



The Mall School

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## **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 unless covered with a verruca and wart treatment such as Bazuka to prevent cross-infection.

## **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 medical room 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 to log any illness or injury, including any visit to the sick room by a boy. All 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 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. Following monthly checks, the Welfare Administrator will inform parents when medication held at the school is due to expire ;
- 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. (boys do not carry any medication)

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

### **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 salads.

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.

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.

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 Sunbury Cricket Club unaccompanied, nor will boys 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 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.

## **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 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 Chairman 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

Autumn 2021

(Review Autumn 2024)

## Appendix 1 - Contents of first aid kits

The 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 - 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> - Chapter 9

