

HESSLE MOUNT SCHOOL

Illness and First Aid Policy and Procedures

Introduction

Our policy is to encourage and promote good health and hygiene for all the children in our care. This includes monitoring the children for signs and symptoms of illness and also ensuring that the children and adults in our care are provided with good quality first aid provision. Clear and agreed systems should ensure that all the children are given the same care and understanding at Hessle Mount.

It is our policy to ensure the appropriate first aid arrangements are in place for our staff, pupils and any visitors to our premises. This includes providing sufficiently trained employees and maintaining an adequate supply of first aid equipment.

This policy should be read in conjunction with the school Health and Safety Policy and Medicines Policy.

First Aid Training

The school maintains up-to-date lists of those employees who have undergone 12 Hour Paediatric First aid training throughout the school, which is displayed on all notice boards and in classrooms around the school.

First Aid Equipment

First Aid kits are located:

Inside the entrance porch – with a bin for waste material

On the first floor landing

By the sink area in room 11

In the Pre-school office/sick bay

In addition portable first aid kits are provided for out of school visits.

The checking and ordering of stock is carried out by Mr and Miss Cutting who will fill the boxes around the school, dispose of any out of date items and ensure enough stock is maintained to supply the school.

Stock is purchased on a need basis.

Accident Procedures

During playtimes and lunchtimes superficial injuries that require first aid treatment should be dealt with in the first instance by the first-aider on duty. For injuries that require closer attention children should be sent to the office where Miss Cutting will monitor and administer any further first aid.

Minor incidents and accidents should be dealt with, wounds cleaned etc and the child returned to the playground when possible and practical. Persons administering first aid should wear disposable gloves where bodily fluids are involved. An adult witness should be present if tending an intimate part of the body. Any dressings or materials which have been in contact with body fluids (e.g. blood, vomit etc) must be disposed of appropriately.

During lesson time a first-aider should be sent for by a teaching assistant (if not a qualified first-aider) or by sending two children together to the office.

Having administered first aid:-

- Any accident requiring more than superficial first aid should be recorded in the accident record file. This is kept in the top left drawer of the dresser in the entrance hall at the foot of the stairs.
- Complete and sign the form ensuring you have recorded the incident fully.
- Photocopy the form.
- Ensure that the child's teacher is aware of the incident so that they can check on the child for a period afterwards – they will also be responsible for informing the parents at home time if required.
- Ensure that both copies are signed by the child's parent/carer and that they are fully aware of the child's condition.
- The parent retains 1 copy the 2nd copy is given to Mr Cutting who will store it securely. He will also look for trends, and address them as necessary in accordance with the school's health and safety policy.

If a child has an accident which requires urgent hospital treatment the school will be responsible for calling an ambulance in order for the child to receive urgent medical treatment. Parents will be contacted and arrangements can be made for where they can meet their child. If parents can not be contacted the emergency contact number will be used - a member of staff will remain with the child until a parent/carer arrives.

The school will inform Ofsted and the local child protection agency of any serious accident or injury to, or serious illness of, or the death of, any child whilst in our care.

Illness

If a child needs to be collected, because of a serious bang on the head, sickness, upset stomach, etc, a teaching assistant should inform the office and ask for the parents/carer to be contacted. The child should be taken to the main office or Pre-school office, where there are facilities for the child to lay down. The staff member or Miss Cutting will stay with the child.

Vomiting and diarrhoea

There are buckets containing sawdust under the sink in the staff room, Pre-school office and on the first floor landing under the sink for children who are feeling sick. Mops and buckets are found in the caretaker's cleaning cupboards. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. If a child has been sick in a classroom, if possible, ensure the room is well ventilated and the rest of the children are monitored. The hall can be used to complete lessons if necessary.

If a child vomits or has diarrhoea in school, they must be sent home immediately. **Children with these conditions will not be accepted back into school until 24 hours after the last symptom has elapsed.**

Head Lice

Staff do not examine children for head lice. If we suspect a child has head lice we will inform you and ask you to examine them. Children must not come back to school until treatment has begun. Parents are encouraged to regularly check their child for head lice.

Pastoral Care

There may be occasions that children state they are unwell or require first aid but actually require 'pastoral care'. On these occasions a teacher or teaching assistant must comfort and support the child and ensure his or her well-being. This may occur in the classroom, during lunch time or outside play. It is the teacher or teaching assistant on duty's responsibility to ensure the class teacher is informed of the child's 'condition'. The class teacher will inform the child's parent/carer if necessary. If any member of staff is unsure whether a child is unwell, requires First Aid or requires pastoral care, then they are encouraged to send them to Mr Cutting or Miss Cutting to assess the situation.

Exclusion Procedure for Illness/Communicable Diseases

Disease/Illness	Incubation period	Minimum Exclusion Period
Antibiotic prescribed	N/A	48 hrs / first day at home
Temperature	N/A	If sent home ill, child must be off for 24 hrs
Vomiting	6-8 hrs	If sent home ill, child must be off for 24 hrs
Conjunctivitis	1-3 days	Keep at home for 1 day – longer if eye is still weeping and treat
Diarrhoea	6-48 hrs	24 hrs after first normal bowel movement
Chickenpox	2-3 wks	7 days from appearance of the rash
Gastro-enteritis, food poisoning, salmonellosis and dysentery	varies	24 hrs or for more notifiable diseases, until advised by the relevant public health official
Infective hepatitis	2-10 days	7 days from onset of jaundice
Measles	1-2 wks	7 days from appearance of rash
Meningococcal infection	2-10 days	Until recovered from the illness
Mumps	3 wks	Until the swelling has subsided and in no case less than 7 days from onset of illness
Pertussis (whooping cough)	1-2 wks	21 days from the onset of paroxysmal cough
Poliomyelitis	1-3 wks	Until declared free from infection by the appropriate public health official
Scarlet fever and streptococcal infection of the throat	1-3 days	Until appropriate medical treatment has been given and in no case for less than 3 days from the start of treatment
Tuberculosis	4-12 wks	Until declared free from infection by the appropriate public health official
Typhoid fever	1-3 wks	Until declared free from infection by the appropriate public health official
Impetigo	N/A	Until the skin is healed
Pediculosis (lice)	N/A	Until appropriate treatment has been given
Plantar warts	N/A	No exclusion. Should be treated and covered
Ringworm of scalp	N/A	Until cured
Ringworm of body	N/A	Seldom necessary to exclude provided treatment is being given
Scabies	N/A	Need not be excluded once appropriate treatment has been given