



OUR LADY'S

# **Our Lady's Preparatory School and Day Nursery**

## **First Aid Policy 3.3**

### **Background to the Policy**

The Health and Safety at Work etc. Act 1974 (as amended) imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of all their employees. This extends to the provision of appropriate first-aid facilities.

The Health and Safety First-Aid Regulations 1981 set out the basic requirements for the provision at work of first-aid equipment, facilities and appropriately qualified personnel. These requirements have been further expanded and updated by the production of the First-Aid Approved Code of Practice and Guidance 1997 (ACOP).

First aid in Schools August 2000 – updated 12 February 2014.

The Education (Independent School standards) Regulations.

The School also receives guidance from Mentor, appointed to be its Health and Safety advisers.

This policy should be read in conjunction with the school's Health and Safety Policy and Child Health Policy (which deals with liaison with parents regarding children's illness or infections).

### **General Guidance on First Aid**

First Aid is defined as emergency care given to an injured person (in order to minimise injury and future disability) before professional medical care is available. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children. In general, consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

## **Risks**

A risk assessment of First Aid needs is necessary to ensure adequate provision is available.

This should include:

- The identification of pupils with specific conditions e.g. asthma, allergies etc.
- The identification of specific hazards in school.
- When to call for further help.
- The documentation of necessary treatment given.

## **Responsibilities**

The ultimate responsibility for Health and Safety, which includes First Aid, at Our Lady's rests with the Trustees.

- The Headteacher is responsible for putting the policy in place, including informing staff and parents.
- All staff, and those parents with responsibility for children in school, should be aware of available First Aid personnel, facilities, and the location of First Aid boxes and information.
- First Aid provision must be available at all times, including out of school trips, during PE and other times the school facilities are used e.g. Parents' Meetings.
- There is always at least one person in each area of the School/Nursery with First Aid training.
- Adequate First Aid cover will be provided in all school buildings, as well as during break times. In the unlikely event it is necessary to leave a staff member alone e.g. during a PE lesson then they must have access to a Teacher/Staff Member on call in order to summon help if required.
- If a staff member is alone on a school trip, then they must have immediate access to a telephone in order to summon help.
- First Aiders must have attended a recognised First Aid Course and attend refresher courses every 3 years. They will be reliable, have good communication skills, an ability to cope with stress and able to absorb new knowledge.
- The majority of qualified staff will hold a recognised Paediatric First Aid Qualification (12-hour course) particularly those working with the children in Early Years Foundation Stage (EYFS).
- First Aid does not include the administration of medicines, although there is no legal bar to doing so where appropriate. Those who dispense it should have a reasonable understanding of what is involved. First Aiders can use Epipens/Jext Pens (or similar) if trained to do so.

- It is the responsibility of the Headteacher, to ensure good First Aid practice is being carried out within the school and at events and activities organised by the school.
- All staff should have First Aid awareness.

**Within the Our Lady's buildings, First Aid Cabinets are situated:**

- In the First Aid room
- In the Main kitchen.
- In the Nursery.
- First Aid Kits are available for use during PE lessons and off- site educational visits.
- The contents of the First Aid Cabinets/Kits are regularly checked and maintained.

**Reporting and Recording of Accidents**

Our Lady's School recognises that we have a duty to report incidents that involve the:

- Health & Safety at Work Act 1974
- Social Security Regulations 1979
- Health and Safety First Aid Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (knowns as RIDDOR)

An unreliable accident / incident reporting system, or the under-reporting of near miss incidents may lead to dangerous occurrences recurring which may result in personal injury to staff, parents or visitors.

All such accidents involving an EYFS child must be reported to Ofsted within 14 days.

**First Aid Procedures**

- At Our Lady's School, we make every effort to minimise the risk of accidents but we recognise that accidents may still occur.
- All accidents to pupils, staff, parents and visitors, no matter how small will be reported to the Headteacher, Deputy Headteacher, Nursery Manager or Deputy as soon as possible after the accident took place.

- The First Aider present will deal with the accident and treat any injuries as required. If the person on scene is not qualified in Paediatric First Aid, a member of staff with the requisite qualification should be sought. With regard to a possible serious incident, a second opinion and a Paediatric First Aider should be sought. SLT must be immediately informed. They should then become the 'Appointed Person'.
- If a child is ill in class radio contact will be made with the Office. Or, if appropriate, the child will walk down to Reception with either a TLA or another child (age and illness dependent). The Main Office staff will then assess the situation and follow agreed procedure.
- Once the individuals have been treated, all details regarding the accident will be recorded in the Accident Book or on an Accident Form, including any treatment given, by a member of staff.
- An investigation into the accident should be undertaken immediately or certainly before the end of the day on which the accident occurred.
- An Accident Book is kept in the First Aid room and school pupils and Nursery children have individual accident forms. The First Aider is required complete the relevant sections.
- Minor accidents and injuries to children are reported to parents / carers when a child is collected at the end of the day. The parents / carers are required to sign the form at this time.
- Inhalers (mild asthma etc.) are kept in the School Office. Other significant medication may be stored with the pupil or in the classroom under the supervision of the teacher if required.
- Accidents requiring further treatment or causing any concern to staff should be reported to parents/carers by telephone as soon as possible.
- RIDDOR record books must be kept for a minimum of three years after the date of the last incident in the book. However good practice recommends keeping them for at least 6 years in order to allow time for any civil litigation to be made.

### **First Aid Guidance Notes for All Staff**

#### **Anaphylaxis (Anaphylactic Shock) - severe allergic reaction**

##### **Symptoms:**

- Apprehension
- Sweating
- Feeling of Faintness
- There may be a burning sensation around the mouth
- A sensation of having a "lump in the throat" that may progress to hoarseness indicating swelling of vocal cords. Airways may be obstructed

- Headache
- Dizziness

**Immediate Treatment is required in cases of Anaphylaxis:**

- Stay calm - get help - contact a trained member of staff.
- Place child on floor in sitting position to help relieve any breathing difficulties.
- Call an ambulance.
- **Requires Adrenalin Injection** (to be administered by a trained member of staff)

**Storage, administration and disposal of Adrenalin**

- Parents to ensure supplies are maintained
- Store in a place known to all staff
- Dosage as specified by GP
- Dispose of syringe in jar or sealed container.
- Record date, time and action taken

**Hypoglycemia** - relevant to children / pupils with Diabetes

Hypoglycemia occurs suddenly when the blood glucose levels fall below 4mmol.

**Common signs and symptoms are:**

- Pale or ashen skin
- Dizziness
- Confusion
- Feeling weak
- Feeling hungry
- Sweaty
- Shaking/trembling
- Nausea

Hypoglycemia can occur because of the following:

- Too much insulin
- Not enough food to fuel an activity
- Cold weather/hot weather
- Missed meals or snacks
- A missed or delayed meal/snack
- Vomiting

**What to do if hypoglycemia occurs:**

Pupil may be able to self-administer. If not, immediately give the pupil something with high sugar levels to consume e.g. Glucose tablets x 3, fresh fruit juice, or high-sugar drink (about 100 ml).

Follow this with some starchy food to prevent the blood glucose from dropping again e.g. sandwich or cereal bar, fruit or two biscuits (such as garibaldi or ginger nuts).

If still showing hypoglycemic symptoms after 15 minutes, the child should consume food with high-sugar content.

“Hypo stop” can be massaged into the child’s cheek if they are too drowsy to take anything themselves (check if this is kept in school for the relevant pupil).

If the child is unconscious, do not give her anything to eat or drink and telephone 999 for an ambulance. The parents/carers should also be contacted immediately using their emergency contact numbers held by the main office.

### **Procedure for calling an ambulance**

The First-Aider decides if emergency services should be called, based on assessment of the ill or injured person. If so, telephone 999 directly or instruct the school office to do so.

Headteacher, Nursery Manager or Deputy Headteacher **must** be informed immediately.

- The senior staff member will telephone for ambulance if the main First-Aider has not done so.
- Confirmation will be provided to the main First-Aider that ambulance is on its way, confirming anticipated ETA.
- Appoint a member of staff to wait for the ambulance in the front car park and to direct emergency staff promptly on arrival.
- The parents / carers will be contacted and updated on the situation.
- Appoint senior member of staff to accompany child to hospital and wait until parents arrive (once no longer required, the member of staff should return to school by taxi).

At all stages of the above procedure, there must be no delay.

### **Procedures when treating minor injuries and cleaning up bodily fluids**

- All staff should take precautions to avoid infection and must follow basic hygiene procedures.
- Staff have access to single-use disposable gloves, disposable aprons and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.
- Staff should cover all open cuts, scratches, sores etc. (on their own body) with waterproof dressings before handling the above.

### **Appointed Person for any particular incident**

- The “Appointed Person” has the responsibility of taking charge during an incident and summoning help if needed.
- At Our Lady’s School, each qualified member of staff is able to assume the responsibilities of the Appointed Person.
- The maintenance of the First Aid Cabinets / Kits is the responsibility of **all senior staff**.

In the event that any members of staff notice that the First Aid Cabinets/Kits need additional supplies, this should be relayed to the School Office immediately, so this can be rectified.

### **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (known as RIDDOR)**

#### **Incidents that require reporting under RIDDOR:**

- Accidents resulting in death or major injury
- Accidents which prevent normal duties for more than 3 days
- Loss of consciousness due to asphyxia or absorption of harmful substances
- Fractures / Dislocations
- Amputation
- Loss of sight – temporary or permanent
- Chemicals or hot metal burn to eye
- Penetrating eye injury
- Electric Shock
- Injury leading to hypothermia
- Unconsciousness needing resuscitation / hospital admission for over 24hrs.

This Policy should be read in conjunction with the Our Lady’s health & Safety Policy, Medication Policy, Procedure when signing in medicine, Sudden Infant Death Syndrome Policy, Risk Assessment Policy and the Child Protection (Safeguarding) Policy.

## **Monitoring & review**

The School will review this Policy every year and any guidance or advice published by the Public Health England, the Department of Health / NHS Direct, HSE, ISI and/or other relevant bodies will be monitored on an ongoing basis, in the event that ad-hoc amendments or revisions are appropriate outside of this timeframe.

**Reviewed: 29 August 2023**

**Signed:**



**M A Stone, Headmaster**

**To be reviewed: 12 months from "Reviewed" date**

### **Full Paediatric First Aid Trained Staff as of August 2023**

Janet Allen	Heather Pead
Marie-Anne Allen	Penny Pearce
Carole Artis	Rhiannon Pomroy
Nikki Artis	Nicola Povey
Susan Barton-Taylor	Siannah Rayment
Melanie Boyer	Nicholas Reardon
Caroline Budd	Anjuli Sangar
Georgi Cassell	Ellen Scott
Simon Cassell	Lisa Scott
Rebecca Chadd	Akanksa Shrivastava
Barney Cooper	Cheryl Silver
Lauren Daly	Claire Taylor
Maria Day	Diane Taylor
Claire Fordham	Emily Thorne
Kim Gill	Clare Underwood
Elaine Goddard	Wendy Wessendorff
Jenna Greenwood	Elaine White
Donna Hammann	Autumn Whitmarsh-Ford
Aleisha Hines	Megan Winstanley
Jessica Hughes	
Georgia Hutchinson	
Swati Jain	
Natalie John	
Kira King	
Jessica Kinsella	
Aimee McGlinchey	
Rachel Papworth	





OUR LADY'S

## **Our Lady's Preparatory School and Day Nursery**

### **Medication Policy (including procedures for signing-in and administering medication) 3.3**

#### **Background to the Policy**

In the event that a child attending Our Lady's requires prescribed medication, pain relief or teething gel during the day, written permission needs to be given by a parent for such medicines to be administered.

Medication can only be administered by the senior members of staff authorised by Our Lady's Management and should also be witnessed by a qualified member of staff where reasonably possible.

#### **Prescribed Medication**

The relevant details for prescribed medication provided by parents, to be given to their children, are recorded on the form for this purpose. Certain senior staff members are authorised to complete this form, which must be signed by parents, and the staff-member counter-signs the form.

The details recorded on this form must include:

- the full name of medication;
- the explicit dosage to be administered (which will not be exceeded unless accompanied by a doctor's authorising letter);
- any storage instructions to be followed; and
- the exact times for administering, so that the form can be referred to during the day as required.

The parent/guardian will be asked to verify the completed medicine form as the staff member will talk them through the form before it is signed by both parties.

All medicine forms must be signed again by the parent/guardian when the child is collected regardless of whether the medicine has been administered or not. The key person should ensure this happens during the handover when the child is collected and that the medicine is given back to the parent(s).

The following principles apply and must be satisfied for prescribed medication to be administered by Our Lady's staff:

- Our Lady's staff can only administer medication prescribed by a Medical Doctor in the UK.

- Any child who has been prescribed medication by a doctor, that they have not taken before will be expected to have received the first dose at least 24 hours before they come in to Our Lady's, in order to ensure the child does not have any allergic reaction to the medication.
- Medication needs to be supplied in its original packaging, labelled with the child's name and must display the original label affixed by the dispensing pharmacy.
- Medicine must be both within its expiry date and be in line with the child's age and the "course of medicine dates" on the dispensing pharmacy label, as the staff member signing in the medication will verify this.
- Cough medicine will not be administered unless prescribed by a doctor.
- Medicines containing aspirin will only be given if prescribed by a doctor.

When administering the medicine, the staff named in the list below can ask any qualified member of staff to witness or a named person from the authorised list.

If in extenuating circumstances (e.g. inhalers, trips off site etc.), there is no qualified staff available and the child may otherwise suffer from a delay in administering medicine, the named staff member should use their judgement and ask a competent member of staff to witness the administering of the medicine.

Parents are required to complete an updated medical record form annually (usually at the beginning of the Autumn Term) as well as informing the School/Nursery of any (additional) health needs. Parents are required to inform the School of any health information when their child joins, and regularly keep the school up to date.

### **Procedure for Signing in and Administering Medicine**

Until further notice, medicine may only be signed in and administered by the following members of staff:

Name	Title / Role	Can Administer
Michael Stone	Headmaster	Y
Simon Cassell	Deputy Headmaster	Y
Claire Taylor	Nursery Manager	Y
Lauren Daly	Deputy Nursery Manager	Y
Melanie Boyer	SENDCo	Y
Siannah Rayment	Third in Charge (Nursery)	Y
Cheryl Silver	Senior	Y
Jess Hughes	Senior	Y
Donna Hammann	EYFS Teacher	Y
Wendy Wessendorff	Reception Teacher	Y
Nikki Artis	Holiday Club Manager	Y
Marie-Anne Allen	Admin	Y
Georgia Hutchinson	Admin	Y
Julie Martin	Admin	Y

## **Pain Relief**

During the day, if required, one dose of Calpol (or equivalent) can be administered to a child by staff, as long as prior consent has been given by parents on the general consent form which is updated annually at the beginning of the year.

Under normal circumstances pain relief and teething gel can only be signed in on an “if needed basis”. Reference must be made to the time of any dose given prior to the child being brought into Our Lady’s, by contacting the parent / carer if required.

Parents will be contacted before a dose is administered, so they are aware that their child requires pain relief and can authorise such treatment (as well as to make them aware in the event that the child requires early collection under the Child Health and Exclusion Policy).

If, in extenuating circumstances, a child’s temperature is dangerously high and parents cannot be contacted by telephone, the Nursery Manager, Deputy Manager, Head Teacher or Deputy Head may take the decision to administer Calpol (or equivalent) prior to speaking with the parents. This decision will only be made if the professionals above feel that the child is in medical danger and such intervention / treatment is necessary.

As stated above, cough medicine and medicines containing aspirin will not be administered unless prescribed by a doctor.

***This Policy should be read in conjunction with the Child Health and Exclusion Policy.***

## **Monitoring & review**

Our Lady’s will review this Policy every year and any guidance or advice published by Public Health England, the Department of Health / NHS and/or other relevant bodies will be monitored on an ongoing basis, in the event that ad-hoc amendments or revisions are appropriate outside of this timeframe.

**Reviewed: 29 August 2024**

**Signed:**



**M A Stone  
Headmaster**

**To be reviewed: 12 months from “Reviewed” date**



OUR LADY'S

## **Our Lady's Preparatory School and Day Nursery**

### **Child Health and Exclusion Policy 3.3**

#### **Background to the Policy**

It is the aim of Our Lady's to help maintain the health of both children and staff. Children must not attend Our Lady's if they have a temperature or feel generally unwell. If your child has been unwell, or has taken any medicine in the 24 hours before attending, please inform a member of staff.

For medication to be administered during the day, permission must be given by parents and recorded on the medicine form at drop-off.

In some cases, the Nursery or School may need to exclude a child for a short period of time in accordance with NHS Direct guidelines or to safeguard other children or staff.

The table below details information on the more common illnesses. If a child contracts an illness that is not on the list, we will refer to NHS website or the local authority for further advice.

#### **Administering of Pain Relief Medication**

If a child is deemed to be unwell whilst at Our Lady's, a senior member of staff will contact the parents and advise action required (i.e. permission for Calpol (liquid paracetamol or equivalent) to be administered, the child needs to be collected or to recommend that the child sees a doctor).

In the case of Calpol (or equivalent) being administered, this will be recorded on the child's medicine form, which the parent will be asked to sign when collecting the child. If medication was given due to a high temperature, the child's temperature is taken approximately 30 - 40 minutes after the dose and their condition monitored. If the child appears unhappy and unwell the parents will be contacted and a discussion will take place to decide if they need to be collected. During this time, the child will also receive treatment to seek to bring down their temperature naturally (e.g. remove clothing, lukewarm flannel applied etc). If a child in the Nursery has had pain relief administered before they arrive at the setting the Nursery Manager (or delegate) will make an informed judgement on whether to accept the child into the setting.

## Exclusion Periods for typical childhood illnesses

The table below is derived from Public Health England’s “Guidance on infection control in schools and other childcare settings” and sets out the infectious and exclusion periods for various childhood illnesses. Extensive details are included in the link below:

Our Lady’s understands that children being excluded from the school or nursery due to them being ill or recovering from illness may prove difficult for parents in terms of arranging alternative childcare for them at home during the exclusion period. However, it is vitally important as a means of minimising the risk of infection and illnesses spreading amongst people present in the school / nursery. Given this, parents’ understanding and compliance with this policy is greatly appreciated.

<b><i>Illness / Disease</i></b>	<b><i>Infectious Period</i></b>	<b><i>Exclusion Period for Infected Person</i></b>
<b>Covid-19</b>	Follow Government advice. As of March 2022, endeavour to ensure self-isolation if positive or high temperature. Please refer to the Covid-19 Risk Assessment.	Advised until temperature has returned to normal - under constant review.
<b>Chicken Pox and Shingles</b>	Usually 5 to 6 days after start of rash.	Once the spots have all crusted over. (Usually about 1 week).
<b>Conjunctivitis/ Sticky Eyes</b>	While the infection is active.	Not usually necessary unless a child is unwell.
<b>Diarrhoea and vomiting</b>	Whilst symptoms are present.	48 hours after the last episode of diarrhoea or vomiting.
<b>Fifth Disease (Slapped Cheek)</b>	Infectious before rash appears.	Until you have recovered.
<b>Glandular Fever</b>	While the virus is present in saliva.	Until you have recovered.
<b>Hand foot and mouth</b>	During the acute stage of the illness.	Until you feel well – no need to wait until last blister has gone.
<b>Head and body lice</b>	Whilst eggs or lice remain alive.	No exclusion period. Treatment for the child and their family must start immediately where live head lice have been seen.
<b>Impetigo</b>	Whilst the septic spots are discharging pus.	Until sores have dried up, blistered, crusted over or 48 hours after treatment.

<b>Measles</b>	2 to 4 days before rash appears until 5 days after the rash appears.	Until 5 days after the onset of the rash and you have recovered.
<b>Meningitis</b>	Clinical cases are rarely infectious.	Until you have recovered.
<b>Mumps</b>	Infectious 1 -2 days before symptoms appear.	Until 5 day after the onset of the symptoms.
<b>Rubella</b>	1 week before rash appears till 6 days after.	5 days from onset of rash.
<b>Scabies</b>	Until mites and eggs are destroyed by treatment.	Until one day after treatment
<b>Scarlet Fever</b>	Prolonged in untreated cases.	24 hours after commencing antibiotics and they have recovered well enough to attend.
<b>Threadworms</b>	Whilst eggs are shed in faeces.	No exclusion period, but it must be treated.
<b>Ringworms</b>	Whilst any rash is present.	No exclusion period, but treatment is required from GP.
<b>Whooping Cough</b>	2 weeks. If treated with antibiotics this may be reduced.	5 days after starting antibiotics.

### Monitoring & review

The School will review this Policy every year and any guidance or advice published by the Public Health England, the Department of Health / NHS, ISI and/or other relevant bodies will be monitored on an ongoing basis, in the event that ad-hoc amendments or revisions are appropriate outside of this timeframe.

The policy will also be reviewed in light of any new Government advice on Covid-19.

**Reviewed: 29 August 2023**

**Signed:**



**M A Stone - Headmaster**

**To be reviewed: 12 months from "Reviewed" date**