



The Mall School

Pupils' Health, First Aid and Security Policy

This is a whole school policy that also applies to pupils in the Early Years Foundation Stage.

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 2:
 - 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, boys 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 on the first day 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 boy with a verruca should wear a verruca sock to prevent cross-infection.

First Aid

1. The school receptionists, pre-prep 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 medical room (the office at the pre-prep site) and are taken by staff on trips.
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. Medical forms (completed by the parent) on each child are kept at the school, together with emergency contact numbers; teachers are informed of boys' 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 office first-aiders receive relevant training (such as in the use of an epipen). Epipens and medication provided by parents for office staff to administer are kept in the medical room.
5. A report is kept in the medical room (on both sites) to log any illness or injury, including any visit to the sick room by a boy. Serious accidents must be fully logged on the Engage system and the accident book/record is kept in the medical room and recorded under RIDDOR if required. The Facilities Manager 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.
6. Staff in the medical room (office at the pre-prep site) 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.
7. 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 boy 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) the medication, in the original container as dispensed by the pharmacy, must be handed in person to a member of the office staff;
- b) 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;
- c) all medication will be kept in a locked cupboard or in the designated fridge as appropriate (medical room). This includes medicines accompanying those boys from Mall Infants who are taking part in activities on the main site;
- d) a record of medication will be available and must be completed and signed each time a dosage is given;
- e) it should be clearly understood that parents are responsible for their child's medication;

- f) boys suffering from asthma may keep inhalers in the school medical room. On games afternoons, inhalers for junior boys will be taken to the ground by staff; senior boys are encouraged to have their inhalers with them at all times and are supported by staff in this endeavour.

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. The school doctor carries out medicals on boys when they join the school - unless parents opt out.
3. 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 boy for the purposes of safeguarding and promoting his welfare.
4. The school reserves the right to exclude a boy from school or any games or swimming if they consider the boy unwell or unfit to participate, in the interest of the boy himself and the other pupils. Boys are excluded from swimming, without exception, for two weeks following any episode of diarrhoea.

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. Each day there is a choice of hot foods or fresh.

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 boys 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. Boys are provided with jugs of water to drink.

The school aims to operate nut-free catering but parents of boys with food allergies must inform the School in writing with full details, so that any risk can be assessed. To support boys with nut allergies, parents are asked never to send nuts or products containing nuts to 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.

Site security

The pedestrian gate on the main site 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 boys. The vehicular gate is operated and supervised by the facilities staff. Mall Pre-Prep's gate and front door remain locked

unless teachers are in the playground; otherwise the receptionist operates the entry phone. There is a cage to ensure that boys cannot leave the site. 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.

If a child were to go missing, all available members of staff would search the premises and the parents and police would be notified by the office.

Pupils on both sites are supervised at all times. The pre-prep opens at 8.25 a.m.; the main site opens at 8.00 a.m.; juniors may only be on the main site between 8.00 a.m. and 8.25 a.m. if accompanied by a parent or if attending the breakfast club. 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, boys from Year 4 upwards may use the library (under the librarian's supervision).

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 after-school care or homework club, both of which operate until 6.00 p.m.; relevant charges will be added to the termly invoice.

Reception and Year 1 boys are dismissed at Mall Infants at 3.00 p.m. – teachers direct them to their parents* in the playground. No boy leaves the site without a parent; any boy remaining for after-school care is walked at 3.10 to the main school 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 boy not collected at 3.30 p.m. joins after-school care which incurs an extra charge to parents.) No boy in the juniors leaves school unaccompanied by an adult.

Years 4 to 6: school ends at 4pm. Boys meet their parents* on-site. We recommend that boys of this age do not leave school unaccompanied by an adult. Any parent who wishes their son to leave unaccompanied, is asked to inform the school in writing.

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

Years 7 - 8: school ends at 4pm. Boys may leave unaccompanied but we recommend to parents that (depending on the nature and distance of the journey) boys do not leave alone – they should at least be with one other boy. Boys may also attend homework club.

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

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

Boys travelling to or from school by bicycle are strongly encouraged to wear a helmet.

For reasons of health and safety, the school cannot condone boys waiting in the street to be collected. Boys are told that they must wait inside the School gates until they see their parents arriving. Boys 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 sons.

The Mall School

June 2018

(Review June 2021)

Appendix 1 - Contents of first aid kits

The welfare officer, receptionists and pre-prep administrator, 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 2015	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 2015	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 - Exclusion Table

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
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
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)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
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). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
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
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
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. Your local HPT will organise any contact

**denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).*

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.