



First Aid, Health, Illness and Medicines Policy (Whole School, including EYFS)

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1. Introduction

The **First Aid procedure** at Tower House School is in operation to ensure that every pupil, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. This policy is drawn with reference to DfE Guidance on First Aid (updated Feb 2022).

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

The purpose of the Policy is therefore:

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that all staff and students are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

NB The term **FIRST AIDER** refers to those members of the school community who are in possession of a valid First Aid at Work certificate or equivalent.

Parents are notified of any accident or injury sustained by EYFS children on the same day or as soon as reasonably practicable, and of any first aid treatment given.

2. Parents' provision of medical information about their children

The school requests that all parents/carers complete and sign the medical information and permission forms when their child joins the school: these detail any medical condition of their child as well as normal childhood diseases. This information enables appropriate members of staff to seek emergency medical advice or treatment for their child in the event of a major accident, incident or illness occurring at school. Medical records are kept securely in the school office. Parents are asked to inform the school of any changes to their child's medical information. A form is sent to all parents at the start of each academic year as well as a reminder included in the weekly newsletter for any changes.

3. Medical Room

The Secretary's office is also used as a medical room which has a wash-hand basin.

The majority of first aid cases are dealt with in the school office.

4. First Aiders (for list see appendix 1)

First aiders will:

- Have regard to personal safety.
- Ensure that their qualifications and insurance (provided by the school) are always up to date.
- Attend training sessions from First Aid accredited personnel on protocols and patient assessment.
- **Treat the casualty to the best of their ability, using equipment that they have been trained to use in accordance with their level of training and in the safest way possible.** This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services. Ensure that everything is cleared away, using gloves, and every dressing etc. is put in the designated bags and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

- Where practically possible always ensure that a second adult is also in the room or area where first aid is being administered. The only time when this might not be possible is when emergency action must take place and there is no time to fetch another individual.
- Ask for an ambulance to be called if necessary but continue the highest level of care and treatment possible **commensurate with the First Aider's ability, using equipment that they have been trained to use in accordance with their level of training and in the safest way possible.**
- 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.
- Complete the Student Incident form on Evolve.
- Keep a record of each pupil attended to, the nature of the injury, any treatment given on the Student Incident form. A form must still be completed, even when the First Aider's response to an incident has been to give no treatment. In the case of an accident, the Accident form must be completed by the appropriate person.
- **Not administer medications unless the parents have given a written request and instruction on the form supplied by the school.** No needles can be used except prescribed anaphylactic adrenaline injections. If a request is not received in writing, the school staff will not administer any medicine. Complete details in the Medical Record book of what has been given to whom, by whom and at what times.
(The only exception to this is for pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. Full details of all medication administered at school, along with all permission to administer medicines forms, are recorded and stored in the office) – see further notes on administering medicines below.

5. Administration of medicines to children on a residential school trip

Should a child require medicine during the time he will be away from home, the school requires the parents to send in written permission and instructions together with the medicine in its original container with the pharmacy dispensing instructions. In certain instances, it may be necessary to administer over-the-counter medication like paracetamol or ibuprofen, to alleviate acute symptoms; in such instances parental permission must be sought over the telephone.

6. Procedure for Administering Medicines (including EYFS)

Parents are asked to fill in medical information forms and notify the school of any changes. If ad hoc medicines need to be administered, parents must give written authority and timings when medicines should be administered. These are noted in the school office.

When issuing medication the following procedures should be followed:

1. The reason for giving medication should be established.
2. Checking the consent to give medication form has been signed by parent or guardian.
3. Check whether the pupil is allergic to any medication.
4. Check whether the pupil has been given any other medication recently, and if so, what (e.g. check maximum paracetamol doses).
5. Check the expiry or 'use by' date on the medication package or container
6. The pupil should take the medication under the supervision of the person issuing it.
7. Staff must not administer medication which requires medical or technical knowledge without prior training.

8. Prescription medicines must not be administered unless prescribed by a doctor, dentist, nurse or pharmacist (and medicines containing aspirin must have been prescribed by a doctor).

There is a fridge in the school office for the safe storage of medicines such as antibiotics.

7. How to Dispose of Blood and Body Fluids

Herein are the standard procedures for disposing of blood and body fluids

a) Wear Protective Gloves When Disposing of Body Fluids

Gloves are a must for all persons that handle blood and body fluids. Gloves are a requirement in tasks such as cleaning blood spills and or other body fluid spills, emptying trash cans, handling contaminated sharp objects, and cleaning contaminated equipment and clothing. Gloves are also necessary when cleaning wounds, caring for bloody noses and cleaning up vomits.

b) Face Protection

You are required to approach all body fluids as potentially infected with HIV, Hepatitis B, and other infections. For that reason, you need maximum face protection when disposing of blood and body fluids. Full body protection is especially necessary for the event of splashes, sprays, and spatter when cleaning contaminated rooms.

c) Flush Body Fluids Down the Toilet

Urine and faeces should be flushed down in the toilet. You can also dispose of blood by flushing down the toilet. Collect medical waste into a plastic bag, seal it and then store it in a sealed rubbish bin before transportation to the disposal site. Dressings and other contaminated items should also be put in a plastic bag, sealed and stored in a sealed rubbish bin, before being transported to the disposal site.

d) Rinse and Wash Clothes and Linen in Hot Water

For items such as bed linens or clothes that have come in contact with blood and body fluids, first, rinse them with cold water in a sink before washing with hot water in a washing machine. Ensure you separate contaminated clothes; wash them separately from other clothes and linens.

e) Put Contaminated Sharp Objects into Puncture-resistant Containers

Needles, syringes, and broken glass, plus other contaminated sharp objects must be handled with puncture-proof gloves. Collect these items into a closed puncture-proof container and seal it before disposing of them. You should always have a sharps disposal box somewhere close.

f) Wash Contaminated Surfaces

Any floor or furniture surfaces that have come in contact with blood and body fluids need thorough cleaning with soap and water, and then with a medically approved disinfectant. Items that qualify for cleaning include floors, counters, changing tables, mats and medical equipment.

If in the course of blood and body fluids disposal you are exposed to infectious materials through an open wound or a cut in the skin, thorough washing, with antibacterial soap and running water, is recommended.

8. Sun Protection

Year 1 – Year 6

- In hot weather parents of children from Year 1 to Year 6 are encouraged to provide sunscreen for their children and apply it before children come to school. Extra sunscreen may be sent to school with the child's name on it to allow for further applications of cream during the day. When deemed necessary, staff may apply sunscreen to children who cannot do so for themselves, where prior permission has been given by the parents. Children will be encouraged to wear hats

in sunny weather and play in shaded areas.

Early Years

- In very hot weather, the hottest part of the day is avoided for outside play. We actively encourage all children to wear a suitable hat when playing outside in the summer months when it is hot and sunny. Parents are asked to put sunscreen on their child in the morning and we will top them up as necessary during the day. With parents' permission we will use school sunscreen with a minimum factor of 30 but parents may supply their own named bottle of sunscreen if they would prefer. When deemed necessary, staff may apply sunscreen to children who cannot do it themselves, where prior permission has been given by parents.

Office staff (who may not hold a First Aid qualification) will:

At all times treat for the worst until proven otherwise. Do not assume minor injuries without the proper assessment of a qualified First Aider. Do not make unqualified judgements.

- Call for a qualified First Aider, unless they are one themselves. (This should be done by telephone in the case of minor injuries or by a runner in the case of serious injuries, giving the specific location of the casualty).
- Support the First Aiders in calling for an ambulance or contacting relatives in an emergency

The Director of Operations takes day-to-day responsibility for Health and Safety matters and will:

- Ensure that there are adequate First Aiders as outlined in the Health & Safety [First Aid] Regulations 1981.
- Ensure all new staff are made aware of First Aid procedures in school.

The Designated First Aider will:

- Ensure that if an injury has caused a problem, the pupil **must** be referred to a First Aider for examination.
- Ensure all First Aid boxes are checked and contents updated at the beginning of each term.

At the start of each academic year, provide the first aid team and teachers with a list of pupils who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness.

Teachers will:

Assume the worst until proven otherwise. Do not assume minor injuries require no action without the proper assessment of a qualified First Aider.

- Familiarise themselves with the first aid procedures in operation and ensure (if they are not a qualified First Aider) that they know who the current First Aiders are.
- Be aware of specific medical details of individual pupils when publicised by the office
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.

- Send for help, to the school office as soon as possible either by person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a pupil who feels generally 'unwell' to the office and not to a First Aider, unless their deterioration seems uncharacteristic and is causing concern. Pupils should be accompanied. The school reserves the right to send a child home if he is a risk to the health and safety of others.
- In the Early Years Foundation Stage, if children become unwell, they are brought to the office by a member of staff and then cared for while their parents are contacted to come and collect them.

9. Recording of Accidents (Including reference to RIDDOR)

Some incidents that happen in school must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) - telephone number: 0845 300 99 23

Or online <https://www.hse.gov.uk/riddor/report.htm>

10. Reportable Major Injuries

These include the following:

- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours-
- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material
- "Over 3-day injury": if an injury keeps a member of staff out of school for more than 3 days, the HSE must also be informed. Ofsted is informed in EYFS.

Action required:

- First aider to decide on course of action and communicate directly with the Head, which would normally involve the child being accompanied to hospital
- Fill in Accident Form on Evolve
- Director of Operations to telephone or email HSE (Health and Safety Executive) without delay

- Inform parents
- Within 10 days, the Director of Operations in partnership with the H & S coordinator must follow this up with a completed accident report form (F2508)
- If necessary, the school's Health and Safety consultant will be called upon for advice. Guidance from the Health and Safety Executive Education Sheet Number 1 'Reporting School Accidents' will be sought when a situation arises.

11. Serious Accidents/Incidents

These are accidents that do not have to be reported to HSE but are serious. Listed below are accidents that are automatically 'serious':

- broken, fractured or chipped finger, thumb or toe (or if one of these is suspected).
- a burn.
- severe bleeding (including severe nosebleed).
- fainting or falling unconscious (including epileptic fit).
- deep cut/wound.
- severe asthma attack.
- dislocated joint.
- any hard knock or bang on the head.
- anaphylactic shock.
- any damage to the face.
- a tooth being knocked out or chipped.

This list is not exhaustive.

More information/guidance can be obtained via [Incident reporting in schools \(accidents, diseases and dangerous occurrences\): Guidance for employers \(hse.gov.uk\)](https://www.hse.gov.uk/consultation/2017/01/10/170110-incident-reporting-in-schools-accidents-diseases-and-dangerous-occurrences-guidance-for-employers)

Action required:

In all 'serious' accidents, the Head and Director of Operations need to be informed without delay. In addition

- Parents must be informed as soon as possible.
- The accident must be recorded on the Accident Record form on Evolve.
- The DoO should carry out any necessary investigation into cause and take remedial action to prevent further occurrences.

12. Head Injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, **seek medical help** (call an ambulance see below).

A pupil who has sustained a bump or knock on the head is sent to the office for assessment and is then carefully monitored for a period of time appropriate to the injury. **NB. IN ALL HEAD INJURIES, however seemingly minor, THE PARENTS MUST BE INFORMED – even if it is to say that the child is fine and back in class, you still need to pass on the information.** Parents can be informed by either phone or

via the Evolve portal, depending on severity of the case. For every pupil who has sustained a serious knock or bump on the head, a Head Injury Advice Form is emailed to parents (via Evolve) advising them of developing symptoms that may require medical investigation. In all cases an accident form is completed. Appendix 2 contains an Injury flow chart for staff to follow for all head injuries.

Suggest that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital.

13. Sending a Pupil directly to Hospital

Ensure that a pupil who is sent to hospital by ambulance is either: -

- Accompanied in the ambulance with the agreement of the ambulance crew.
- Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
- The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- Liaison **must** occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.

14. Facial Injuries

Injuries such as scratches or bumps on the face are managed with the care appropriate to their needs. The injury is carefully monitored, and parents are notified if there is a scratch to the face, or if swelling bleeding or bruising is present, or the child complains of continuing or worsening pain. An accident form is completed.

15. Minor Accidents/Incidents

An accident is defined as 'minor' when the child is able to be treated by a qualified First Aider.

Listed below are accidents that could be termed 'minor':

- small cut/abrasion.
- or bump or bruise (usually resulting from a fall or running into someone or something).
- minor nosebleed.

This list is not exhaustive.

Action required:

Basic First Aid is administered according to the training of First Aider.

16. Qualified Members of Staff

All staff who are qualified First Aiders have paediatric training included in their First Aid at Work training. Copies of certificates are kept in their personnel files. We require that qualifications are updated every three years. There will always be at least one qualified First Aider on site at times when children are present. There will always be a Full Paediatric First Aider on site at times when Early Years children are present (including before and after school) and there will always be at least one Full Paediatric First Aider on each Early Years trip or outing, and a nominated First Aider on all trips. On residential trips, there is a fully trained First Aider.

The Full Paediatric First Aid Certificate gained by staff adheres to the Early Years Foundation Stage requirements. The Certificate makes clear that the course taken covers First Aid for children, referring

explicitly to 'Paediatric First Aid'. The course duration is twelve hours and the First Aid training is appropriate to the Early Years Foundation Stage.

Mr Adrian Hare is an advance first aider for St John Ambulance and has a First Responder on Scene: emergency first responder certificate dated 15th October 2024. In addition, all games staff take the 'Head case' RFU course each year.

17. Access to First Aid Kits

First Aid kits are located around the school, with at least one first aid kit for each building. An extra one is provided for EYFS. However, the main First Aid port of call remains, the school office and other First Aid kits should only be used if the patient cannot make it to the school office. The School Designated First Aider should be notified if a First Aid bag has been used. Replacement items can also be obtained from the Designated First Aider. A First Aid box will be taken on all off-site visits or outings, together with the relevant pupil medical information form. This is the responsibility of the trip leader or designated First Aider.

First Aiders who have been trained to use extra equipment in accordance with their level of training may hold their own personal first aid kits.

18. Arrangements for Pupils with Particular Medical Conditions

a. Asthma

We recognise that asthma is a widespread, serious but controllable condition affecting some pupils at school. We encourage children with asthma to participate in all aspects of school life and to achieve their potential by having a clear policy that is understood by staff and pupils alike. Parents should inform the school if a child suffers from asthma, what can trigger an attack etc. and what treatment is effective.

As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child is always carrying their inhaler around. Alternatively, the inhaler can be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils. All staff should be aware of where the child's inhaler is stored. Parents should be asked to supply a spare inhaler to be stored in the office. The expiry date of the spare inhaler will be checked regularly. **Only Pupils who are prescribed an Inhaler**, can also use a spare school Inhaler if theirs is not accessible for any reason. Spare Inhalers are also provided around school if required. Each first aid kit has a spare inhaler. Signs are also displayed.

Pupils with asthma are encouraged to participate in PE lessons and to take reliever inhalers before exercise. All medication should accompany a child going on a school visit. Staff accompanying children on an outing should be aware of their medical conditions. In the event of an attack the parents are notified immediately, and the school follows the procedure outlined by Asthma UK.

Signs of an asthma attack (not all may be present):

- Coughing
- Wheezing
- Tightness in the chest
- Shortness of breath

Asthma UK advise:

- Keep calm – do not panic. Give 2 puffs of reliever (blue) inhaler.
- Sit the child up and loosen tight clothing.

- If there is no immediate improvement during an attack, continue to take one puff of reliever inhaler every minute for five minutes, or until symptoms improve.
- If symptoms do not improve within 5 – 10 minutes, or the child's lips are blue, or they are too exhausted to talk, or you are in doubt - call 999 urgently.
- Continue to give one puff of reliever inhaler every minute until help arrives. A member of staff should stay with a child having an asthma attack at all times.
- If the child has an asthma plan, then this should be followed.

b. Anaphylaxis – serious allergic reaction (e.g. nuts, dairy products, eggs)

- The child MUST be made aware of their allergy by their parent/carer.
- Other children in class MUST be made aware of the child's allergy and the danger of giving him the substance to which he is allergic.
- First Aiders to have up to date training to administer an EpiPen.
- Form Teachers and other staff should be aware of all children who have a serious allergic reaction.
- Extra care is taken on trips and outings and if there is any doubt about food, the child affected should bring their own.
- Class Teachers need to be aware of the potential risks of food being brought into school to be shared with the rest of the class and the possibility that this food has been cross contaminated with another food. If there is any doubt about the safety of this food, then children with serious allergic reactions should not be given the food. Staff should be aware of the ease of cross contamination when food is cooked at home.

Signs and symptoms of anaphylaxis (not all may be present)

- Itching
- Swelling in the mouth
- Vomiting
- Hives/rash
- Abdominal pain
- Wheezing
- Difficulty in breathing
- Fainting
- Floppiness
- Collapse

Action to take

1. Contact the School Office and/or First Aider trained to administer EpiPen
2. If the reaction is severe, go straight to stage 6 (administer EpiPen)
3. Contact parents
4. Give Piriton (antihistamine)
5. Dial 999 – AMBULANCE, tell them of the allergy
6. Use the EpiPen kept in the office:
 - a. Remove the safety cap from the EpiPen
 - b. Hold 10cm away from the thigh at right angles. Jab firmly into the outer thigh at a right angle
 - c. Hold in place for 10 seconds

- d. Massage the area
- e. Make a note of the time the adrenaline was given in case a second dose is required
- f. All adrenaline injectors used must be given to ambulance crew

c. Food allergies and Intolerances

Kitchen staff are kept informed of all children who suffer from a food allergy.

Tower House School is a NUT FREE school, and we request that parents do not send in nuts, or any food obviously containing nuts in their child's break-time snacks, treats for birthdays or in their packed lunches on school visits. However, the school cannot guarantee that food brought in to school has not been made in a factory that uses nut ingredients or there are nuts somewhere in the supply chain.

The school is advised by parents if their child suffers from a food allergy or intolerance. The school kitchen is informed, and a list of all special diets is displayed in the kitchen area. Any changes are communicated to all relevant staff. Parents are encouraged to liaise with the catering staff to discuss any dietary issues.

Children identified as having certain food allergies, intolerances or preferences will be given a coloured lanyard so that they are easily identifiable by kitchen staff. The lanyard will contain details of foods which they must avoid.

d. Diabetes

School should be informed if a child suffers from Diabetes. A detailed health care plan will be drawn up for the child describing the carbohydrate intake, frequency of blood glucose monitoring, insulin regime (if applicable) and signs of poor blood sugar control (hypo/hyperglycaemia) for that child. Staff should be made aware of this plan and signs and symptoms of hypo/hyperglycaemia (high or low blood sugar) and the treatment of these variations.

Signs of hypoglycaemia include:

- Hunger, weakness or faintness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Unusual or aggressive behaviour

If any of these symptoms are present a sweet drink, glucose tablet or biscuit may be given to raise blood sugar levels. Parents should be informed immediately and the child monitored in the office.

If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.

Signs of hyperglycaemia include thirst, greater need to go to the toilet, tiredness and weight loss. Parents need to be informed. If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.

If a child is off site on a school trip or away match, staff should be aware of the signs and symptoms of hypoglycaemia and hyperglycaemia, their prevention and treatment and that the necessary equipment is taken.

e. Epilepsy

The school must be informed if a child suffers from Epilepsy. A health care plan will be drawn up describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be aware of the health care plan. If a child experiences a seizure during the day details of the precipitants, nature and timing of the fit will be communicated to parents.

- In the event of a fit, staff should call the school office for a FirstAider
- It is important to time the length of time that the seizure takes.
- Clear the area around the child to maintain a safe environment
- Ask other children to stay away to ensure as much privacy as possible
- After the fit has passed, place the child in the recovery position
- When sufficiently recovered, take them to the office and monitor them until they are collected by parents.

An ambulance should be called:

- If the child has injured themselves badly during the seizure
- If they have problems breathing after the seizure
- If a seizure lasts longer than the time set out in the health care plan, or for more than five minutes if you do not know how long the seizure usually lasts for that child
- If there are repeated seizures unless this is usual for the child.

f. Head Lice

Head lice are a regular and irritating problem. Children should not be excluded but parents/carers should be notified at the end of that day. Parents should be responsible for their child's health and hygiene and check weekly with detection combs. Head lice alerts also occur through notification from parents and teacher/assistant observation. Letters are sent home to the family of the infested child as well as to the whole form.

g. Infectious Notifiable Diseases

If the school has reason to believe that a child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, they inform the Local Authority.

Notifiable diseases listed by the Health Security Agency are:

• Acute encephalitis	• Acute infectious hepatitis
• Acute meningitis	• Acute poliomyelitis
• Anthrax	• Botulism
• Brucellosis	• Cholera
• COVID-19	• Diphtheria
• Enteric fever (typhoid or paratyphoid fever)	• Food poisoning
• Haemolytic uraemic syndrome (HUS)	• Infectious bloody diarrhoea
• Invasive group A streptococcal disease	• Legionnaires' disease
• Leprosy	• Malaria
• Measles	• Meningococcal septicaemia
• Monkeypox	• Mumps
• Plague	• Rabies

• Rubella	• Severe Acute Respiratory Syndrome (SARS)
• Scarlet fever	• Smallpox
• Tetanus	• Tuberculosis
• Typhus	• Viral haemorrhagic fever (VHF)
• Whooping cough	• Yellow fever

The Health Protection Team are notified if two cases are confirmed. The school will continue to inform HPT of any changes. Where required a risk assessment will be put in place and followed.

Some, including skin diseases, demand an exclusion period. In Early Years, the school acts on any advice given by the Health Security team and inform Ofsted of any action taken.

19. Pandemic Policy

Objectives

- Promotion and implementation of good personal and general hygiene practices.
- Endeavour to protect our pupils and staff and to minimise possible spread of infection.
- Ensure efficient communication as appropriate.
- Ensure good stock of tissues, soap, plastic bags for tissue disposal, and cleaning materials. Alcohol hand rub in each classroom.

Procedures

- Staff and children should remain at home if they display any relevant symptoms.
- If a case were suspected the affected child would be immediately isolated from the rest of the school in the medical room.
- The parent/relative/designated contact will be informed for prompt collection.
- Advice from Health Security Team recommends the nominated person looking after a suspected case of flu should not sit/stay within one meter of the child unless the child needs assistance in which case they should wear a disposable apron and surgical face mask (which constitute “personal protective equipment”, or PPE). Gloves are not essential, though wearing gloves might be useful to remind the members of staff not to touch their own face during contact with the symptomatic person. It is desirable for the child to wear a surgical mask, but that may be impractical.
- Thorough hand washing before and after contact with symptomatic individual should be carried out.
- To minimise the risk to colleagues from used PPE, it is essential the PPE is removed in a standard way. The apron should be removed first and then the mask and then the gloves, by turning them inside out. After disposing of the PPE in the bin, thorough hand washing with soap and water should be then carried out.

In the event of school closure due to Pandemic

- The Health Security Team will advise us of the need to close the school, after being informed of a confirmed or suspected case by GP.
- Parents will need to be informed immediately that the school will be closing via ISAMS.
- Governors will be kept fully informed.
- Provisions will be made for pupils to complete work online at home.
- Thorough cleaning of all hard surfaces, (door handles, light switches, taps, kitchen worktops) using normal cleaning products before school re-opens.
- The Health Security Team will advise when to re-open.

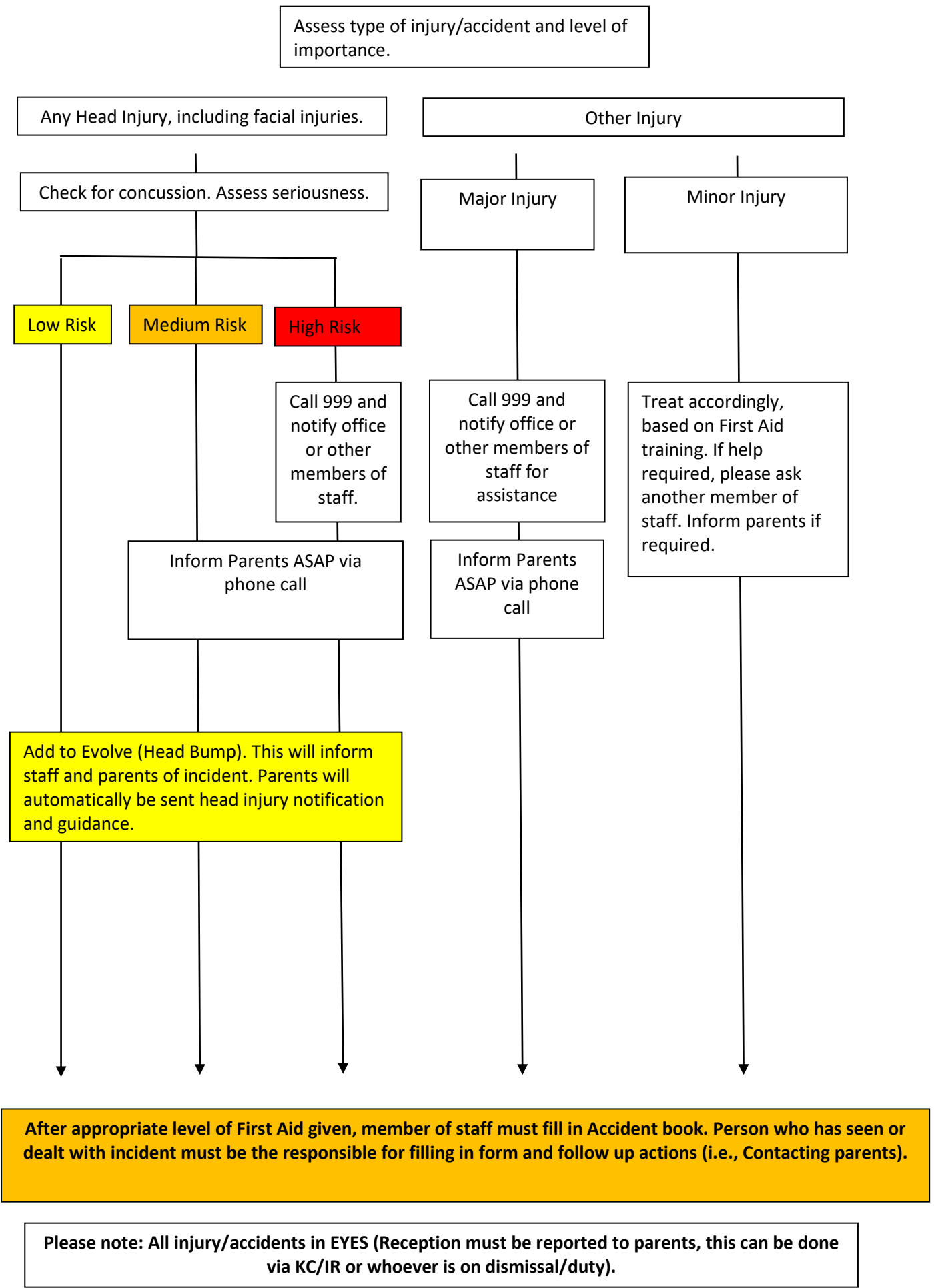
Appendix 1

Qualified first aiders with First Aid at work training

First Aid Training		
Name	Course	Date of certificate expiry (3 years from course date)
Adams, L	Emergency First Aid at Work	3rd September 2028
Ali, H	Emergency First Aid at Work	3rd September 2028
Ali, H	Full Paediatric First Aid (12hrs)	7th October 2026
Berry, A	Full Paediatric First Aid (12hrs)	3rd September 2028
Bolton, I (on mat leave)	Emergency Paediatric First Aid (needs PFA next time 12hrs)	5 th September 2025
Cavalieri,	Emergency First Aid at Work	3rd September 2028
Churches, T	Emergency First Aid at Work	3rd September 2028
Clark, K	Full Paediatric First Aid (12hrs)	3rd September 2028
Coles, M	Emergency Paediatric First Aid	3rd September 2028
Digby, L	Emergency First Aid at Work	3rd September 2028
Dillon, J	Emergency Paediatric First Aid	17th December 2027
Esson, J	Full Paediatric First Aid (12hrs)	3rd September 2028
Geary, P	Emergency First Aid at Work	
Grant, L	Emergency First Aid at Work	3rd September 2028
Hare, A	Level 3 AFROS Ambulance Service Community Responder	
Harrison, C	Emergency First Aid at Work	5th July 2028
Hogan, K	Emergency First Aid at Work	3rd September 2028
Holberry, C	Full Paediatric First Aid (12hrs)	3rd September 2028
James, J	Emergency Paediatric First Aid	3rd September 2028
Lang, M	Emergency Paediatric First Aid	3rd September 2028
Lunnon, N	Emergency First Aid at Work	3rd September 2028
Martin, S	Emergency Paediatric First Aid	9 th September 2028
Maxwell, F	Emergency Paediatric First Aid	3rd September 2028
McCabe, J	Full Paediatric First Aid (12hrs)	3rd September 2028
Montague, D	Emergency First Aid at Work	3rd September 2028
Morris, A	Emergency Paediatric First Aid	17th December 2027
Morris, J	Emergency Paediatric First Aid	3rd September 2028
Mullan, L	Full Paediatric First Aid (12hrs)	3rd September 2028
Orme, E	Emergency First Aid at Work	3rd September 2028
Patel, A	Emergency First Aid at Work	3rd September 2028
Peyton, B	Emergency First Aid at Work	3rd September 2028
Prior, L	Emergency First Aid at Work	3rd September 2028
Rasch, J	Emergency First Aid at Work	3rd September 2028
Richards, F	Emergency First Aid at Work	3rd September 2028
Satterthwaite, L	Emergency First Aid at Work	3rd September 2028
Smith, J	Emergency Paediatric First Aid	17th December 2027
Whiting, J	Emergency First Aid at Work	3rd September 2028
Wing, A	Emergency Paediatric First Aid	17th December 2027
Wolf, J	Emergency First Aid at Work	3rd September 2028

Whole Staff INSET on First Aid due Sept 2028.

Accident Injury Flow Chart for Staff



Tower House School is committed to safeguarding the welfare of children and expects all staff and volunteers to share this commitment

Approved and Signed by Chair of Governors

Name: Antony Phillips

Signature:  _____

Date: 13th March 2025