HAYNES LOWER SCHOOL AND NURSERY

Sick Child & First Aid Policy

Policy Review:

This Policy will be reviewed annually

Reviewed	**March 2025**
Next Review	**March 2026**

At Haynes Lower School & Nursery, we believe the health and well-being of children is of paramount importance and we wish to support all parents who have any concerns about their child's well-being.

In order to maintain a clean and healthy environment for all our children and staff we ask that parents refrain from bringing children to school if they are sick and displaying signs of illness (unless they just have a cold or cough, in which case they should be encouraged to come to school).

Haynes Lower School & Nursery recognises its responsibility to promote a culture where health issues are discussed in an open and positive way to achieve high standards.

Under duties set out in the Health & Safety (First Aid) Regulations 1981, the School recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the school.

Aims:

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- To protect children and adults from preventable infection
- To enable staff and parents to be clear about the requirements and procedures when children are unwell
- To deal efficiently and effectively with emergencies that may arise while children are in our care

Sick Children

Medication Administration

Assuring the health and safety of all our children is a team effort by the staff, the family and health care providers. This is particularly true when medication is necessary. Therefore, an understanding of all health care procedures is critical to meeting that goal.

Whenever possible, it is best for medicine to be given at home. The first dose of any medication should always be given at home with a sufficient amount of time (ideally 24hours) before the student returns to school so that they can be observed for reactions.

Prescription medication will only be given at school with a written order from the pharmacist along with written permission from the parents. This is usually only given at school when the script states that it is required to be administered 4 times a day. This also includes "as needed" medications such as an EpiPen or nebulizer treatment.

Prescription medication must always be provided in a named plastic box, in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

The school reserves the right to refuse the administration of medications if all procedures are not satisfied. All medication must be brought to and from school by the parent, *not* the student. No student should be given medicine, including cough drops and homeopathic remedies, to take by themselves at lunchtime or to carry in their school bag.

Medication will be stored in a locked cupboard, where it is inaccessible to the children. A record will be kept each time medication is dispensed. Emergency medication will be kept in the child's classroom, out of reach of children but accessible in the case of an emergency.

Medications given at school will be administered by staff members with appropriate training. Those staff members will be informed of the student's health needs related to that medication.

For full details, please see the schools 'Administering Medicine' policy. This policy's intention is to encourage communication between parents and the school to assure safety in the administering of medications to the students that require them while at school.

Illness

Children with contagious symptoms should be kept at home. The staff will notify a parent to pick up any child who develops symptoms of illness, this could be through the development of a high temperature. We understand how difficult it can be for working parents to break free during the day and are mindful of this when deciding whether a child is well enough to stay or if they need to be collected early. It is essential to keep parents contact details and those of emergency contacts up to date.

It is the school's policy not to permit a child who has any of the illnesses, or symptoms of the illnesses specified below, to be admitted to school on a given day. In order for the child to return to school, they must have been free of symptoms, without medication, for 24 hours (48 hours for diarrhoea and vomiting). Such illnesses or symptoms of illness include, but are not limited to, any of the following:

- Elevated temperature of 38^{O}C/100^{O}F
- Diarrhoea (48 hours)
- Vomiting (48 hours)
- Blood in the urine
- Visibly enlarged lymph nodes
- Swollen joints
- Red eyes with discharge
- Weeping or bleeding skin lesions that have not been treated by a doctor or nurse ie: Impetigo
- Sore throat or severe coughing
- Stiff neck
- Severe pain or discomfort
- Difficult, rapid breathing
- Yellow eyes or jaundiced skin
- Skin rashes lasting more than one day
- Infected, untreated skin patches

Once a child is symptom free, without medication, for 24 hours (48 hours for diarrhoea and vomiting), or a doctor indicates that the child poses no serious health risk to themselves, to other children or to staff, they may return to school. If a child who has already been admitted to the school manifests any of the illnesses or symptoms of illness specified above, the parents shall be contacted to arrange for the child to be picked up from school.

Excludable Communicable Diseases

Public Health England recommends children with the following communicable diseases not be admitted to school or be allowed to remain at school.

Rashes & Skin Infections	Diarrhoea & Vomiting Illnesses
Chickenpox	Diarrhoea and/or vomiting
German Measles (Rubella)	E. Coli
Impetigo	Typhoid
Measles	Shigella (Dysentery)
Scabies	Cryptosporidiosis
Scarlet Fever	
Shingles	

Respiratory Infections	Other Infections
Flu (Influenza)	Diphtheria
Tuberculosis	Hepatitis A
Whooping Cough	Meningococcal Meningitis/septicaemia
	Meningitis due to other bacteria
	Mumps

The school is also mandated to notify, in writing, each parent whose child may have been exposed to an excludable disease during an outbreak at the school.

Exclusion of sick children from school

We understand the needs of working parents and do not aim to exclude children from school unnecessarily.

However, the decision of the school is final when requesting the exclusion of a child for illness or infection. Decisions will consider the needs of the child and those of the group.

Children with infectious or contagious diseases will be excluded for certain periods. If a member of staff suspects that a child has an infectious or contagious disease, they will request that parents consult a doctor before returning the child to school.

On very rare occasions if an illness or disease can put a member of staff or unborn child at risk then the Head Teacher will decide any course of action after seeking medical and HR advice.

We recommend that no child may attend the school while suffering from one of the communicable diseases (see above) and they should be excluded for the minimum periods recommended. Please see guidelines to illness / communicable diseases provided by the Health Protection Agency.

Coughs and colds do not normally require the child to be excluded but this depends on the severity and how the child is able to cope with the school routine. If a child appears unwell we may ask that the child is taken home.

Although exposure of children to a communicable disease is not in itself sufficient reason to require their exclusion from school, any child who becomes a home contact of diphtheria, poliomyelitis, typhoid and paratyphoid fevers will be excluded.

A child who has sickness or diarrhoea whilst at the school is to be collected immediately and kept away for 48 hours following the last bout of sickness or diarrhoea.
If the sickness is not linked to sickness and diarrhoea and for example is related to reflux then an exception will apply. A senior member of staff will make this decision.

To prevent the spread of conjunctivitis, suspected cases will be reported immediately to parents who will be requested to take their child from school to be seen by a doctor.

Chicken Pox – children need to be absent from school for a minimum of 5 days from the onset of the rash. After this time, if all the spots have dried and scabbed over, the child can return to school.

Parents will also be contacted if their child develops a rash or suspected thrush. This will need to be checked by a Doctor whose advice should be followed. Our school has a duty to protect pregnant workers and vulnerable children from diseases that could affect their health.

With regards to our Early Years pupils, Ofsted will be notified of any food poisoning affecting two or more children looked after on the premises. Notification will be made as soon as is reasonably practicable, but in any event within 14 days of the incident.

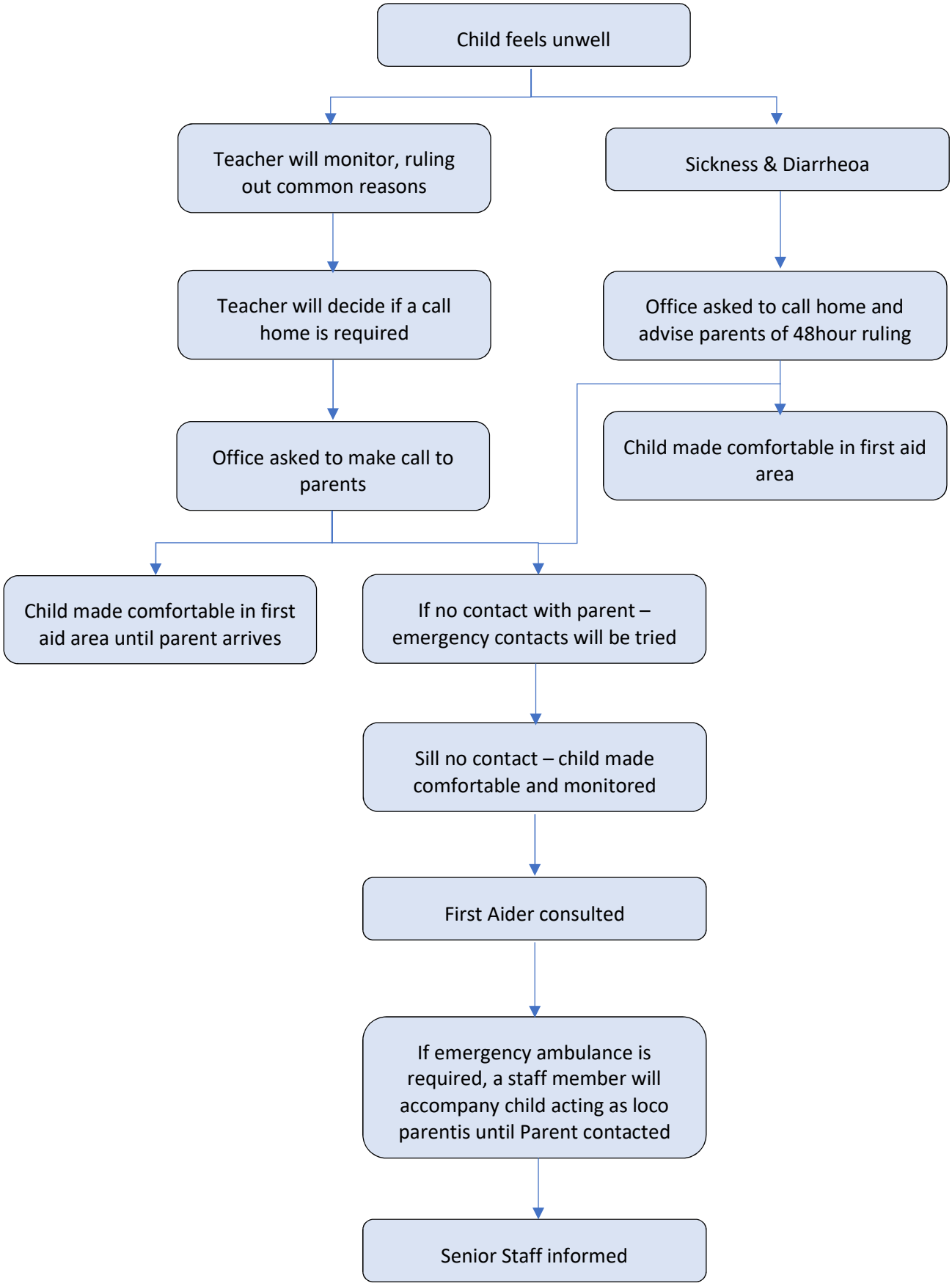
Procedures

If a child becomes ill in school the following procedures will be followed:

- If a child informs a member of staff that they feel unwell the member of staff will monitor the child and rule out any common reasons by ensuring that they have been to the toilet, that they are hydrated and that they are warm/cool enough. The member of staff will check that there is nothing worrying the child. **Staff will also check that there is no known condition on medical lists for this child.** Following initial checks, the member of staff will then decide whether symptoms may require a call home. If this is the case, they will contact the office and a call will be made home.
- If the child is found to have a temperature of 38°C or higher but is showing no other symptoms of illness (e.g. lethargy, sickness etc.), staff will:
    - Take the child's temperature at least 3 times, 20 mins apart
    - Remove the child's cardigan / jumper
    - Ensure the child has had water to drink
    - Sit the child in a cool place
    - Monitor the child
    - If the child's temperature remains above 38°c for each of the temperature checks, parents will be called to collect their child.
    - If parents are unable to collect, the child will remain with office staff to avoid spreading any potential infection to other children
- If symptoms suggest that they *do not* require a call home, the teacher will continue to monitor in class or request that they are monitored (as they feel sick) by admin in the first aid area. The child will be monitored and should the symptoms worsen a call home will be made. If there is any doubt a call will be made to parents to discuss the pupil. If the child improves and or feels better, they will return to class.
- If a child has sickness or diarrhoea in school, they will be sent home immediately. Children should not return to school for **48 hours** after their last case of sickness/diarrhoea.
- The child will be made comfortable while they wait to be collected.
- If contact cannot be made with parents, staff will contact the emergency contacts provided by the parents on the admissions form.
- If parents / emergency contacts cannot be reached the child will be made comfortable and monitored and staff will continue to try to make contact.
- If necessary, a first aider will be consulted for advice on an illness.

- In the case of an emergency when the child's health is at risk an ambulance will be called and a member of staff will accompany the child to hospital. Parents/ authorised adult will be contacted. As soon as possible a senior member of staff will be informed.

If a child become unwell in school the following procedures will be followed:


Child feels unwell
Teacher will monitor, ruling out common reasons
Sickness & Diarrheoa
Teacher will decide if a call home is required
Office asked to call home and advise parents of 48hour ruling
Office asked to make call to parents
Child made comfortable in first aid area
Child made comfortable in first aid area until parent arrives
If no contact with parent – emergency contacts will be tried
Sill no contact – child made comfortable and monitored
First Aider consulted
If emergency ambulance is required, a staff member will accompany child acting as loco parentis until Parent contacted
Senior Staff informed

First Aid

Under duties set out in the Health & Safety (First Aid) Regulations 1981, the School recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the School. The school has adopted and follows the First Aid Code of Practice. The school ensures it provides enough qualified first aiders.

The School has a number of designated members of staff responsible for First Aid. First aiders hold current Paediatric First Aid Certificates. Each class is responsible for maintaining the correct contents of its First Aid bag and administering First Aid when necessary and appropriate. The Office Staff, in conjunction with the Lead First Aider(s) are responsible for ensuring the main First Aid cupboard is appropriately stocked and will be regularly checked to ensure its contents are up to date, in good condition and fulfil the criteria set out in the Health and Safety (First Aid) Regulations 1981.

Within our Early Years setting, at least one person who has a current Paediatric First Aid certificate will be on the premises at all times when children are present, and will accompany children on outings.

The names of staff who are nominated First Aiders or who have completed First Aid qualifications are displayed around site.

The Head Teacher, in conjunction with the School Business Manager, will ensure that there is a fully trained First Aider (or an appointed person in the event of there being no alternative) available at all times during the school day. The Head Teacher, in conjunction with the School Business Manager, will also be responsible for enabling the members of staff concerned to receive adequate First Aid training.

A First Aid box will be taken on all off-site visits or outings. This is the responsibility of the Group Leader, or where this is not possible, the first aider accompanying the group on the visit.

Sun Protection

The Head Teacher and staff understand the dangers posed to children and themselves by over exposure to the sun. In hot weather, parents / carers are encouraged to apply long- lasting sun cream to their child before school.

Parents / carers should also ensure that their child has a hat or cap, which they can wear when playing outside in the sun.

In hot weather, staff will encourage children to drink water frequently.

Staff should also ensure that shady areas out of the sun are always available to children when playing outside.

If the weather is exceptionally hot then the Head Teacher may take further precautions such as limiting the time outside.

In the Event of a suspected Minor Injury, Accident or Illness

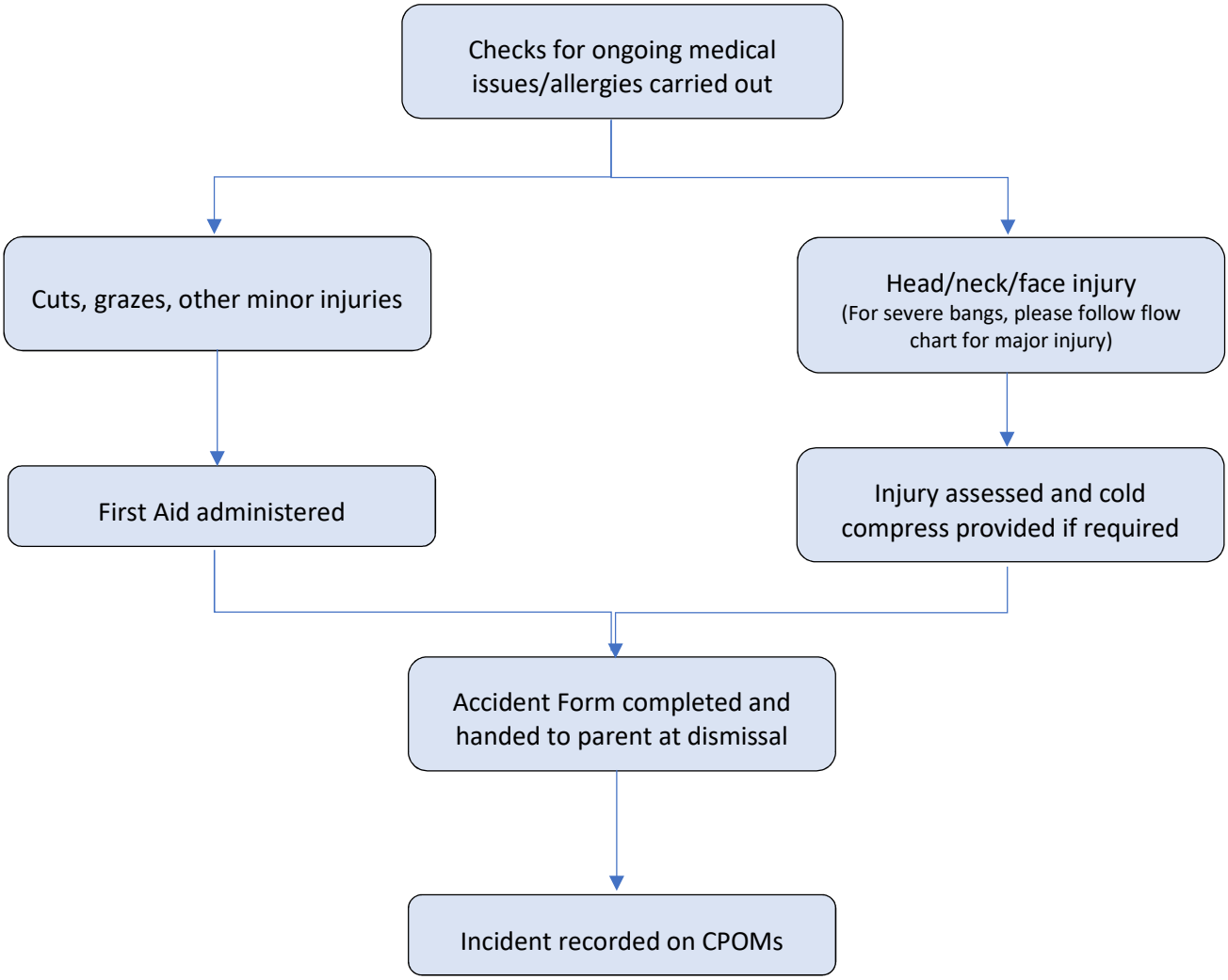
When a child reports an injury or an injury is witnessed the following procedures will be followed:

- The member of staff will assess the injury/context of the injury and act accordingly. If the injury is not minor the member of staff will contact a qualified First Aider for advice or action and the procedure for a Major Incident will be followed.
    - A member of staff will administer first aid for a minor injury. This may be cleaning up of a graze and or applying a plaster. **(pupils will be checked for any ongoing medical issue or allergy to plasters).** A

cold compress will be applied to any bumps or bangs to the head or face. An Accident Form will be completed for all incidents and handed to the parent / responsible adult at dismissal. Parents can then talk to their child about what happened and if they need further information they can speak to the class teacher by contacting school. All accidents will be recorded on CPOMs.

- The school will follow Central Bedfordshire Council's accident reporting procedure – (forms and further advice are held at the school office) the Council will in turn report any accidents to the HSE where necessary.
- The Head Teacher and the Health & Safety Governor will review the first aid incidents logged on CPOMs each term and address any areas of concern.

When a child reports an injury or an injury is witnessed the following procedures will be followed:



In the Event of a Major Accident, Incident or Illness

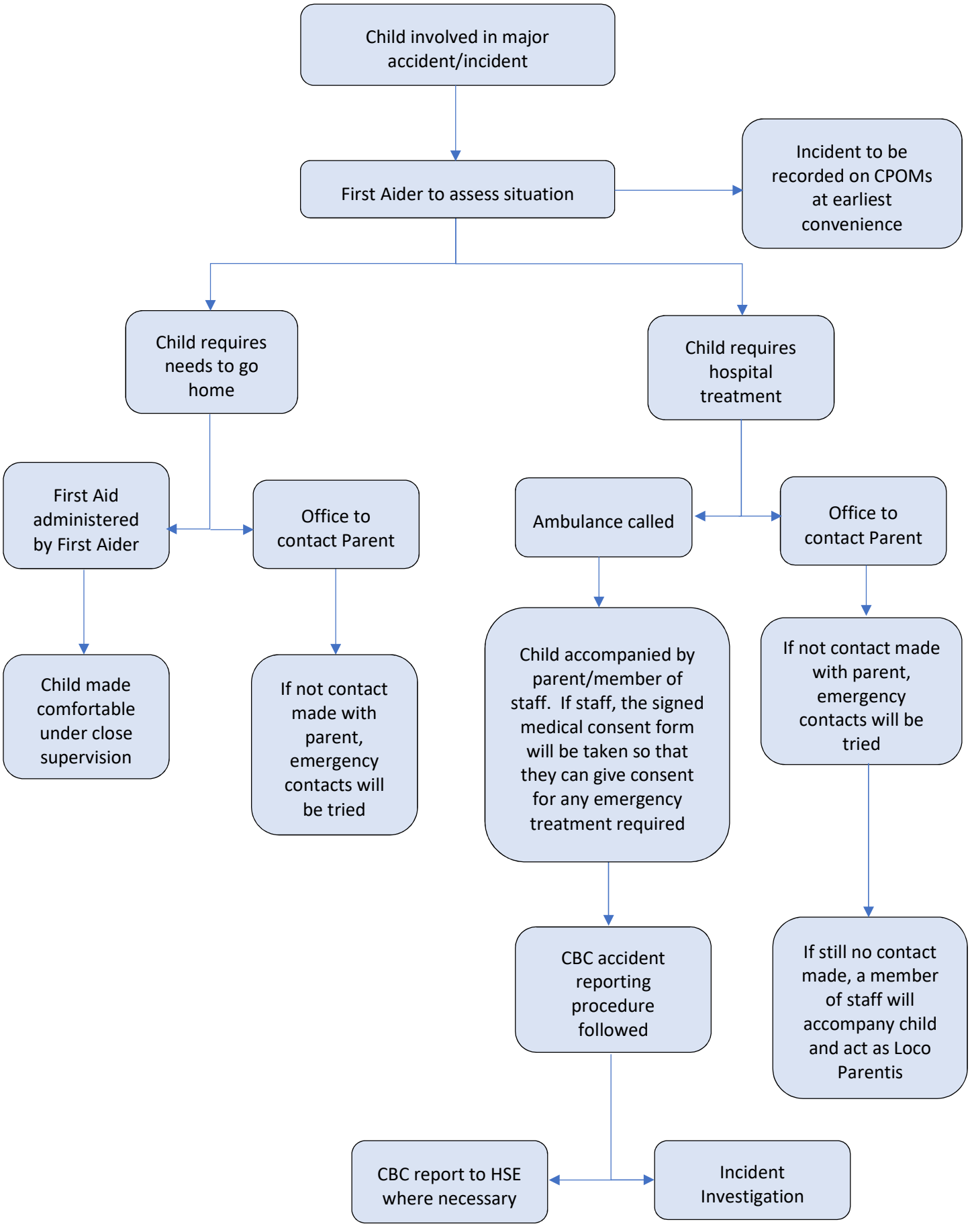
The School requests that parents / carers complete and sign an emergency medical treatment statement enabling any member of staff so empowered, to give permission for emergency medical treatment for their child in the event of a major accident, incident or illness occurring at the school. In the event of such an event, the following procedures will apply:

- In the first instance, the First Aider will be notified and take responsibility for deciding upon the appropriate action. The First Aider will assess the situation and decide whether the child needs to go

straight to hospital and whether they can administer first aid. First Aider will check against child's records for any known medical issues. If the child needs to go straight to hospital, an ambulance will be called. The parents / carer will also be contacted. A member of staff will accompany the child to hospital (if the parent / carer is unable to arrive quickly) and will consent to medical treatment being given, so long as the emergency medical treatment statement has been completed and signed.

- If the child does not need to go straight to hospital, but their condition means they should go home, the first aider will administer any first aid and the parent / carer will be contacted and asked to collect their child. In the meantime, the child will be made as comfortable as possible and be kept under close supervision (from this point on, the provisions of the Health Protection's infectious and communicable disease advice will govern the child's return to the School). ○ If the First Aider assesses that the injury is not major, the procedures for a Minor Injury are to be followed.
- All accidents will be recorded on CPOMs. With regard to children in Early Years, the school will notify Ofsted of any serious accident, illness or injury to or death of, any child while in our care, and of the action taken. Notification will be made as soon as is reasonably practicable, but in any event within 14 days of the accident occurring. School will also notify local child protection agencies of any serious accident or injury to, or the death of any child while in our care, and will act on any advice from those agencies.
- The school will follow Central Bedfordshire Council's accident reporting procedure (forms and further advice are held in the school office) – the Council will in turn report any accidents to the HSE where necessary.
- The Head Teacher and Senior Management Team should consider whether the accident or incident highlights any actual or potential weaknesses in the School's policies or procedures, and act accordingly, making suitable adjustments where necessary.

In the event of such an incident, the following procedures will apply:



Closing the School in an emergency

In very exceptional circumstances, the School may need to be closed at very short notice due an unexpected emergency which may affect health and wellbeing of pupils and staff. Such incidents should include:

- Serious weather conditions (combined with heating system failure)
- Burst water pipes
- Discovery of dangerous structural damage
- Fire or bomb scare/explosion
- Death of member of staff
- Serious assault on a staff member by the public
- Serious accident or illness

In such circumstances, under the direction of the Head Teacher, staff will ensure that all steps are taken to keep both the children and themselves safe. All staff and children will assemble at the pre-arranged venue **(See Emergency Plan)** where a register will be taken.

Steps will then be taken to inform parents / carers and to take the necessary actions in relation to the cause of the closure. All children will be supervised until they are safely collected.

All staff have a responsibility for ensuring that they work within the remit of this policy and in the manner in which they have been trained.

Responsibility for the implementation, monitoring and review of this policy lies with the Senior Management Team.

Appendix A – Recommended Exclusion Period for Common Childhood Illnesses

Respiratory Infections		
Infection	**Exclusion period**	**Comments**
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.

Rashes & Skin Infections		
Infection	**Exclusion period**	**Comments**
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Hand foot and mouth	None	Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR).
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Not usually required.	Treatment is needed.
Roseola (infantum)	None	
Rubella (German measles)*	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered.
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 chicken pox. It is spready by very close contact and touch
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Warts and verrucae	None	Verrucae should be covered during indoor PE.

Diarrhoea and Vomiting Illness		
Infection	**Exclusion period**	**Comments**
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion my be required for young children under five and those who have difficulty in adhering to hygiene practices This guidance may also apply to some contacts who may require microbiological clearance
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	

Tuberculosis (TB)*	Consultation with HPT required.	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

Other Infections		
Infection	**Exclusion period**	**Comments**
Conjunctivitis	None	
Diphtheria *	Exclusion is essential.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Glandular fever	None	
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.

MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment