

Pupils' Health, First Aid and Security Policy

Statement

At The Mall the health, well-being and safety of all children is paramount. This is a whole school policy that also applies to pupils in the Early Years Foundation Stage.

First Aid

1. The school receptionists, Welfare Administrator, sports staff and teaching assistants are first aid qualified, as are the majority of teachers. This training will be updated every three years. For the Early Years at least one member of staff will have specific paediatric first aid qualifications, both during the day and on outings. During the school day, there is always more than one person on either site who is appropriately first aid qualified.
2. First aid treatment will be carried out in cases of emergency, accident or illness following the best considered interests of the health and safety of the child at that moment. Parents will be contacted as soon as possible. First aid kits are kept in the office in the nursery or in the medical room on the main site and are taken by staff on trips. See Appendix 1 for details of first aid kits.
3. Sports and science staff are conscious of the potential hazards in their areas and have their own first aid kits in their areas.
4. Staff will always call for an ambulance where an injury is severe. See Appendix 2 for the transporting children to hospital procedure.
5. Medical forms (completed by the parent) on each child are kept at the school, together with emergency contact numbers; staff are informed of children's individual medical conditions (for example asthma, epilepsy, diabetes). Contact details are updated annually and parents are asked to inform the office of any change of doctor. Front-line first-aiders receive relevant training (such as in the use of an Epipen). Epipens and medication provided by parents for staff to administer are kept in the office (nursery) or medical room (main site).
6. A report is kept in the office or medical room to log any illness or injury. All accidents must be fully logged on the school's management information system. The accident/incident record is kept in the office or medical room and recorded under RIDDOR if required. The Nursery Manager or Bursar must be informed if there are any onsite hazards that have the potential to cause harm. Parents will always be informed immediately of illness or accident in the case of a head injury.
7. For the nursery the nursery manager will report any accidents of a serious nature to Ofsted and the local authority children's social care team (as the local child protection agency), where necessary. Where relevant such accidents will also be reported to the local authority environmental health department or the Health and Safety Executive and their advice followed. Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring.
8. The accident/incident record is reviewed once a term by the Health and Safety committee which includes the Headmaster, bursar, governor, nursery manager and welfare administrator.
9. Staff wear protective rubber gloves and take care over wiping up body fluids and disposing of them. There is a specific bin provided on both sites for such disposal.
10. Should a potentially serious accident occur at games, an ambulance will be summoned. The school must be informed immediately. The school will contact the parents. If the injury is only minor, the child should be taken back to school for checking and the parent informed. Staff are particularly concerned about head and neck injuries, and a teacher should err on the side of caution and call an ambulance (on 999 as an emergency).

Medication at School

If a child is prescribed medication to be given at school we will follow these procedures:

- a) Complete the 'Request to Administer medication' form
- b) the medication, in the original container as dispensed by the pharmacy, must be handed in person to a member of the office staff;
- c) written information regarding administration, dosage and permission will be obtained from the doctor via the parent. The pharmacist's dispensing label must be clear and legible on the bottle/packaging. Staff will not administer a non-prescribed medicine to a child unless there is specific prior written permission from the parents;
- d) all medication will be kept in a locked cupboard or in the designated fridge as appropriate.
- e) a record of medication will be available and must be completed and signed each time a dosage is given;
- f) it should be clearly understood that parents are responsible for their child's medication. Following monthly checks, the Nursery Manager or Welfare Administrator will inform parents when medication held at the school is due to expire;
- g) children suffering from asthma may keep inhalers in the school medical room. On games afternoons, inhalers for children will be taken to the ground by staff; older pupils are encouraged to have their inhalers with them at all times and are supported by staff in this endeavour.

Note - While the school holds salbutamol inhalers for emergency purposes, these will only be administered to children who have been prescribed an inhaler as reliever medication, following parental consent.

Health and First Aid

We aim to help to limit the spread of infection between the children and to inform parents of any infection or infestation as appropriate. The School works with Public Health England in matters such as flu epidemics/pandemics and reports to the Health and Safety Executive (telephone 0345 300 9923) under the terms of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013).

1. Parents are asked to keep their children at home when they are unwell. A comprehensive list of exclusions is included as Appendix 3:
 - a. when the child has a temperature;
 - b. any childhood disease (eg mumps, chicken pox etc.);
 - c. an unidentified rash;
 - d. diarrhoea and/or vomiting, and for 48 hours after last episode of diarrhoea or vomiting. Please also note that, on the guidance of Public Health England, children are excluded from swimming for two weeks following the last episode of diarrhoea;
 - e. after prescription of antibiotics by doctor for 24 hours, irrespective of the nature of the complaint.
2. Parents are requested to telephone the school every morning of non-attendance due to illness.
3. We will ask a parent to collect from school any child who:
 - a. has a temperature
 - b. vomits or has diarrhoea
 - c. develops an unidentified rash or spots or signs of a childhood disease
4. We will comfort and care for the children until the parent or carer is able to collect them.
5. Parents are asked to inform the office of any of the following so that we can notify all relevant parents accordingly:
 - a. cases of childhood disease or infection
 - b. cases of headlice, worms, etc.
6. When swimming, any child with a verruca should wear a verruca sock unless covered with a verruca and wart treatment such as Bazuka to prevent cross-infection.

Information on health issues

1. The school will keep itself informed on current information on childhood health issues and concerns and will share this information with the parents whenever possible or necessary.
2. Under the school's terms and conditions parents give express consent to the school through the Headmaster as the person responsible for obtaining, processing and holding personal information including sensitive information (such as medical details) about the child for the purposes of safeguarding and promoting their welfare.
3. The school reserves the right to exclude a child from school or any games or swimming if they consider the child unwell or unfit to participate, in the interest of the child and the other pupils. Children are excluded from swimming, without exception, for two weeks following any episode of diarrhoea.
4. Verrucas – children may swim if wart is covered with product such as 'Bazuka'. Alternatively, a verruca sock may be worn.

Jewellery

Jewellery such as earrings can present a hazard to both the wearer and other children taking part in sports activities including PE, swimming and games. Therefore children are not permitted to wear jewellery, including pierced earrings, during sports activities.

Teachers are not allowed to take out or replace children's earrings if they are unable to do so themselves. Taping of earrings is not allowed. Parents are asked to remove their child's earrings on days when sporting activities take place.

If a child has recently had their ears pierced and are unable to remove their earrings, they will not be permitted to take part in the practical aspect of sports activities for six weeks, after which time they will be expected to remove their earrings in order to participate in lessons. Parents are asked that if a child is having their ears pierced this takes place at the beginning of the summer holiday.

Diet and healthy eating

The school lunches offer a balanced choice of foods, carefully sourced and with high nutritional content. All cooking is carried out on the premises from fresh produce. Meat is free range from naturally fed animals.

There is a choice of hot meals each day; over a three-week cycle there is always a variety of meat; fish is always offered once a week (Friday is a fish day); there is a choice of vegetables and children are encouraged to eat vegetables. There is a choice of hot or cold dessert, which includes fresh fruit and yoghurt. Salt is not added or present on tables. Children are provided with water to drink.

The school aims to operate nut-free catering but parents of children with food allergies must inform the School in writing with full details, so that any risk can be assessed. To support children with nut allergies, parents are asked never to send nuts or products containing nuts to the nursery or school in lunch boxes or as snacks. The school aims to publish details of its weekly menus on the website.

The school caters for pupils with a wide range of dietary requirements e.g. for religious or other reasons. Where parents have notified the school of a dietary requirement we will endeavour to make reasonable adjustments.

Children are supervised during meal times and food is cut up for children from the nursery to Year 1 to reduce the risk of choking.

Nursery site security

During the day, nursery staff operate the entry phone for the pedestrian gate. For additional security the front door is kept locked during the day and nursery staff will meet parents and other visitors at the front door. Internal doors operate on a key fob system. Any person on site who is not known to a member of staff will be politely challenged. All visitors must sign in and out with a member of the nursery staff. The nursery operates a lanyard and electronic access system.

We expect all parents to agree an approximate time to collect their child from the nursery. We give parents information about the procedures to follow if they expect to be late. These include:

- Agreeing a safety password with the nursery in advance to be used by anyone collecting a child who is not the parent (designated adult).
- Calling the nursery as soon as possible to advise of their situation.
- Asking a designated adult to collect their child wherever possible.
- Informing the nursery of this person's identity so the nursery can talk to the child if appropriate. This will help to reduce or eliminate any distress caused by this situation.
- If the designated person is not known to the nursery staff, the parent must provide a detailed description of this person, including their date of birth where known. This designated person must know the individual child's safety password in order for the nursery to release the child into their care. This is the responsibility of the parent.

If a child has not been collected from the nursery after 15 minutes, we initiate the following procedure:

- The nursery manager will be informed that a child has not been collected.
- The manager will check for any information regarding changes to normal routines, parents' work patterns or general information. If there is no information recorded, the manager will try to contact the parents on the telephone numbers provided for their mobile, home or work. If this fails the manager will try the emergency contacts shown on the child's records.
- The manager/staff member in charge and one other member of staff will stay behind with the child (if outside normal operating hours). During normal operating times, the nursery will plan to meet required staff ratios. If the parents have still not collected the child, the manager will telephone all contact numbers available every 10 minutes until contact is made. These calls will be logged on a full incident record.
- In the event of no contact being made after 30 minutes has lapsed, the person in charge will ring the local authority children's social services emergency duty team.
- The nursery manager will inform Ofsted as soon as convenient.
- Two members of staff will remain in the building until suitable arrangements have been made for the collection of the child.
- The child's welfare and needs will be met at all times and to minimise distress for the child staff will distract, comfort and reassure them during the process.
- In order to provide this additional care a late fee as set out in the contract will be charged to parents. This will pay for any additional operational costs that caring for a child outside their normal nursery hours may incur.

Missing child procedures

Our procedures are designed to ensure that a missing child is found and returned to effective supervision as soon as possible. If a child was found to be missing, we would carry out the following actions without delay:

- Take a register in order to ensure that all the other children were present.
- Check all the rooms.
- Inform the senior member of staff on duty and ask all the adults where they last remember seeing the child.

- Arrange for one or more adults to search the external nursery site.
- Check the doors, gates and CCTV records for signs of entry or exit.

If the child is still missing, the following steps would be taken without delay:

- The Nursery Manager would immediately notify the Police.
- The Nursery Manager would ring the child's parents and explain what has happened, and what steps have been taken. Ask them to come to the school at once.
- Inform the Headmaster who would inform the Designated Safeguarding Lead (DSL).
- The DSL would inform the Local Safeguarding Children Board (LSCB) and the school's Local Authority Designated Officer (LADO)
- The school would co-operate fully with any Police investigation and any safeguarding investigation by the local authority.
- The Headmaster would inform the Chair of Governors
- The school's insurers would be informed
- If the child is injured a report would be made under RIDDOR to the Health & Safety Executive (HSE)

During the course of the investigation into the missing child, the school, in consultation with the LADO, will decide what information should be given to other parents, staff and other pupils and how press enquiries are to be dealt with.

A full record of all activities taken up to the stage at which the child was found would be made for the incident report. If appropriate, procedures would be adjusted.

Actions to be followed by staff once the child is found

- Talk to, take care of and comfort the child.
- Speak to the other children to ensure they understand why they should not leave the premises/separate from a group on an outing.
- The Nursery Manager will speak to the parents to discuss events and give an account of the incident (having discussed this beforehand with the LADO if necessary).
- The Headmaster will conduct a full investigation (if appropriate involving the LSCB).
- Media queries should be referred to the Headmaster (after discussion with the LADO if appropriate).
- The investigation should involve all concerned providing written statements.
- The report should include: time, place, numbers of staff and children, when the child was last seen, what appeared to have happened, the length of time that the child was missing and how they appeared to have gone missing, as well as lessons for the future.

Main site security

The pedestrian gate is locked from 9.00 a.m. to 2.50 p.m. and is also locked from 6.00 p.m. till 8.00 a.m. During the day, the receptionist operates the entry phone. Outside these hours, the pedestrian gate is open so that parents can drop off or collect children. The vehicular gate is operated and supervised by the facilities staff. Any person on site who is not known to a member of staff will be politely challenged. All visitors must sign in and out with the receptionist. School operates the colour-coded lanyard and electronic access system.

Before School Arrangement

The school site opens at 7.30 a.m. for the breakfast club. From 8.00 a.m. pupils in Reception to Year 2 may congregate on the junior playground with a parent until a member of staff on duty at 8.25 a.m. Pupils in Years 3 – 6 may come onto the school site at 8.00 a.m. They will put their bags in their classroom and then go to the senior playground where a member of staff will be on duty. At 8:25 a.m.

the bell will ring for registration for pupils in Years 3–6 and the children in Reception – Year 2 will have their registration at 8:45 a.m. Staff supervision before school, at break and lunchtime is on a rota basis in the playground. As an alternative to the playground at break and lunchtime, pupils from Year 3 upwards may use the library (under the supervision of a member of staff).

End of School Day Procedures

End of school day procedures are explained to parents in the senior and junior booklets and via the newsletter. If a parent does not collect a child at the appointed time, the child will be transferred to the after-school club (for Reception to Year 3) or homework club (for Years 4–6). Homework club runs from 4.00 p.m. to 5.00 p.m. If there are any pupils not collected from homework club they will be escorted to the after-school club which operates from 3:30 p.m. to 6.00 p.m.; relevant charges will be added to the termly invoice.

Reception and Year 1 pupils are dismissed at 3.00 p.m. – teachers direct them to their parents* in the playground. No pupil leaves the site without a parent; any child remaining for after-school care is taken to the Art room (for after school club) at 3.10 p.m. by a member of staff.

Years 2 to 3 are dismissed by teachers at 3.30 p.m., to the safe-keeping of their waiting parents*. (Any pupil not collected at 3.30 p.m. joins after-school care which incurs an extra charge to parents.) No child leaves school unaccompanied by an adult. On Tuesdays and Thursdays, Year 3 have Games at Sunbury Cricket Club and will either be collected from the venue after games or will return to school and be collected at 4.00 p.m.

Years 4 to 6: school ends at 4pm. Pupils meet their parents* on-site. Any parent who wishes their child to leave unaccompanied, is asked to inform the school in writing.

Children not collected at 4.00 p.m. must report to homework club. Relevant charges will be added to the termly invoice.

Parents are asked to inform us in advance if they need to collect their child from games on a regular basis. Parents should ensure that a teacher ticks their child's name off the list when they are collecting them. Mall School staff will not allow children to leave Sunbury Cricket Club unaccompanied, nor will children be left at Sunbury Cricket Club unless with a named adult.

**Parents are asked to let us know in writing who is likely to collect their child if they personally are not regularly able to collect them, except where senior pupils are leaving unaccompanied as described above.*

Pupils travelling to or from school by bicycle must wear a helmet.

For reasons of health and safety, the school cannot condone pupils waiting in the street to be collected. Pupils are told that they must wait inside the School gates until they see their parents arriving. Pupils are also told that they must not cross the road except at the pedestrian crossing (even if they are with an adult), and parents are asked to reinforce this elementary road safety policy with their children.

Main school missing child procedures

Our procedures are designed to ensure that a missing child is found as soon as possible. If a child was found to be missing, we would carry out the following actions without delay:

- Take a register in order to ensure that all the other children were present
- Check the first aid room
- Check with reception who will check the signing out/in book

- Inform the senior member of staff on duty and ask all the adults and children where they last remember seeing the child
- Arrange for one or more adults to search the school site
- Check the doors, gates and CCTV records for signs of entry or exit

If the child is still missing, the following steps would be taken without delay:

- Inform the Headmaster and the Designated Safeguarding Lead (DSL)
- The Headmaster would ring the child's parents and explain what has happened, and what steps have been taken. Ask them to come to the school at once
- The DSL would immediately notify the Police
- The Headmaster would arrange for staff to search the rest of the school premises and grounds
- If the child's home is within walking distance, a member of staff would set out on foot to attempt to catch up with him
- The DSL would inform the Local Safeguarding Children Board (LSCB) and the school's Local Authority Designated Officer (LADO)
- The school would co-operate fully with any Police investigation and any safeguarding investigation by the local authority.
- The Headmaster would inform the Chair of Governors
- The school's insurers would be informed
- If the child is injured a report would be made under RIDDOR to the Health & Safety Executive (HSE)

During the course of the investigation into the missing child, the school, in consultation with the LADO, will decide what information should be given to other parents, staff and other pupils and how press enquiries are to be dealt with.

A full record of all activities taken up to the stage at which the child was found would be made for the incident report. If appropriate, procedures would be adjusted.

Actions to be followed by staff once the child is found

- Talk to, take care of and, if necessary, comfort the child
- Speak to the other children to ensure they understand why they should not leave the premises/separate from a group on an outing
- The Headmaster will speak to the parents to discuss events and give an account of the incident (having discussed this beforehand with the LADO if necessary)
- The Headmaster will conduct a full investigation (if appropriate involving the LSCB)
- Media queries should be referred to the Headmaster (after discussion with the LADO if appropriate)
- The investigation should involve all concerned providing written statements
- The report should include: time, place, numbers of staff and children, when the child was last seen, what appeared to have happened, the length of time that the child was missing and how he appeared to have gone missing, as well as lessons for the future.

The Mall School
 Summer 2024
 (Review Autumn 2025)

Appendix 1 – Contents of first aid kits

The nursery manager, welfare officer and receptionists, check and replenish first aid kits. Staff must inform them when an item from the first aid kit has been used.

Contents of First Aid Box – in School

HSE's leaflet giving general guidance on first aid	1
First aid manual book	1
Plasters Assorted Pk	1
Plasters Assorted Pk waterproof	1
Adhesive Dressings Assortment	box
Adhesive Wound Dressings	box
Low Adherent Absorbing Dressings	box
Absorbent Dressings	2
Elastic adhesive bandage	1
Ice Bags	box
Triangular Bandage	2
Disposable gloves	box
Safety Pins	bag
Small Dressing 12cm x12cm	3
Medium Dressing 18cm x18cm	2
Large Dressing 17cm x 28cm	3
Conforming Bandages 5cm x 4.5m	4
Eye Wash Phials 20ml exp 2023	5
Eye Pads	7
Eye wash bottles	5
Butterfly closures	6
Stretch fabric strapping tape	1
Finger Dressing	1
Finger bobs	few
Bandages assortment	1
Elasticated tubular bandage	1
Adhesive tape small & large	2 of each
Crepe bandage 5cm x 4.5m	1
Plastic dressing tape	few
Face Shield – Single	1
Heat Retaining Adult Blanket	1
Blue plasters assortment for kitchen	box
blue plaster tape for kitchen	1
Sterillium Gel 100ml bottle	2
Sterile Cleansing Wipes – Pk 4	box
Wet wipes Pk	1
Cleansing wipes	box
Flannels	6
Sick Bags	box
Paper sick bags	few
Tissues	box
Scissors (kept in first Aid cupboard on the wall-locked)	few
thermometer & probes	2
Tweezers	1

Contents of Portable First Aid Kit – Trips/Games

HSE's leaflet giving general guidance on first aid	1
Plasters Assorted Pk + 3 Butterfly Closures	1
Assortment of Adhesive Wound Dressings pk	1
Medium Dressing 18cm x 18cm	1
Large Dressing 17cm x 28cm	1
Small Dressing 12cm x 12cm	1
Elasticated tubular bandage	1
Triangular Bandage	1
Eye Pad	1
Eye Wash Phials 20ml exp 2023	5
Conforming Bandages 5cm x 4m	2
Sterile Disposable Cleansing Wipes	10
Ice Bags	3
Gloves	10
Safety Pins (pack of 5)	1
Tape 2cm x 5m	1
Finger bob	1
Tissues box	1
Face Shield –reusable	1
Sick bags	5
Wet wipes Pk	1
Disposable Carrier bags	4
Flannel	1
bottle of water	1
Scissors	1

Appendix 2: Transporting children to hospital procedure

In the event of a serious injury to a child, staff must call 999 for an ambulance.

1. Staff must not attempt to transport the injured child in their own vehicles.
2. While waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital.
3. Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets and medication.
4. Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.
5. Inform a member of the senior leadership team immediately.
6. Remain calm at all times. Children who witness an incident may well be affected by it and may need reassurance. Staff may also require additional support following the accident.

Appendix 3 – Exclusion table

Infection	Exclusion period	Additional Information
Athlete's Foot	None needed.	See DP for advice & Treatment.
Chicken Pox (Shingles)	Five days after the onset of rash. All Lesions should be crusted over.	Highly infectious- Spread by respiratory secretions or direct contact with fluid from blisters.
Cold Sores (herpes simplex)	None needed.	Avoid direct contact with the sore.
Conjunctivitis	None Needed.	Seek advice from GP/pharmacy. Contact local Health Protection Team if an outbreak occurs.
Food Poisoning/ Diarrhoea/ Vomiting.	48 hours after the last symptom.	Inform local Health Protection Team if two or more cases with similar symptoms are reported.
Glandular Fever	None needed if well enough.	Promote hand hygiene to reduce the risk of spreading.
Hand, Foot & mouth	None needed if well enough.	Promote hand hygiene to reduce the risk of spreading. Do not confuse with foot and mouth disease in animals.
Head lice	None Needed	Treatment required for example Hedrin when live lice are seen.
Hepatitis A	Seven days after onset of Jaundice/symptoms.	Promote hand hygiene to reduce the risk of spreading.
Hepatitis B	Doctor will advise.	Take a standard approach to cleaning all spillages of blood/body fluids. Contact Health Protection Team for advice if required.
Hepatitis C	None needed.	Take a standard approach to cleaning all spillages of blood/body fluids. Contact Health Protection Team for advice if required.
Impetigo	Until lesions are crusted over or 48 hours after commencing antibiotic treatment.	Promote hand hygiene to reduce the risk of spreading. Ensure toys and play equipment are thoroughly cleaned.
Influenza(flu)	Until recovered	Promote hand hygiene. Cover mouth and nose when coughing/sneezing.
Measles	Four days before onset of rash to 4 days after.	Children over the age of one and staff to have MMR vaccination. Pregnant women and children under one should seek contact their GP immediately.
Meningitis	Once treated (if necessary) and has recovered. None needed	There are two types Viral – Most common, Bacterial – Urgent medical attention needed.
MRSA	None needed	Promote hand washing to reduce the risk of transmission. Infected wounds should be covered.
Mumps	Five days after the onset of swelling.	Encourage parents to have their children immunised against mumps. Highly infectious.
Ringworm	None needed	See GP for treatment.
Rubella (German Measles)	Five days from the appearance of the rash.	Promote two MMR Vaccinations for all pupils. Female staff should have two MMR vaccinations or show a history of Rubella infection. Pregnant women should seek advice from

		their GP.
Scabies	Until the first treatment has been given.	Two treatments. Second is one week after the first. Spread is most commonly by direct contact with the affected skin.
Scarlet Fever	24 Hours after antibiotic treatment has begun.	Contact local Health Protection Team if there is an outbreak.
Slapped Cheek	None needed. No longer infectious after the rash appears.	Pregnant woman in their first 20 weeks should seek medical advice immediately.
Threadworms	None needed	Seek advice from GP or Pharmacist.
Tuberculosis (TB)	After two weeks of treatment if well enough.	Discuss with Health protection team, TB nurses or school health advisor before taking any action.
Whooping Cough	48 Hours of appropriate treatment with antibiotics or 21 days from onset of illness if no antibiotic treatment.	Children should be immunised in their first year of life.

For more information go to <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>