Loraine	Pippa May	Sarah Page
Rachel Peters	Angela Salmon	Angharad Tharp
Laura Van Pelt	Charlotta Wetterstrand-Undery	Hilary White
Annette Wright		

Level 3 Paediatric First Aid Qualified
Annette Ritchie – 03/09/2023
Jane Norris – 04/10/2025
Charlotte Salvage – 05/12/2025
Samantha Selkirk – 06/12/2024

There are 33 Emergency Paediatric First Aid qualified first aiders.

All staff receive 3 yearly Paediatric Emergency First Aid, CPR and auto injector training. The last whole staff training was held on 2/9/2021 and Valid until 2/9/2024. Staff who miss the whole school training take an online basic first aid course valid for 3 years.

The school has 2 portable defibrillators which are located in the sports hall and the school medical room and are available for use by any responsible person in an emergency.

Administration of medicines
Pupils who are required to always have their medicine available, such as insulin, auto injectors, or asthma inhalers, should be instructed in its administration by a medical professional. The school office will keep the medication in case of emergency if requested. Where it is more appropriate the medicine can be kept in the classroom under the direct control of the teacher.

Some pupils who are responsible and old enough will be encouraged to carry their auto injectors and asthma inhalers with them.

The school has universal asthma inhalers which may be used subject to prior consent by the child's parents in emergencies.

All other medication, including over-the-counter medication, should be handed into the office for safe keeping and administration. The medication should be named and in the original container it was purchased/prescribed. The school medical administration form must be completed by the parent before the school can administer any medicine. It is the responsibility of the parents when depositing medication with the school that they collect it when they leave the school each day. All medicines should be carried to school by a parent or adult, not the pupil.

Where a child has long term or serious medical issues the Medical Officer will liaise with their parents and/or care team to ensure that correct procedures are followed.

Acting on guidelines from the DfE, the school does not dispense paracetamol or other pain relief for occasional requirements, unless the parents of the pupil have provided it.

It is the responsibility of the parents to provide the school with medication for remedial pain relief for a regular medical condition such as menstrual pain or sporting injuries and to complete a written administration of medicine consent form at the school office. The school will not administer ibuprofen as advised by Surrey County Council.

On all trips, it is the responsibility of parents to liaise with the trip leader with regard to the administration of any medication. It is the right of any member of staff to decline the administration of

any medication. However all staff have basic first aid training and many have further first aid qualifications and will always take appropriate action when they are able to do so.

On all trips with EYFS children a qualified paediatric first aider will attend.

Infection Control

To help prevent the spread of infection the school are guided by the Public Health Agency. We use the guidance contained in appendix I or by clicking this link https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf to ascertain whether pupils should be off school and for how long depending on the type of illness they have. The school's policy on sickness and diarrhoea is that a child should be kept away from school for 48 hours from the last episode of diarrhoea or vomiting. If this occurs in school the child will be sent home and expected to stay at home for 48hours from the last episode of illness.

Staff requiring medication

If staff return to work and are on prescribed medication they must make an appointment to see the Operations Manager who will conduct a risk assessment to ensure that the medication will not affect their ability to care for children using the notes from the Doctor.

Head Injuries

In the event of a head injury the child will be taken straight to the Medical Office, they will be given a head injury form to take home with a copy being kept in the Medical office. These include guidance on what to look for in the event of concussion. Younger children will also be given a sticker to alert parents/teachers. In the event of a severe head bump the Medical Officer will telephone the parents as soon as possible.

Standard First Aid Box Contents

Individually wrapped sterile dressings

1 Sterile eye pads

1 Individually wrapped triangular bandages

1 Medium sized individually wrapped sterile unmedicated wound dressings (10cm x 8cm)

1 Large sized individually wrapped sterile unmedicated wound dressings (13cm x 9cm)

1 Extra large individually wrapped sterile unmedicated wound dressings (28cm x 7.5cm)

10 Individually wrapped antiseptic cleaning wipes

6 plasters

1 cool pack

Also to be included with first aid boxes should be the following items for dealing with body fluid spillages.

Disposable non-latex gloves

Plastic waste disposal bags

(Quantity of above dependant on numbers of persons in area where treatment might be required)

Where there is no ready access to tap water, consideration should also be given to providing sealed bottles of sterile saline solution containing at least 250mls which must not be re-used once the seal has been broken.

LOCATION OF FIRST AID BOXES

- **The School Medical Room**
- **Green Shoots**
- **Kindergarten**
- **Each Classroom**
- **Between the MUGA's**
- **Mobile first aid back packs are available for use by the games department and any off site trips or excursions.**

Appendix I – guidance on infection control in schools and other childcare settings

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff# – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

#The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

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www.publichealth.hscni.net
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