



FIRST AID POLICY

Early Years, Lower, Middle, Upper School and Sixth Form

Responsible member of staff: **School Nurses and DSL**

Review date: **September 2022 and April 2023**

Next review: **April 2024**

The First Aid Policy at Alton School ensures that the School has adequate, safe and effective First Aid provision for every student, member of staff and visitor to be well looked after in

the event of any illness, accident or injury, no matter how major or minor. The School will ensure that first aid is administered in a timely and competent manner by a qualified first aider, who will efficiently implement this policy.

The Governors of Alton School have responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and qualified First Aid personnel (including paediatric first aiders) and for ensuring that the correct First Aid procedures are followed.

The School employs several people ("School Nurses") who has a day to day responsibility for ensuring that the First Aid is administered in line with the Policy and that the adequate first aid provision is in place across the School. The Nurses are supported by a team of qualified First Aiders, who are also responsible for adhering to the Policy.

It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses.

In the event of an accident all members of the school community should be aware of the first aid support available and the procedures to activate this. Staff, will administer first aid for children with minor injuries, or in the event of serious incidents, whilst awaiting medical assistance.

"First Aid" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment for more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness.

The purpose of the Policy is therefore:

- To provide effective, safe first aid cover for children/pupils, staff and visitors
- To ensure that all staff, pupils and parents are aware of the system in place
- To provide awareness of health and safety issues within school and on school trips, to identify, where possible, potential dangers or accidents

NB. The term FIRST AIDER refers to those members of the school community who have completed HSE approved First Aid courses and hold a valid certificate of competence in First Aid.

The School will ensure:

- that the First Aiders' qualification and insurance (provided by the School) are always up to date (training within 3 years or more regularly depending on First Aid qualification). Please consult the 'List of First Aiders' (see Appendix A), for those who currently hold the First Aiders' qualification.
- adequate numbers of staff across the school are trained first aiders, including the Early Years Department at Alton School, who are trained paediatric first aiders. Certain staff within the Early Years Department are further trained to 'Higher Level First Aid'. New staff receive first aid training as soon as practicable.

- that first aid cover is available throughout the working hours of the school week
- that portable first aid kits are adequately stocked and always in the designated area. List of first aid kit locations is included in Appendix B
- that school minibuses carry first aid boxes on board which are readily available for use and maintained in good condition
- appropriate accommodation has been allocated for the provision of first aid/ medical care. Medical Room is located within the Sixth Form building and is equipped with:
 - sink – to provide access to running water
 - secure and lockable storage for medication
 - fridge
 - appropriate arrangements for privacy essential for any intimate care
 - Close access to student toilets

First Aiders will:

- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes calling for help from other First Aiders or Emergency Services where necessary
- Ensure that they are wearing PPE, when appropriate – they will wear gloves where any loss of blood or body fluids is evident. PPE is also worn when attending anyone with suspected Covid
- Help fellow First Aiders at an incident and provide support during the aftermath
- Act as a person who can be relied upon to help when the need arises
- Ensure that any casualty who has sustained a significant head injury is seen by professionals at the health centre/hospital, either by sending them directly to the health centre/hospital or by asking parents to pick up a child to take them there.
- Minor head injuries must also be advised to parents as soon as is practicable
- Ensure that any casualty who has taken an overdose of tablets/medication or has consumed any other harmful substance is **immediately** sent to hospital by ambulance or be taken by a member of staff, whichever is deemed more expedient, and guidance of ambulance/paramedic is taken regarding treatment. Paracetamol being especially dangerous.
- Parents of any child, for whom an ambulance is called and /or is taken to hospital will be informed as soon as practically possible.
- If an ambulance is called and the paramedics deem it necessary for the child (including a nursery child) to be taken to hospital, the child's Key Person, or other known adult, will accompany the child to the hospital and remain with them whilst awaiting parents or other relative. The member of staff will take the child's contact details, medical details (if an EYFS child their medical book), a mobile phone and any medication in the

ambulance with them and will act as loco parentis until such time as a relative/parents is present.

- The First Aider need not be the member of staff to accompany the casualty to hospital. A member of the Senior Leadership Team will ensure that an appropriate person is asked to accompany the casualty and they will also arrange for lessons to be covered in the absence of a teacher
- Keep a record in the folder provided in the First Aid Room of each child/pupil attended to, the nature of the injury and any treatment given. Parents will be informed by a telephone call, letter or email as appropriate.
- Parents of EYFS children are always informed if first aid is administered to their children.
- Special care must be taken to ensure any spillage of bodily fluids is dealt with safely and spillage and mops/cloths used disposed of safely (double bagged using hazard waste bags) in the bin marked for Offensive Waste (including nappies) which is located within the bin store, yellow bin located in the medical room. PPE (including gloves, goggles and aprons) must be worn when dealing with bodily fluids.
- All sharps/needles must be disposed of safely within a sharps box.
- Send the accident report form of any accident which has caused a serious injury, (or has been caused by an incident that can be prevented in the future), to the Bursar, to be noted and signed so that any measures to prevent a future occurrence can be set in motion.

Teachers including Early Years Staff, taking trips, residential visits, offsite activities and any sports fixtures must check the medical needs of every child/pupil attending and, if necessary, liaise with the School Nurse, who will provide advice about pupils' individual needs as necessary. First Aid packs and specific medicines will always be taken.

For any lessons taking place within the grounds of the school, staff including sports staff will carry with them any appropriate medicine eg inhalers, together with a mobile phone and sports staff will also carry the dedicated Sports First Aid bag.

The Headmaster will:

- Ensure that adequate first aid cover as outlined in the DfE Guidance on First Aid for Schools is available at the School.
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.

The Senior Management, Administration Team in conjunction with School Nurses will:

Ensure all new staff are made aware of first aid procedures in School

- Provide the staff, with any necessary updates of children's/pupils who are known to be asthmatic, anaphylactic, diabetic, and epileptic or have any other serious illness and arrange appropriate training with community nursing team/specialised paediatric nurse practitioner/outside agencies or where appropriate on-line training.
- Have photos of pupils with food allergies and supply to Holroyd Howe
- Have photos of all pupils with medical health and dietary requirements in folders within the staff room, the medical room, the Early Years Department and across the rest of the School
- Ensure that a medical consent form for every student is filled in and taken for residential school trips
- Ensure there is a parental consent form signed agreeing to staff when appropriate being able to undertake first aid, use plasters and administer paracetamol and liquid paracetamol (or similar Calpol)
- Ensure that there is one staff member trained in paediatric first aid when accompanying Reception Class on trips.

Staff will:

- Ensure that they always obtain the history relating to a student not feeling well, particularly in the cases of headaches and ensure that no injury has caused the student to feel unwell
- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are
- Be aware of specific medical details of individual students provided by the DSL or the School Nurses
- If relevant, never move a casualty until they have been assessed by a qualified First Aider. Send for help to the School Office as soon as possible, ensuring that the messenger knows the precise location of the casualty/seriousness of injury
- Reassure, but never treat, a casualty unless in possession of a valid First Aid Certificate and know the correct procedures. In extreme circumstances unqualified staff may start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if these are clearly needed
- Send a pupil who has minor injuries or feels unwell to the School Office where a First Aider or School Nurse will meet him or her, **with the exception of a covid-19 possible infection when the School Nurse/First Aider will meet the student**
- Have regard to personal safety; ensure that PPE is worn if required
- Have a mobile phone with them when supervising in a remote location

- **Call for an ambulance in any emergency, especially in the event of an overdose. The School Office must be informed if an ambulance is called.**

The School Office is effectively manned throughout the school day when pupils are in school and will act as first point of contact if anyone is taken ill.

Office staff will:

- Call for a qualified First Aider if required
- Support the First Aiders in calling for an ambulance, contact site staff and SLT, together with contacting the child's relatives

Accidents/notifiable diseases:

All accidents/notifiable diseases are recorded with the date and method of reporting, time and place of the event, personal details of those involved and a brief description of the nature of the event or disease.

The School is legally required under the RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 to report any reportable injury, disease or dangerous occurrence will be reported to the HSE and a record kept for three years.

Staff taking medicine:

Staff should report any medical condition or medication they are taking which could affect their ability to carry out your work safely to HR Advisor.

Staff must not work if they have taken any substance that could affect their ability to work safely.

Any medicines that staff bring into school must be securely stored away. For staff working in the Early Years Department medicines must be stored in their lockers or if needing refrigeration, they must be kept in the staff room fridge.

Resuscitation with an AED

An AED machine is fixed to the wall centrally in the school, just outside the Refectory. Staff attend a training course for its use. All staff paediatric first aid trained, cover using an AED machine within their training. Instructions are with the machine, but more detailed instructions are stuck on the wall beside the machine. In an emergency if no trained member of staff is available any adult can access the machine and follow the instructions in order to save a life.

The following appendixes apply to the Nursery, Lower, Middle, Upper School and Sixth Form:

Appendix 1 First Aid Procedures

Appendix 2 Administration of medication.

Appendix 3 Children who have allergies or who are sick or infectious.

Appendix 4 Exclusion periods for certain illnesses.

Appendix 5 Procedures to follow when calling an ambulance.

APPENDIX 1 – First Aid Procedures

Early Years Department:

Each child within the department has their own accident and medical book. A report is logged in the child's book on every occasion the child has a bump, fall, medication, is sick etc. This is signed by the member of staff dealing with the incident; it is also witnessed by another member of staff. When the child is collected, parents are required to countersign the details recorded as confirmation that they have been informed of the incident. Staff are responsible for the correct logging of information in the accident and medical book. Should a child need treatment by a professional these details should be recorded, either at the time, or from information given by the parent.

Alton School Nursery will notify Ofsted of any serious accident, illness or injury to, or death of, any 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.

Lower School & Senior School:

If a pupil requires to see the School nurse advising they feel poorly/or have received an injury, a report will be logged by completion of an illness form or accident form. Should a pupil require treatment by a professional these details will also be recorded, either at the time, or later. Parents will be advised appropriately according to the level of illness/injury by phone/email.

Early Years Department/Lower & Senior School:

Cuts, grazes and 'bumps and bruises'

- 'Cuts and bumps' can be dealt with by any member of the Early Years staff. And within the Lower and Senior School by a first aider or the School Nurse. Providing comfort and reassurance is as important as treating minor injuries.
- Cuts should be cleaned with water.
- Impact injuries (bumps and bruises) should be treated with a cold compress. Cold packs are stored in the fridges/freezers in The Nest, The Chicks, The Robins and Pre-School - For head injuries cold packs should be used from the fridge **and not** the freezer. For the Lower and Senior School instant coolpaks will be used.

Cuts will usually be left open to the air unless there is continued mild bleeding or if the cut would be likely to be re-opened by continued involvement in normal activity. In these cases, cuts will be dressed with the appropriate dressing from the first aid box.

Cuts that are deep, continue to bleed through light dressing or that raise concerns in other ways, will be treated as requiring medical assistance, and parents will be contacted

immediately. Should we not be able to contact either parent, or the named emergency contact persons, we will seek medical attention if we deem it to be in the child's best interest. This may be from the local Health Centre, or we will call an ambulance and be advised by the paramedics.

Nose bleeds can be treated with a cold compress, with the head held steady (not tilted backwards).

Splinters which are protruding will be removed. If the splinter is under the skin and cannot be easily removed will be covered by a plaster.

Impact injuries will be treated with a cold compress and any sprain injuries checked to determine severity. Impact injuries that result in unconsciousness or concerning behavior (drowsiness, grogginess, severe pain etc), will be treated as in need of further assistance and an ambulance will be called. Parents will be contacted immediately. Should we not be able to contact either parent or the named emergency contact persons, we will accompany the child to hospital if paramedics advise this course of action and stay with the child until parents arrive.

Asthma, allergic reactions, seizures and other serious conditions - general:

Children who suffer from severe cases of asthma, epilepsy, diabetes, serious medical conditions and known allergies will have a day/day action/care plan for managing these conditions. If a child has mild asthma, allergies/medical conditions which are not life threatening, details will be known on entry, recorded in the school's medical information/child's learning journey:

- EYFS staff, are provided with details of all EYFS children with known medical conditions/allergies.
- Lower and Senior School staff will be advised of relevant children's known medical conditions/allergies

Food Allergies/Intolerances:

Children with known food allergies/intolerances are advised to Holroyd Howe (caterers) and lists/photos are displayed in the dining area for Senior/Lower School and relevant staff made aware. Additionally, lists/photos are kept in the medical room/staff room/Director of Lower and Senior School rooms. Each EYFS room has a list with a photo of all children within their room and all EYFS staff are also provided a copy of this and are made fully aware of these children.

Extreme care is always taken if the child/pupil could suffer from an anaphylactic reaction. Treatment will be urgently administered of antihistamine/ and or adrenaline pen/s (epipen and similar) and an ambulance will be immediately called.

Other Allergic reactions/Anaphylaxis:

Parents of any child/pupil who appears to be suffering an unknown allergic reaction will be contacted immediately and, within the Early Years Department, asked to collect their child and seek medical advice. Within the Lower and Senior School according to the severity of the reaction, an appropriate course of first aid will be agreed, and if necessary reviewed. **If there is any cause for concern, an ambulance will be urgently called.**

Asthma:

A list and photo of children/pupils with a known risk of asthma is available within the staff room/medical room/Director of the Lower School, and Senior School and additionally in each of the Early Year Rooms

Within each room of the Early Years Department, asthma inhalers are kept in the medicine cabinet. A list is displayed showing the names of the child and expiry dates of the inhalers. The inhalers are checked to ensure all are in-date with the signature of person checking. Out of date inhalers are returned to parents.

In the Lower School inhalers are held for easy access within the relevant classrooms. The expiry dates of these inhalers are noted and checked to ensure all are in-date. The Senior School pupils are responsible for their own inhalers. However, all staff/first aiders must be vigilant and offer advice and emergency support.

- The school holds an emergency generic inhaler/spacer within medical room
- Parents will be contacted if staff feel the child's/pupil's condition is not improving
- **If there is a cause for concern an ambulance MUST be called immediately**

Seizures:

If a child has a seizure, an ambulance will be called at onset and parents will be contacted immediately.

Serious Concern:

An ambulance will be called, and advice taken from paramedics for any child/pupil whom staff deem to be requiring additional medical assistance which is felt beyond that of a paediatric first aider, or higher level first aider. This will always be done in the best interest of the child.

Early Years Minor Ailments:

Children with a slight stomach upset, sickness, high temperature will be continually reviewed, and parents asked to collect their child where necessary.

APPENDIX 2 – Administration of Medicines

Early Years Department, Lower and Senior School

Whilst it is not our policy to care for sick children, we will agree to administer medication when a child is recovering from an illness as part of maintaining their health and well-being, or when in need of long-term medication due to a medical condition. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given whilst at school or Nursery. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school or Nursery hours.

School, including Early Years department, only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to School/early years department inside an insulin pen or a pump, rather than in its original container. Within the Lower School and Senior School occasionally non-prescribed medicines will be allowed, but only with parental/school agreement and with the normal appropriate medicine's permission form being completed.

- Full name of child
- DOB
- Name of medication/strength
- Who prescribed it
- Dosage to be given/time of day
- Expiry of medication
- How the medication should be stored
- Any possible side effects
- Signature/printed name of parent and date

These procedures are written in line with current guidance contained in: **Supporting pupils at school with medical conditions**; Statutory guidance December 2015 and the **Safeguarding and Welfare requirements of Early Years Foundation Stage**. The Director of Nursery/Deputy Manager & Director of Lower School/Director Upper School and the Deputy Head: Student Development are responsible for ensuring all staff understand and follow these procedures.

Early Years Department:

The key person is generally responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly, either in the box at the top of the door in the main fridge if requiring refrigeration, or in the locked medicine cabinet and that

records are kept according to procedures. In the absence of the key person, the room leader/Deputy Manager is responsible for the overseeing of administering medication.

Early Years Department:

If a child has been prescribed antibiotics, they are unwell, and we request that the parent keeps the child at home for the first 24 - 48 hours. It is our policy not to accept children into the Early Years Department for the first 48 hours if they have not had the prescribed medication previously, or we feel the child is not well enough to return.

Parents have a responsibility to inform the Early Years Department if their child has been given liquid paracetamol such as Calpol or similar medication, liquid Neurofen for example, prior to attending Nursery or School. Parents must therefore inform their key person/staff member/teacher, or Director of Nursery/Deputy Manager before leaving their child. This is to avoid accidental overdose of liquid paracetamol which may be administered in the event of high temperature without contacting parents if they are not immediately available. Staff MUST ensure this information is communicated effectively with the other members of staff and also that the Director of Nursery /Deputy Manager is informed. This will then be recorded and logged in the nursery office.

Administering liquid paracetamol (Calpol) - Early Years Department:

Children's paracetamol (un-prescribed) will be administered in cases of high temperature by the child's key person, room leader, deputy manager or the Director of Nursery or Lower School whilst awaiting the collection of the child, if it is felt they should not remain in the setting. The child's temperature will be recorded and witnessed by another member of staff along with the dosage and time of the administration of the medication. Parents are required to sign a consent form when registering their child at the school allowing liquid paracetamol to be administered in cases of high temperature.

Parents who wish their child to have liquid paracetamol administered for other reasons, such as teething, will be required to complete a medication form as above. It is not our policy to administer liquid paracetamol to children who are not showing signs of being in pain or running a temperature.

Early Years Department/Lower School & Senior School:

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered, such medication being prescribed by a GP, dentist, nurse or pharmacist and prescribed for the current condition. However, on occasion within the Lower and Senior School, non-prescribed medicines will be allowed if it is deemed the child/pupil will be ill without such, but only with parental/school agreement and with the appropriate medicine's permission form being completed.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children being either: in the Early Years Department stored in the medication box on the top shelf of the fridge or kept in the locked medicine cabinet. For the Lower/Senior School, medication is to be kept in the locked medical room fridge or locked medical room medicine cabinet.
- Children's medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and easily accessible to Early Years staff, Lower School staff or Senior School staff.
- Where appropriate Lower School and Senior School pupils are also able to access these emergency medicines/devices themselves.
- For the administration of liquid paracetamol in cases of emergency only, (to help relieve pain/temperature) consent from parents is sort prior to their child starting Alton School and a signed form completed giving permission.
- Within the Early Years Department, this does not negate a permission form being signed prior to a request from parents to administer liquid paracetamol for a valid reason such as teething.
- Staff receiving the medication must ask the parent to sign a consent (medication) form stating the following information:
 - full name of child and date of birth
 - name of medication and strength

- who prescribed it
- dosage to be given in the setting/expiry date
- how the medication should be stored
- any possible side effects that may be expected should be noted
- signature, printed name of parent and date

Early Years Department:

Children’s medication is to be handed directly to the child’s key person/co-person/teacher or in his/her absence, directly to the Room Leader, Deputy Manager or Director. The child’s key person (or in their absence the person receiving the medication) is responsible for obtaining a signed consent form to enable the medication to be administered and ensuring the medication is stored correctly.

Staff will be made aware of this as part of their induction training. Staff are required to keep themselves updated with the settings policies and procedures.

Early Years Department:

Each child has their own individual accident & medical book in which we record all medication administered and any accidents the child may have. We use the Pre-school Learning Alliance’s publication *Medication Record* as a guide for recording administration of medicine and comply with the detailed procedures set out in that publication

- The administration of medicine is recorded accurately, each time it is given, in the child’s personal accident and medical book. The dose is drawn up and checked by a second member of staff before being administered. The child’s accident and medical book is signed by the staff member administering the medication and the staff member who checked and witnessed the giving of the medication. Parents sign the child’s accident and medical book to acknowledge the administration of a medicine when collecting their child. The accident and medical record book must contain the following information:
 - name of child /DOB
 - name and strength of medication
 - the date and time of dose
 - dose given and method
 - signed by Key Person (or other adult administering), witnessed by another staff member and is verified by parent signature at the end of the day
 - any reaction/sickness resulting from giving the medication

- All medication given to a child will be checked prior to administering. The dose and name on the container will be verified by a 2nd staff member before being administered to the child.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person/teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- The child's key person or person responsible for end of session handover is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an 'as and when' required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Early Years/Lower School & Senior School:

Children who have long term medical conditions and who may require ongoing medication

- Where necessary, a risk assessment may need to be carried out for a child with a long-term medical condition that requires ongoing medication. This must be undertaken before the child/pupil starts school/nursery and is the responsibility of the Early Years Deputy Manager/Director alongside the Key person, or if appropriate, the Director of the Lower School or Senior School together with the School Nurse. Other medical or social care personnel may need to be involved in the risk assessment. Parents will also contribute to a risk assessment. Parents will be shown around the setting, made aware of the routines and activities and asked to point out anything which they feel may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff would form part of the risk assessment and must be undertaken before the child/pupil starts, and or before a school trip/residential trip.
- The risk assessment may include vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment will include arrangements for taking medication on outings/school trips
- The risk assessment (Health Long Term Careplan (including the medical conditions, signs, symptoms and treatment) for a child will be written in conjunction with the parent; outlining the teacher/key person's role and what information must be shared with other staff who care for the child/pupil and the measures to be taken in an emergency if appropriate.
- The Health Long Term Careplan will be reviewed when necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the Health Long Term Careplan and each contributor, including the parent, signs this.

- If a child/pupil on medication must be taken to hospital, the child's/pupil's medication is taken in a sealed plastic box/bag clearly labelled with the child's/pupil's name and name of the medication. Inside the box/bag will be a copy of the consent form signed by the parent.

Managing medicines on trips or outings:

- If a child/pupil is participating in an outing who requires medication, or a child/pupil has a Daily Care Plan or a Long-term Health Care plan staff accompanying the child/pupil must be fully informed about the child's/pupils needs and medication, together with any risks associated with the specific outing. A meeting with the School Nurse, together with parent/s and any other specialist nurse and teacher/member of staff undertaking the trip may be necessary.
- If relevant, such medication for the child/pupil must be taken in a sealed plastic box/bag clearly labelled with the child's/pupil's name. Inside the box/bag must be a copy of the consent form. For the Early Years Department, the child's accident & medical book will either accompany the child on the outing to record the time when the medication has been given, including the details of who gave the medicine and witnessed it/or immediately on return the information will be completed from details recorded within the Trip Incident/Medications Book. In addition, the parents will be required to sign the accident & medical book.
- In respect of the Lower and Senior School, any such medicines administered will be recorded in the Trip Incident/Medicine Book

Early Years Department:

Food allergy ingestion

- Should a child with a known food allergy be accidentally exposed to the food, either by ingestion or spillage, staff will immediately inform the Deputy Manager/Director or their absence the Director of Lower School.
- Where it is known the child is given Piriton, this should be administered immediately as a precautionary measure. Parents will be immediately informed. Details will be recorded in the child's accident & medical book.
- Where a child has a known food allergy such as egg and may have an anaphylactic shock, procedures should be followed as per their care plan which may include the administering of an EpiPen.
- **Staff are aware failure to comply with these measures will result in disciplinary measures being taken.**
- The above is in relation to severe known food/substance **ALLERGY** not intolerance.
- Intolerance to a known food which is given in error must also be brought to the attention of the Director/Deputy Manager and recorded, parents will be informed.

- Staff are reminded they have a ‘duty of care’ to each and every child. Failure to comply with the high standards of care we give within the Early Years Department, will lead to disciplinary action being taken.

APPENDIX 3 – Early Years Department, Lower, Middle, Upper School and Sixth Form children/pupils with allergies or who are sick or infectious

Statement

We provide care for healthy children. We aim to prevent cross infection of viruses and bacterial infections through meticulous hygiene procedures, careful handling and disposal of soiled materials and through thorough cleaning of all areas.

Procedures for children who are sick or infectious

- If a child/pupil appears unwell during the day – has a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Deputy Manager/ Director, Key Person, other responsible adult or School Nurse will call the parents and request they collect their child or send a known carer to collect on their behalf. They will be cared for by known staff whilst awaiting collection.
- If a child/pupil has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts. Liquid paracetamol will be administered.
- Temperature is taken using a ‘fever scan’ or digital thermometer kept in the first aid box/bag
- In extreme cases of emergency, an ambulance will be called, and the child/pupil may be taken to the nearest hospital and the parent informed. We will act upon the advice given by the paramedics.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can, and will, refuse admittance to children who have a temperature, sickness and/or diarrhoea, a contagious infection, or disease.
- Where a child has been prescribed antibiotics, the doctor will have done so because the child is unwell. Please see **Appendix 2, administering medicines**.
- After diarrhoea, parents are asked to keep their child home for a minimum of **48 hours** or until a formed stool is passed which may be longer.
- After sickness, parents are asked to keep their child home for **48 hours** after the last bout of sickness.
- Parents are asked not to bring their child to Nursery/School if they have bad colds, coughs etc which spread infection to other children and adults. Normal colds are inevitable and acceptable, a child with a yellow or green discharge from their nose or a chesty cough, should not be at Nursery/ School.
- We cannot provide care for unwell or sick children and will contact you to collect them.

Please be aware we will send your child home if they arrive visibly unwell. Children must be well to attend the setting and a child who requires antibiotics is not well. A child with an illness listed in Appendix 4, may not return before the exclusion period has passed for any of the illnesses with an exclusion period. We do understand it is difficult for working parents to be called to collect their child, or to remain home with them. We wish to stress we do not send children home lightly, however, a sick or unwell child needs Mummy or Daddy and should be at home. A busy Nursery or school environment is not where they should, or wish to be. We have a duty of care to all children within our setting to reduce the spread of infection as far as possible, we ask for your full cooperation.

Early Years, Lower, Middle, Upper School and Sixth Form:

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations, the GP will report this to Public Health England (PHE).
- When we become aware and formally informed of the notifiable disease, the Director of Nursery/ Director of Lower or Senior School will inform Ofsted and will act on any advice given by PHE.

HIV/AIDS/Hepatitis procedure

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and double bagged for parents to collect.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- All soiled dressings, gloves and any items which may have been contaminated with blood or bodily fluid must be double bagged, secured and then placed in the yellow bag bins **only**, for safe disposal.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all family members if they are found to have head lice. We ask parents to notify us if they find head lice on their child so we can notify other parents to be vigilant. Confidentiality is respected.

Procedures for children/pupils with allergies:

When parents place their children with us, they are asked if their child suffers from any known allergies. This is recorded on the registration form, on the Medical Data Form, the Health Questionnaire, or the child's 'All About Me' information on Tapestry. If a child has an allergy and if appropriate a risk assessment/care plan form is completed to detail the following and control measures which will be put in place to reduce the risk of contact with the allergen.

- The allergen (i.e. What the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, medication used and how it is to be used (e.g. EpiPen).
- Photos of all children with known allergies and/or intolerances are displayed in all Early Years rooms, the medical room, staff room and in the rooms of the Directors of the Lower and Senior School
- Parents, or the child's community nurse, train staff in how to administer special medication in the event of an allergic reaction. Additionally, training can be sourced on-line.
- As far as possible, no nuts or nut products are used within the school as we aim to be nut free. Parents are made aware so that no nut or nut products are accidentally brought in, for example in a child's/pupil's snack or party cake.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in; Supporting pupils at school with medical conditions. Statutory guidance December 2015

Lifesaving medication and invasive treatments

Please see Appendix 2 – Administering medicines for details.

Early Years Department - Childhood infections/viruses

It is inevitable that children will catch numerous childhood illnesses throughout their young lives. Thankfully most infections/virus are relatively short lived, and the child is back to normal very quickly. Unfortunately, some viruses and infections can be a slight risk to pregnant

mothers, and we make every effort to try to reduce the spread of infection.

We can appreciate the inconvenience to parents having to take time off work to be at home with their child when they have conjunctivitis, hand foot & mouth, ringworm, sickness and/or diarrhoea, especially if they appear well in themselves. However, we have a duty of care to all the children within the setting and we are committed in our efforts in trying to prevent the spread of infection. Please do not return your child before the given exclusion period has expired and they are clear of symptoms. **Children who return before this will be sent home.** If you know your child is unwell, or has been unwell through the night, please do not bring them to Nursery, they will not wish to be here and when they are not well, they need to at home.

APPENDIX 3 - Infectious diseases and exclusion times for Early Years, Lower, Middle, Upper School and Sixth Form:

The following is a list of infectious diseases with their recommended exclusion times. This list is not exhaustive, and parents should notify the setting of any infectious illness. We reserve the right to exclude children who are contagious to prevent the spread of infection to other children.

- **Chickenpox** - exclusion period **until all spots have scabbed**.
- **Diarrhoea and vomiting** - exclusion period **48 hours after symptoms have subsided**. (a child must have passed a firm stool and not return prior to 48 hours)
- **Hepatitis A** - exclusion period **7 days after the onset of jaundice (or 7 days after symptom onset if no jaundice.)**
- **Impetigo** - Exclusion period **until lesions are crusted** or healed, **minimum of 48 hours after commencement of antibiotic cream**.
- **Measles** - exclusion period **4 days after the rash appears**.
- **Mumps** - exclusion period **5 days after the onset of swollen glands**.
- **Whooping cough** - exclusion period **48 hours after the commencement of antibiotics** or 21 days if not taking antibiotics.
- **Rubella** - exclusion period **4 days after the onset of the rash**.
- **Scarlet fever** - exclusion period **24 hours after the commencement of antibiotics**.
- **Scabies** - exclusion period until after first treatment (**households and close contacts also require treatment**).
- **Ringworm** - there is no official exclusion period, however treatment by the GP is required. Scalp ringworm requires treatment with an oral antifungal. The Early Years setting reserves the right to impose our own exclusion period which is **48 hours after commencement of treatment**.
- **Threadworms** - there is no official exclusion period, but the child must have received proper treatment by the GP and The Early Years Setting wishes treatment commenced for **48 hours before returning to the setting**. Treatment is recommended for the child and household contacts.
- **Hand, foot & mouth** - there is no official exclusion period for this, however children feel unwell and should be kept at home until feeling better. The Early Years Setting exclusion period is a **minimum of 48 hours**. Please notify the setting immediately as this is very infectious before the symptoms appear.
- **Conjunctivitis (viral or bacterial)** - there is no official exclusion period for this. The child should receive proper advice or treatment prescribed by their GP or Practice Nurse. This is highly contagious and within the Early Years Setting we prefer parents to keep their child at home **until their symptoms have cleared**. We will call you to collect your child should they appear unwell or distressed due to the infection. **We have a duty of care to all children in our department and will do our utmost to control the spread of this condition and request parents are sensitive to the nature of this condition**.
- **Slap cheek (Parvovirus B19)** - there is no official exclusion period for this as it is contagious prior to the symptoms developing. However, some children may be unwell with the virus and should remain at home. If you suspect your child may have been in contact with Slap

Cheek (**Parvovirus B19**), please keep them at home to avoid passing the infection on. Parvovirus B19 is potentially harmful to foetuses in the first 20 weeks.

- **Roseola infantum** - There is no official exclusion period for this childhood condition. Children may be off colour and develop a rash and should remain at home if unwell.
- **COVID-19** - all parents and staff are required to adhere to PHE Guidance. For the latest guidance please see: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

APPENDIX 5

When to call an Ambulance and the Procedures to follow

It is important to remember you are a paediatric or higher level first aider, not a trained Doctor or Nurse. After initial assessment, if you feel the treatment needed is beyond what you, or a colleague can deal with, you call an ambulance. It is better to call an ambulance and the paramedics make the decision to take to A & E, or to stabilise on site, and ask parents to take to GP. **They are trained to make this decision, you are not.**

Be prepared for when you might need emergency services. The child/pupil is the main priority. A first aider continues to care for the child/pupil whilst one person calls the ambulance and gives the details, another person informs school office who will get site staff to direct ambulance to you.

Procedures to follow

- When you require an ambulance dial **999** and ask for an ambulance.
- Be ready to give the following information. It is important to speak clearly and slowly and be ready to repeat information if asked.

Information you will need, and you will be asked for

- YOUR NAME – SAY WHO YOU ARE AND YOU ARE FROM ALTON SCHOOL or ALTON SCHOOL NURSERY
- YOUR CONTACT TELEPHONE NUMBER:
 - **General School Office - 01420 82070**
 - Nursery Office- 01420 566938
 - Nest- 01420 566939
 - Chicks- 01420 566940
 - Robins- 01420 566929
 - Pre-School - Sparrows- 01420 566937
 - Pre-School - Red Kites - 01420 566948
- YOUR LOCATION - INCLUDING POSTCODE:
 - **Alton School (or if appropriate Alton School Nursery) Anstey Lane, Alton, Hampshire, GU34 2NG**
- EXACT LOCATION WITHIN THE SETTING (i.e. If located in Lower School/Senior School/6th Form/Nursery office, Nests, Chicks or Robins/Refectory/School Grounds)
- If appropriate direct to **the main school car park**
- **Or the nursery car park** by saying – go past the main Alton School drive and turn next right almost opposite Tesco's. Drive right the way down the drive as far as you can go.
- If located in **Pre-School or Reception**, direct to **the main school entrance**. Turn down drive and at the crossing turn in left towards school buildings.

- You must ensure that the school office are notified and aware an ambulance is on its way and **tell them the child and where the child is** you need for them to arrange for someone to meet the paramedics on arrival to bring them to where the child is.

YOU WILL NEED CHILDS/PUPILS ALL ABOUT ME CONTACT AND INFORMATION/Pupil Medical Data Form or Health Questionnaire & Contact detail which must be HANDED TO THE EMERGENCY SERVICES:

- **NAME OF CHILD AND DESCRIPTION OF SYMPTOMS** (i.e. are they breathing/not breathing; are they conscious/unconscious)
- **ANY ALLERGIES OR MEDICAL CONDITIONS PRIOR TO THIS**
- **PARENT'S NAME, CONTACT INFORMATION, ADDRESS**
- **ANY MEDICATION OR TREATMENT GIVEN** (if yes, have it ready to give to the paramedics on arrival)

IF YOU ARE GOING IN THE AMBULANCE WITH THE CHILD, BE SURE TO TAKE A MOBILE PHONE WITH YOU TO BE CONTACTABLE WHEN NEEDED AND THE CHILD'S CONTACT INFORMATION AND DETAILS OF ANY MEDICAL CONDITIONS.

APPENDIX A

Current First Aiders:

There are posters located around the school, as shown below, that will highlight who the first aiders are, their specialist areas and the type of training received. This will be updated accordingly.



First Aid

LOCATION OF FIRST AID KITS	FIRST AID AT WORK LEVEL 3		PAEDIATRIC FIRST AID LEVEL 3 (incl Defibrillator & CPR)	LOCATION OF DEFIBRILLATOR
Bridge	Susie Brooks	Drivers	Mary Allen	Hall (outside The Refectory)
Senior School - First Floor	Joybyun Nessa	Peter Barbey	Hillary Bannister	
Senior School - Second Floor	Jenny Naylor-Davis	Graham Burchett-Vass	Ellie Barrett	
Science/Technology Classrooms 1, 2, 3 & 4	Scott Sanderson	Beth Brown	Amy Bray	
Food Technology Classroom	Victoria Sanderson	Cedrick Fawcett	Agnieszka Gryglik	
The Sue Kirkham - Foyer	Alec Taylor	Chris Harber	Lisa Harriott	
The Sue Kirkham - Servery	Jackie Ward	Ian Robson	Sarah Harvey	SCHOOL NURSES Located in Sixth Form
Art/Design & Photography - Classroom	Amanda Cowle	Paul Vass	Karen Lawrence	Lara Speir (Monday & Tuesday)
Drama Studio	Pat O'Donnell		Pam Payne	Alec Taylor (Wednesday)
Sixth Form Centre – Nurses Office	Gillian Eacott		Paula Pearson	Alison Udall (Thursday & Friday)
Sixth Form Centre - Corridor			Stephanie Rodriguez	
Welsford Hall - Corridor			Cathy Short	Emergency Asthma Kits
Holroyd Howe Kitchen – Refectory this includes a Burns First Aid Kit			Madeleine Smith	Welsford Corridor Medical Room in the Sixth Form Centre
LOWER SCHOOL & NURSERY:				
School Office				
Nursery – Nest, Chicks, Robins & Pre School rooms				
Reception Classroom				
Library				
MINI BUSES				
All School Mini buses				

APPENDIX B

Location of First Aid Boxes

- **Nursery** – each of the nursery rooms
- **Lower School** – School office/Reception Classroom/Year 1 and 2 Classroom/Director of Lower School Office
- **Senior School**- science corridor/labs, food technology room, 1st floor corridor, 2nd floor corridor, PE Corridor, Headmaster's PA Office, Kitchen area within Refectory, Welsford Hall
- **Sue Kirkham Building** – servery, Drama Studio, Art & Design Rooms 1 and 2
- **Sixth Form Centre** – corridor outside the common room/kitchen

This is also highlighted to staff on the First Aid posters located throughout the school, as seen in appendix A.