

# Widford Lodge

## PREPARATORY SCHOOL



### 13a, 13c and 13d

## First Aid, Accident Reporting, Medication and Allergy Awareness Policy

**This policy applies to all pupils at Widford Lodge School including those in the EYFS**

Reviewed and Approved by the Proprietor: January 2025

Next Review: January 2026

## **Introduction**

At Widford Lodge Preparatory School we are committed to: ensuring that first aid needs risk assessments are carried out for significant activities; providing every pupil, member of staff and visitor with adequate first aid; ensuring pupils and staff with medical needs are fully supported at school and suitable records of assistance required and provided are kept; first aid materials, equipment and facilities are available as required by the risk assessments; procedures for administering medicines and providing first aid are in place and reviewed regularly; and promoting an open culture around mental health by increasing awareness, challenging stigma and providing mental health tools and support.

This includes ensuring:

- Sufficient and appropriate resources, training and facilities
- Ensuring HSE regulations on the reporting of accidents, diseases and dangerous occurrences are met
- Clear authorisation from and communication with pupils' parents/carers regarding medical treatment.

Procedures and information set out in this document aim to ensure that:

- All members of the school community are aware of this policy and the procedures to follow in the event of an accident or emergency, the support available and the role that they play, as well as the requirements of individual healthcare plans
- There are sufficient numbers of trained staff as Appointed Persons and First Aiders (defined as those who have received the Emergency First Aid at Work training or Schools First Aid training), including Paediatric First Aid, to meet the needs of the school and pupils with individual healthcare plans, including in contingency and emergency situations
- Medicines are recorded, handled, stored and administered responsibly
- First aid provisions are available at all times while pupils or employees are on school premises, and also off the premises whilst on visits or trips
- All appropriate incidents and accidents are reported, recorded and investigated
- All notifiable incidents are reported to the HSE
- Appropriate corrective and preventative action is taken to ensure the safety of staff, pupils, visitors and contractors

This policy was drawn up in conjunction with: The Health and Safety at Work etc Act 1974; DfE Guidance on First Aid for Schools; DfE Guidance on Supporting Pupils at School with Medical Conditions 2014; the Independent School Standards; The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

This policy is available on the school's website and on request from the school office. It has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them.

Widford Lodge Preparatory School is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act 2010.

This policy is reviewed annually by the Headteacher, Appointed Persons for First Aid and the senior leadership team as well as the Proprietor, or as events or legislation dictate, and updates are communicated to staff.

The school also has a Control of Infections Policy which all staff should be aware of. The school is appropriately insured and staff are aware that they are insured to support pupils with regard to first aid and medical conditions. Staff accompany pupils as appropriate to the office or medical room and the school does not prevent pupils from eating, drinking or taking breaks when they need to.

### Roles and Responsibilities

The **Proprietor** has ultimate responsibility for health and safety matters including first aid. She is responsible for ensuring that: the first aid risk assessment and provisions and allergy awareness procedures are reviewed annually and/or after any operational changes; these remain appropriate for the activities undertaken; first aid materials, equipment and facilities are provided according to the findings of the risk assessment; and school leaders consult health and social care professionals, pupils and parents to ensure the needs of children with medical conditions are properly understood and effectively supported.

The **Headteacher** is responsible for ensuring:

- She reviews the assessment of first aid and allergy needs annually and/or after any significant changes and that other appropriate risk assessments are completed and required measures put in place;
- there is a First Aider on site whenever there are children present and someone with the relevant paediatric First Aid training whenever there are EYFS children present – including offsite visits, and that the number of First Aiders is adequate to provide first aid cover during the school day, for offsite trips and activities and for after school activities.
- First Aiders have an appropriate qualification, keep training up to date and are competent to perform their role, an appropriate number of staff have had allergy awareness training and that their names are prominently displayed at key points around the school;
- **Sufficient staff receive specialist training as required by the first aid needs risk assessment or pupils' individual healthcare plans;**

- all staff are aware of first aid and allergy awareness procedures **and the procedures for reporting accidents or incidents;**
- school catering is provided in accordance with the reasonable medical needs of staff and pupils;
- systems are in place to report and investigate accidents/incidents - See **Appendix C**
- she leads investigations into accidents/incidents and considers recommendations to prevent re-occurrence of accidents;
- if necessary, she liaises with the Judicium Health and Safety Consultant during an accident investigation;
- reports of specified incidents are given to the Health and Safety Executive when necessary; and
- adequate space is available to cater for the medical needs of pupils.

The **Appointed Persons for First Aid** are Nicki Blundell and Sam Pawsey, both of whom are supported by the office team.

The Appointed Persons for First Aid take charge of first aid arrangements and the role includes looking after the first aid equipment and facilities. Broadly, Nicki Blundell is responsible for medical provision and Sam Pawsey for administration and records, however their roles clearly overlap.

Nicki Blundell will ensure that:

- She consults with parents of children that have a medical condition, to ensure the correct dosage and procedure is recorded.
- First Aid issues are escalated to the Deputy Head Pastoral, who will report these to the Health & Safety Committee
- She or someone with appropriate training and seniority takes charge when someone is injured or becomes ill and that an ambulance or other professional help is summoned when appropriate
- First aid and medicines are administered in line with current training and the requirements of this policy.

Sam Pawsey will ensure that:

- Pupils with medical conditions are identified and properly supported at school, including supporting staff with implementing individual healthcare plans
- She works with the Headteacher to determine the training needs of staff, including for the administration of medicines
- Supplies of first aid materials and equipment are available at various locations throughout the school and checked regularly with regard to minimum requirements, contents, quantity and use by dates and replacements arranged as necessary
- Information on the location of equipment and facilities is provided to staff

- Records of first aid treatments and accidents are properly maintained and investigated as necessary
- She assists with completing accident report forms and investigations
- There is appropriate communication with parents/carers especially for any pupils who have received any kind of medical attention during the day, including any medication given, other than for very minor incidents.

A number of staff have received current suitable First Aid training (see Appendix A). This training enables them to give emergency first aid to someone who is injured or becomes ill whilst on the school premises. Training is renewed every three years.

Trained staff are based in a variety of locations around the school site. First Aid assistance can always be called for via the school office (01245 352581) if immediate adult assistance is unavailable.

**First Aiders** are responsible for acting as first responders to any incidents, assessing the situation and providing immediate and appropriate treatment. They will record details of treatment given or an accident report in line with the reporting procedures in this document and keep their contact details up to date.

A pupil can only be sent home to recover from illness or an accident after approval from a member of the senior leadership team.

Sam Pawsey is the mental health first aider and is responsible for: providing mental health first aid as needed; providing help to prevent mental health issues becoming more serious before professional help can be accessed; promoting the recovery of good mental health; providing comfort to an individual with a mental health issue; acting as an advocate for mental health in the workplace, helping to reduce stigma and enact positive change; escalating and documenting any matters as required; maintaining confidentiality as appropriate; having to help at short notice; and listening non-judgementally.

Staff trained to administer medicines must ensure that only prescribed medicines are administered in line with the parental permission outlining the type, dosage and time of the medicine and that appropriate records are kept. Wherever possible, the pupil will administer their own medicine under the supervision of a trained member of staff. Should a pupil refuse to take their medication, staff will inform the parents accordingly.

**All staff** are informed about First Aid provision on employment and are required to:

- Ensure they are aware of and follow the First Aid Policy and procedures and know who the First Aiders are and contact them straight away as necessary.
- Follow allergy awareness procedures.
- Report and record all accidents and incidents they attend where a First Aider is not called **and assist with investigations as required**.

- Advise the Headteacher or their line manager of any specific health conditions, allergies or first aid needs.
- Ensure appropriate risk assessments and adequate first aid provision form part of the planning for any school trip or activity. This should be done in consultation with the Educational Visits Coordinator, Edward Callaway. The residential first aider will administer and record first aid on residential trips and trained first aiders will carry a travel first aid kit on day trips.

**It is the responsibility of the member of staff arranging for a visitor or contractor to attend school to inform that visitor of the school's policy for bringing food/carrying out activities so that these don't introduce an allergy risk. This is also part of the signing in process by the office as appropriate. Any issues during a visit are reported to the site manager.**

### First Aid Equipment and Information

The Medical Room is located on the first floor of the main building.

First Aid Boxes are clearly labelled with a white cross on a green background. They are located in the following areas:-

- School Office
- Science laboratory
- Art Room
- Pre-School
- The Kitchen (blue box with white cross)
- The Reception classroom
- First Aid Kits for travelling and for matches are held in the Medical Room
- Eye wash stations are situated in the Science laboratory, Art Room, Office, Reception classroom and Medical Room.

The site manager has spillage kits and is the first point of contact for such occurrences. There are also spillage kits located in the Medical Room and in the shed.

The defibrillator is located under the bicycle shelter on the "out" driveway. Staff have watched a training video for the use of the defibrillator. The local NHS ambulance service have been notified of its location and **procedures are in place for the equipment to be checked regularly by the site manager.**

The Appointed Person for First Aid will ensure that the contents of all First Aid containers/stations and spillage kits are regularly checked and restocked.

Pupils' medication is stored either in the locked fridge or the locked cupboard in the Office.

In the case of a residential trip, the residential first aider will administer first aid and complete the report. For day trips, a trained First Aider will carry a first aid kit in case of need. Where necessary, AAIs, inhalers etc as relevant to health care plans will be taken on trips.

#### What to do in the event of an incident requiring medical assistance

a) If a person becomes unwell

A pupil, member of staff or visitor who becomes unwell during a lesson or activity may, if they are able, be sent to the school office to seek assistance. They should be accompanied by another person. Parents will usually be contacted and asked to collect a pupil if they become unwell.

b) If a person is involved in an accident or medical emergency

- Call for assistance from the nearest First Aider or if you are qualified in first aid seek assistance from the nearest member of staff (a runner can be sent with the red emergency card from the room to find the nearest adult)
- Ensure that other children/adults in the vicinity are safe and supervised
- The First Aider will take charge and co-ordinate the administration of first aid, deciding upon any additional medical assistance required, including requesting an ambulance.
- At least one member of staff should stay with the casualty at all times – this may include escorting them to hospital if required
- If they are not already present, inform the Appointed Person for First Aid immediately of the incident/accident
- Should an ambulance be required dial 999. Ideally, DO NOT LEAVE THE CASUALTY ALONE in order to do this – ask a colleague (if you send someone else to make the call, ensure that you tell them to return straight to you in order to inform you of the 999 call having been successfully made)
- After an ambulance has been requested, if they have not already been alerted, inform the Headteacher or a member of the Senior Leadership Team - they will, in turn, inform relevant senior colleagues
- A senior member of staff will contact the parents and explain the situation, arranging where the parent should come to meet the child, either at school or at hospital. It is vital therefore that parents provide the school with up to date telephone numbers.
- A member of staff should await the arrival of the emergency services and will direct them appropriately
- Ideally, a familiar member of staff will accompany the casualty in the ambulance and at the hospital until the parent/carer arrives
- Where there is an urgent need for surgical or medical treatment to be given and the parents cannot be contacted, the decision about the competence of the pupil

to give or withhold consent to urgent surgical or medical treatment, in the absence of the parent, must be the responsibility of the doctor

- All incidents must be recorded in line with the recording and reporting procedures set out below.

#### Hygiene and infection control when dealing with a medical incident

- Common sense infection control measures (hand washing, use of disposable gloves when dealing with blood or bodily fluids) must be followed by all staff when dealing with medical incidents
- Hand washing facilities are available throughout the school
- Single use disposable gloves are to be found in First Aid kits and must be used at all times when providing treatment involving blood or body fluids
- The site manager (when available) should always be called to deal with the clearing up of spillages of bodily fluids and any items contaminated must be disposed of in the bin marked for clinical waste.

#### Procedure for dealing with blood and bowel accidents/dirty nappies

- For minor scrapes, children should be encouraged to wipe away blood themselves before any cleaning and covering takes place and asked to wash their hands once they are sent to return to class/play.
- Any adult dealing with blood should wear gloves and should place any tissues/wipes used etc into one of the clinical waste bins. These are located in the medical room, the office and the area inside the side door near the kitchen.
- For bowel accidents, wherever possible the child should be helped to remove soiled clothing. Depending on the age of the child and in accordance with our intimate care policy, the child will be helped by two adults or one with an open door and another adult informed to be on standby. Adults needing to help clean a child will wear gloves and an apron and will bag any soiled clothing for the child to take home. Any wipes used will be double bagged and put into one of the hygiene bins located around school in the female toilets. The same applies to any dirty nappies, although it should be noted that it is rare for children in our pre-school to be in nappies.

#### Dealing with Bodily Fluid Spillages (Bio Hazards)

The school has a duty to protect its staff from hazards encountered during their work; this includes bio-hazards, which for the purpose of this document are defined as Blood, Vomit, Faeces, Urine and Wound drainage.

In the event of a spillage the following precautions should be applied:-

- Notification by placing warning signs
- Staff dealing with biohazards should wear protection

- Staff should access spillage kits in order to clean up promptly
- Waste should be disposed of in the bin marked *Clinical Waste*
- Hand hygiene should be carried out following management of the spillage.

### 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.

Parents may be called and asked to collect their child and seek expert medical attention. The person dealing with the injury will ensure that the parents of any pupil who has required treatment for a head injury are informed, either verbally or via email, on the day the injury occurs, to enable them to continue monitoring their child's recovery. In addition, where practical, the Appointed Person will be informed of head injuries necessitating parental contact. Pupils with head injuries will be given a green wrist band to wear as a visual alert to staff and parents. The date and time of the head bump will be written on the wrist band by the person dealing with the injury. **Our Policy for Managing Head Injuries in Children policy will be followed for significant head injuries/suspected concussion.**

### Accident and incident reporting and record keeping

The Headteacher is responsible for ensuring that systems are in place to report and investigate accidents and incidents and to consider how to prevent recurrences of similar accidents. She will lead investigations with assistance from relevant staff/contractors and will liaise with the Judicium Health and Safety consultant as necessary. All staff are aware of the need to report promptly all accidents and incidents.

Where there is an accident or medical emergency and First Aid assistance has been provided, the person who has administered First Aid should record the incident as outlined below and in Appendix C.

Parents will be informed of any significant accident or injury sustained by their child on the same day, and must be kept sensibly informed by an appropriate member of staff. This contact with parents is recorded on the accident form.

A record is kept of all children spending time in the medical room, even where no treatment is administered or no accident has occurred, e.g. a child who has a lie down for an hour but returns to lessons/the school day.

Playground injuries and similar are recorded on accident forms by the person attending to the casualty or dealing with the incident on the day it happened. Accident files and forms are located in either the Pre-School, Room 1 (for Reception children) or the Office for Pre Prep and Prep children.

The records of first aid treatment given by a First Aider or Appointed Person must include:

- Date, time and place of incident
- Name and class of injured/ill person
- Details of the injury/illness and what first aid treatment was given
- Name and signature of the First Aider or Appointed Person dealing with the incident
- Whether or not parents were contacted and if so, by who and at what time

The accident files are reviewed each half term by the Health and Safety Committee for completeness and for patterns of accidents. The accident files for the current academic year are kept in the office and after that are stored in the archive room, where they are retained for a minimum of three years and then securely disposed of. Records for children are retained until the child reaches 25 years of age.

All more serious accidents will be investigated as soon as they occur by the Headteacher, so that any problem areas or procedures are identified and remedial action can be taken if necessary. Problems identified and actions taken are reviewed by the Health and Safety Committee. See Appendix D for the investigation process – **the level of investigation required will be based on the significance or potential significance of the incident and an accident investigation report must be completed by the Headteacher within 5 working days and discussed with the Proprietor.**

First aid administered to staff and visitors is recorded in a separate accident book from the file used to record pupil details.

Consideration will be given to whether accidents to pupils, staff and members of the public are in any way attributable to defective premises or equipment or lack of supervision and whether any corrective action is required.

The following definitions are used to define the process to be followed:

- Accident is where injury or ill health occurs.
- Incident includes an unplanned or uncontrolled event and undesired circumstances, where there is the potential for injury or which causes damage.
- Near-miss: "an unplanned or uncontrolled event which does not cause injury or damage, but could have done so." Examples include: items falling near to people, incidents involving vehicles, equipment, electrical short-circuits, etc.

#### Informing the HSE (Health & Safety Executive) under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) – statutory requirements

The Headteacher is responsible for determining if the HSE needs to be informed of an accident or incident, making the report via [www.hse.gov.uk/riddor/online](http://www.hse.gov.uk/riddor/online) and keeping the copy received in the Office. The report will be made as soon as reasonably practicable and within 15 days of the incident.

Under RIDDOR the following accidents must be reported to the HSE without delay. See Appendix E for actions and timescales. Full details of the RIDDOR reportable accident and investigation process is found in the following document:  
<https://www.hse.gov.uk/pubns/edis1.pdf>

- Accidents to employees resulting in death or specified injury as defined by RIDDOR (including as a result of physical violence)
- Dangerous occurrences
- Accidents to employees which prevent the injured person from doing their normal work for more than 7 days must be reported within 15 days of the accident
- Accidents to pupils or visitors involved in a school activity that result in death or injury in connection with a work activity and where the person is taken directly from the scene of the accident to hospital for treatment
- Near miss events that do not result in an injury, but could have done
- Reportable work-related communicable diseases

The Headteacher will keep a record of any reportable injury, disease or dangerous occurrence which must include: the date and method of reporting; the date and time of event; personal details of those involved; and a brief description of the nature of the event or illness.

Details of RIDDOR accidents will be made available to the Health & Safety Committee, which includes the Proprietor. The Headteacher will notify the local authority of any serious accident or injury or the death of a pupil while in the school's care.

### **Administration of Medicines**

Most pupils will at some time have a medical condition that may affect their participation in normal school life. This may either be a short term condition which is quickly resolved or a long term condition with pupils having medical needs that limit their access to education. At Widford Lodge we aim to work with parents to provide measures to minimise the impact of medical difficulties on the child's school life.

Parents/guardians have the main responsibility for their children's health and should provide the school with information about the child's medical conditions. Whilst there is no legal duty requiring staff to administer medicines or supervise pupils taking their medicines, we will endeavour to accommodate pupils' medical needs in close cooperation with parents. Thus, while it is not our policy to care for sick pupils who should be at home until they are well enough to return to school, we will agree to administer medication when it would be detrimental to their health or attendance not to do so.

If a child is prescribed medication to be taken during the school day, parents/guardians must complete a medication form, available via the school office or website, when bringing the medication to school; this must include the type of medicine, dosage and time to be given. Medication for children in the Pre-School and Reception should be handed to a member of

the Pre-School/Reception staff. All medications for children in the Pre-Prep and Prep School should be handed into the Office.

All medicine must be stored securely in the Office, with the exception of EYFS. At no time should any child carry with them prescribed/unprescribed medication (with the exception of inhalers and adrenaline auto injectors) e.g. painkillers. Each administration of the medication is recorded on the relevant form and must be signed by the trained administering staff. Older children are expected to take some responsibility for remembering to go to the Office to take their medicine. If a pupil refuses to take their medication, staff will inform the parents accordingly. We will administer prescribed medicines at school only if an Administration of Medicines form has been completed. The school has a supply of paracetamol suspension which may be administered only after consent has been given by the parent/guardian. Aspirin and Ibuprofen, or any medicines that contains these products, must not be given to a child under 16 unless prescribed by a doctor under medical guidance.

Medication for pain relief will never be administered without first checking maximum doses and when the previous dose was taken. Non prescribed medicines must not be taken other than paracetamol as described above. In accordance with NHS advice, the school will not agree to administer paracetamol to children for longer than three days without the parent having consulted a doctor.

The school will return medicines that are no longer required to parents for safe disposal.

#### Arrangements for Pupils with particular Medical or Special Needs

Some pupils have medical conditions/needs or special educational needs that, if not properly managed, could limit their access to education. All staff are required to be aware of children with particular medical needs and must ensure that their needs are included in any risk assessments for activities at school and trips outside the school. We will consider the reasonable adjustments necessary to enable pupils with medical needs to participate fully and safely in all aspects of school life and will not create unnecessary barriers to pupils' participation. However, school staff may need to take extra care in supervising some activities to ensure that these pupils and others are not put at risk. Parents are responsible for providing the school with information about their child's medical condition or special educational needs. When the school is first notified it will agree with the parents whether an individual health care plan is appropriate. If so, it will implement a health care plan as detailed below for children with allergies and this will be reviewed annually or when there is a significant change.

#### Allergy Awareness

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen and dust mites. Whilst these allergens may not cause problems in most people, in allergic individuals their immune system identifies them as a threat and produces an appropriate response from localised itching to anaphylaxis which can lead to upper

respiratory obstruction and collapse. Common triggers are nuts and other foods, venom, drugs, latex and hair dye. Symptoms often appear quickly and the first line emergency treatment is adrenaline administered via an Adrenaline Auto-Injector (AAI). Arrangements are in place for whole school awareness training on allergies. **Anaphylaxis usually develops suddenly and gets worse very quickly. Each child's individual healthcare plan details their personal symptoms. Appendix B outlines the AAI emergency instructions to be followed and personalised versions of these are located in each child's emergency bag.**

The parents or carers of all new starters to the school are required to inform the school of any details of any food intolerances or allergies and their management. If details are unclear or ambiguous, the school will follow this up with parents for further information which will be recorded by the school and shared with relevant staff in the school.

It is the parents' responsibility to ensure that if their child's medical needs change at any point that they make the school aware and to complete a revised individual health care plan with the school. Parents are requested to:

- keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
- ensure that any required medication (AAIs, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary.
- complete specific healthcare plan sheets stating the emergency actions to be taken for any child who has an AAI in school.
- give permission for the spare emergency AAI to be used in the event it is required.
- attend any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.
- inform the school if an episode of anaphylaxis occurs outside school.

Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening. Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate. Children are not allowed to share food with each other.

Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

The school chef is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.

All catering staff have received Allergy Awareness Training and records are held. <https://allergytraining.food.gov.uk/> certification is retained and refresher training is provided in line with the training schedule.

Any food allergies for pupils or staff are given to the catering team in writing. The information is retained and displayed by the serving trolleys. Any changes to food allergy information must be provided to the school office, and will then be given in writing to the catering team.

The Allergen Matrix is made available for the dishes served and menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made. All dishes are reviewed for allergen contents and the catering team continue to review the individual ingredients. As suppliers may substitute ingredients or products that previously didn't have an allergen contained, packaging labels are cross checked with the school's allergen information and updated when required.

The school chef will check that all purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. He will report to the supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

Rigorous food hygiene is maintained to reduce the risk of cross-contamination. Cross contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross contamination is a key factor in preventing potential allergic reactions.

- Any foods/dishes with any of the identified 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
- Staff are trained on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
- Utensils are cleaned before each usage, especially if they were used to prepare meals containing allergens
- A storage system is in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Ingredients that contain allergens are kept separate from other ingredients
- A spillage plan is in place to clean up allergenic ingredients: using disposable clothes/towels / blue rolls to prevent cross-contamination.
- Effective cleaning, washing up and hand washing is maintained, using hot water, cleaning and sanitising products.
- Physical separation – lids or covers are put on food, and clean knife, board, plate, pan, working area, and aprons are used.
- Separate fryers/cooking equipment are used - gluten-free chips are cooked using different oil to any used for cooking battered fish.

**Where the school provides packed lunches for school trips, the catering team will adhere to pupils' known allergies.**

There are 14 allergens required to be declared as such by food law in the UK: cereals containing gluten; crustaceans; egg; fish; peanuts; soybeans; milk; nuts; celery; mustard; sesame seeds; sulphur dioxide and/or sulphites; lupin; and molluscs. **The school does not package food onsite but declares these allergens in menus.**

**The school understands that a food intolerance is more common than a food allergy and involves the digestive system rather than the immune system; the catering team are made aware of intolerances via the same procedures as for food allergies.**

Individual health care plans for pupils with special medical needs, including those with asthma and serious allergies which have a risk of anaphylaxis shock, are agreed with parents, recorded and displayed in strategic parts of the school such as the kitchen, the staff room and the Medical Room. These will help to identify any necessary safety measures to support the pupils and ensure they are not put at risk. These clearly set out what constitutes an emergency and what to do. Parents have prime responsibility for their child's health and should provide us with information about medical conditions, in conjunction with their child's GP and paediatrician. This information is requested when a child joins the school and all parents are asked to review and confirm the details held for their child at the start of each academic year. Individual health care plan details are updated and displayed within the first week of a new diagnosis and/or at the start of each academic year. The school appreciates that pupils with the same medical condition do not necessarily require the same treatment.

If details are unclear or ambiguous, we will follow this up with parents, who are responsible for keeping the school up to date with any changes in allergy management.

Reliever inhalers are kept in the school office except when the children leave the grounds, then the Prep school children carry theirs and teachers of younger children look after their classes'. Parents of all children with asthma at Widford Lodge have given written permission for the use of the spare school inhaler in the event of an emergency, when their own is absent.

Unless otherwise stated, two AAIs are required for children who need them, one of which will be kept in the Office. Additional pens are kept in an anaphylaxis child's emergency bag, located within the classroom setting in the Pre – School, Reception and Pre-Prep and carried by the pupils themselves in the Prep School. There are designated hooks in each room used by children and a box inside, located close to the playground for AAI devices to be stored. Should a child with anaphylaxis leave the site, it is the teacher's responsibility to ensure that they have their emergency bag containing both AAIs with them. The individual child's health care plan is also kept within their emergency bag so that staff can refer to it in an emergency. **When available, an AAI will be held in the Office for emergency use, as per the Department for Health's protocol; this will only be administered to those without an individual healthcare plan on the advice of emergency services.**

Full details of the administration of adrenaline will be recorded on a first aid form on the day.

Where relevant, additional staff training will be provided on specific medical conditions, including the associated care required.

Medical needs of the staff are not the responsibility of the Appointed Person. The Headteacher will make reasonable adjustments when informed of a medical condition by a member of staff and staff will be asked to confirm that any medication is unlikely to impair their ability to look after children properly and that any medication brought onto school premises is kept securely away from children.

In order to support pupils with allergies, we restrict products that may be brought in from home such as soaps, handcreams and lip balms. A COSHH data sheet is held by the form teacher for any soaps or handcreams brought in and the use of these is limited to the child requiring them. In addition, children may bring in unscented Vaseline products such as chap sticks and lip balms. In the Prep schools, these can be self administered. In the EYFS or Pre Prep the form teacher stores them safely. Anything else including sore throat lozenges are deemed as medication and must be handed to the office accompanied by a medication form.

#### Contagious Illnesses – See our Control of Infections Policy

To prevent the spread of illness, any child who has been diagnosed with a contagious illness eg, chicken pox, impetigo etc is asked to remain at home until they are no longer contagious. Parents are asked to inform the school as soon as possible that their child has an infectious illness so that the school can send a letter of information out to other parents.

In the event of a child suffering from sickness and/or diarrhoea, parents are asked to inform the school and the child must remain absent from school until they have been clear of all symptoms for at least 48 hours. The school will liaise with parents and exercise discretion where the cause of sickness is not linked to a potential illness.

If a child has a case of head lice, the parents are asked to inform the school and treat their child with the appropriate shampoo before returning them to school. If a child has complained of a symptom and is suspected to have head lice whilst at school, the class teacher or the office staff will telephone the parent asking for the child to be taken home and the appropriate shampoo applied before returning to school.

If a child has been diagnosed with conjunctivitis, they are asked not to attend school for 24 hours after starting the appropriate eye drops or ointment. If a child displays the symptoms of conjunctivitis whilst at school, the parent will be contacted and asked to collect their child and take them to a doctor to receive the appropriate treatment. The child may then return to school after 24 hours.

## Mental Health

The school is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the school is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The school's mental health first aider will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change. Currently our mental health first aider is Sam Pawsey, Pastoral Deputy Head.

The school mental health first aider is here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.

The school recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

The mental health first aider is obliged to treat all matters sensitively and privately in accordance with the school confidentiality policy.

Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to the Headteacher who will advise on the next steps to be taken.

All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.

If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, is suffering from a mental illness or experiencing a mental health crisis, they should contact the mental health first aider or Headteacher.

The school ensures all staff have access to an Employee Assistance Programme. All staff are encouraged to access this service at any time. Please contact Health Assured on 0800 028 0199 or [healthassuredeap.com](http://healthassuredeap.com)

## **Additional Medical Protocol for EYFS (Pre school & Reception)**

First aid requirements set out in the statutory framework for EYFS are in place, including sufficient paediatric first aiders. All staff included in early years ratios have a full PFA certificate within 3 months of starting work, which is renewed every 3 years.

### **Caring for a child taken ill during the school day:**

- If a child becomes unwell during the Pre-School day they will be taken into the library area where they can lie down. Another member of staff will phone the parents and if they are not available will continue to phone other people on the child's emergency list.

- For Reception children the learning support assistant will stay with the child in a quiet area of the Reception classroom. The parents will be contacted and if they are not available we will continue to phone other people on the child's emergency list.
- When the parent/carer arrives to pick up the child, the member of staff who has been supervising the ill child will fully inform them as to the sequence of events.
- If we believe the child's illness to be severe and the parent is unwilling to pick their child up, we will insist they are collected and if necessary phone the next person on the child's emergency list.

**Allergies:**

At the beginning of Pre-school and Reception parents are asked to fill out a Health and Dietary form which asks for details of any allergy the child may have and any foods they would prefer them not to have, in addition to any pre-existing medical conditions that we should be aware of. Any changes in condition should be reported to a member of staff immediately so the information can be updated. The same procedures as for the rest of the school will be followed, for example agreeing an individual healthcare plan with parents and displaying this in relevant places around school. In the unlikely event of a child reacting to a food or other substance the parents would be contacted and informed of their child's reaction and any medication administered. We would advise them to come to collect their child and seek further medical advice. A member of staff would remain with the child at all times in case the reaction worsened.

If a severe reaction occurs, we would again follow the instructions set out on the child's medical form. If an AAI is provided and is needed, a member of staff would administer this and stay with the child whilst another member of staff telephoned 999 and the parents.

If a child suffers an allergic reaction to something new that we are unaware of, we would comfort the child, seek urgent advice from the paediatric first aiders, then contact the parents/emergency contact. In a severe case we would dial 999 and a member of staff would accompany the child to the hospital.

**Administration of Medicine:**

- Before starting in the EYFS parents complete a medical/dietary requirements form.
- No medicine must be administered to a child without the parent's written permission. For the Pre-school there is also a long term medical form for those with asthma and allergies who may need medication whilst at school. Medicines must be in the original container in which they were dispensed, with the prescriber's instructions for administration.
- Child's name, medicine and time should be clearly written on the form and communicated to all staff by being written on the white board.
- All medicines for Pre-School children are to be kept in the Pre School staff kitchen either in the fridge or in the locked first aid cabinet.

- Reception children – Medicine is kept securely in the Reception classroom or the fridge in the Office.
- Before administering any medicine READ the instructions carefully and check it has the correct name and dosage on the label and is in date.
- Once the medicine has been administered the medicine form should be filled out immediately.
- The parent must then sign the medicine form when the child is collected.
- Written records for all medication administered to every child in the care of the EYFS (and whole school) are retained.
- Medicine will not be administered if it has not been clearly prescribed for that particular child by a doctor, dentist or pharmacist
- We will only administer non-prescription medication – pain/fever relief if there is a health reason to do it and written consent has been gained from parents
- Any staff medication is locked in either the Pre School kitchen or a locked container.

All staff are aware how to use an AAI and have had training using a trainer AAI. Any specific training will be undertaken when necessary.

**Accidents and minor injuries:**

The Pre-School first aid box is in the staff kitchen clearly marked 'first aid'. We have a medical bag which accompanies us when we are outside of the Pre-School that has a supply of medical necessities for falls, grazes and bumped heads. There is a further supply of first aid equipment in the medical room which is located adjacent to the Pre-School. Reception have their own first aid box kept in the Reception classroom on the top shelf of the bookcase. Head injuries will be dealt with following the same procedures as outlined for the rest of the school and parents notified by phone as soon as the child is settled.

If there is a concern relating to an injury then we will immediately contact a Paediatric first aider. Minor injuries will be written in the accident book, stating name of child, date and time of injury, action taken and how the accident occurred. A member of staff will sign this and ask the parent to sign it when they collect their child. If there is a concern relating to an injury then the parent would immediately be contacted.

**Major Accident:**

If a child falls and hurts themselves seriously whilst at school the same procedures would apply as detailed earlier in this policy for the rest of the school.

**Procedure for dealing with blood and bowel accidents/dirty nappies**

Any adult dealing with blood should wear gloves and should place any tissues/wipes used etc into one of the clinical waste bins. These are located in the medical room, the office and the area inside the side door near the kitchen.

For bowel accidents, wherever possible the child should be helped to remove soiled clothing. Depending on the age of the child and in accordance with our intimate care policy, the child will be helped by two adults or one with an open door and another adult informed to be on standby. Adults needing to help clean a child will wear gloves and an apron and will bag any soiled clothing for the child to take home. Any wipes used will be double bagged and put into one of the hygiene bins located around school in the female toilets. The same applies to any dirty nappies, although it should be noted that it is rare for children in our pre school to be in nappies.

## **Appendix A - List of First Aiders**

The Appointed Persons for First Aid at Widford Lodge are Nicki Blundell and Sam Pawsey. The role of the appointed person is to take charge of first aid arrangements and includes looking after the first aid equipment and facilities and calling the emergency services when required.

| <b>Name</b>           | <b>Qualification</b>           | <b>Expiry Date</b> |
|-----------------------|--------------------------------|--------------------|
| Kay Beardsworth       | Emergency first aid at work L3 | Jan 2028           |
| Jennifer Cole         | Emergency first aid at work L3 | Jan 2028           |
| Michelle Cole         | Emergency first aid at work L3 | Jan 2028           |
| Edward Callaway       | Emergency first aid at work L3 | Jan 2028           |
| Emma Charnock         | Emergency first aid at work L3 | Oct 2028           |
| Joe Davis             | Emergency first aid at work L3 | Jan 2028           |
| Sarah Earp            | Emergency first aid at work L3 | Jan 2028           |
| Rupert Eley           | Emergency first aid at work L3 | Jan 2028           |
| Daisy Harris          | Emergency first aid at work L3 | Jan 2028           |
| Robert Hopgood        | Emergency first aid at work L3 | Jan 2028           |
| Laura Huckle          | Emergency first aid at work L3 | Sep 2027           |
| Louise Knight         | Emergency first aid at work L3 | Jan 2028           |
| Nina Lawrenson        | Emergency first aid at work L3 | Jan 2027           |
| Samantha Pawsey       | Emergency first aid at work L3 | Jan 2028           |
| Zuri Pine             | Emergency first aid at work L3 | Jan 2028           |
| Sallie-Ann Richardson | Emergency first aid at work L3 | Jan 2028           |
| Jo Taylor             | Emergency first aid at work L3 | Jan 2028           |
| Martin Taylor         | Emergency first aid at work L3 | Jan 2028           |
| Georgina Tweed        | Emergency first aid at work L3 | Jan 2028           |
| Katie Ward            | Emergency first aid at work L3 | Jan 2028           |
| Alex Waterhouse       | Emergency first aid at work L3 | Jan 2028           |
| Lisa Beck             | Paediatric First Aid           | Jan 2028           |
| Nikki Blundell        | Paediatric First Aid           | Jan 2028           |
| Jayne Bridgeman       | Paediatric First Aid           | Feb 2028           |
| Jacky Brooks          | Paediatric First Aid           | Oct 2027           |
| Kathy Cogman          | Paediatric First Aid           | June 2027          |
| Penny Doyle           | Paediatric First Aid           | Mar 2026           |
| Daisy Harris          | Paediatric First Aid           | Oct 2028           |
| Emma Hodgkiss         | Paediatric First Aid           | Nov 2027           |
| Stacy Hilton          | Paediatric First Aid           | Oct 2026           |
| Lissie Lambert        | Paediatric First Aid           | Nov 2026           |
| Carly Moore           | Paediatric First Aid           | Oct 2026           |
| Debbie Poston         | Paediatric First Aid           | Oct 2026           |
| Aneta Rustaj          | Paediatric First Aid           | May 2028           |
| Julie Smethurst       | Paediatric First Aid           | Jan 2028           |
| Elinor Sims           | Paediatric First Aid           | Mar 2027           |
| Sarah White           | Paediatric First Aid           | Jun 2027           |
| Catriona Williamson   | Paediatric First Aid           | Mar 2026           |

We have staff with specific training to be permitted to administer prescribed medicines.

| <b>Name</b>     | <b>Qualification</b>                                   | <b>Expiry Date</b> |
|-----------------|--|--------------------|
| Lisa Beck       | Administration of Medication in an Educational Setting | Oct 2026           |
| Jayne Bridgeman | IAPS Administering Medication                          | Dec 2026           |
| Nicki Blundell  | Administration of Medication in an Educational Setting | Mar 2026           |
| Jacky Brooks    | Administration of Medication in an Educational Setting | Sep 2026           |
| Michelle Cole   | IAPS Administering Medication                          | Dec 2026           |
| Penny Doyle     | Administration of Medication in an Educational Setting | Aug 2026           |
| Stacy Hilton    | Administration of Medication in an Educational Setting | Feb 2026           |
| Emma Hodgkiss   | IAPS Administering Medication                          | Jan 2027           |
| Lissie Lambert  | IAPS Administering Medication                          | Jan 2027           |
| Carly Moore     | Administration of Medication in an Educational Setting | May 2026           |
| Sam Pawsey      | Administration of Medication in an Educational Setting | Feb 2026           |
| Debbie Poston   | IAPS Administering Medication                          | Jan 2027           |
| Aneta Rrustaj   | Administration of Medication in an Educational Setting | Jun 2026           |
| Julie Smethurst | Administration of Medication in an Educational Setting | Sep 2026           |
| Joanne Taylor   | Administration of Medication in an Educational Setting | Mar 2026           |
| Sarah White     | IAPS Administering Medication                          | Jan 2027           |

**The following staff have completed Level 2 or Level 3 Food Hygiene**

| Name                  | Qualification                                 | Expiry Date |
|-----------------------|---|-------------|
| Lisa Beck             | level 2 food hygiene certificate              | Sep 2027    |
| Nicki Blundell        | level 2 food hygiene certificate              | June 2027   |
| Jacky Brooks          | level 2 food hygiene certificate              | Dec 2027    |
| Kathy Cogman          | level 2 food hygiene certificate              | Jan 2027    |
| Joe Davis             | level 2 food hygiene certificate              | Aug 2027    |
| Sarah Earp            | level 2 food hygiene certificate              | Aug 2026    |
| Rupert Eley           | Level 3 Food Safety & Hygiene for Supervisors | Oct 2027    |
| Daisy Harris          | level 2 food hygiene certificate              | June 2027   |
| Lisa Haynes           | level 2 food hygiene certificate              | Jan 2026    |
| Stacy Hilton          | level 2 food hygiene certificate              | Nov 2027    |
| Robert Hopgood        | level 2 food hygiene certificate              | Jan 2026    |
| Lissie Lambert        | level 2 food hygiene certificate              | Jul 2026    |
| Erica Oi Eldridge     | level 2 food hygiene certificate              | Jan 2027    |
| Debbie Poston         | level 2 food hygiene certificate              | Oct 2026    |
| Sallie-Ann Richardson | level 2 food hygiene certificate              | Dec 2027    |
| Aneta Rustaj          | level 2 food hygiene certificate              | Feb 2028    |
| Julie Smethurst       | level 2 food hygiene certificate              | Sep 2027    |
| Katie Ward            | Level 3 Food Safety & Hygiene for Supervisors | Dec 2027    |
| Cat Williamson        | level 2 food hygiene certificate              | Dec 2025    |

**The following staff have completed an Anaphylaxis Awareness Course**

| Name                  | Qualification            | Expiry Date   |
|-----------------------|--------------------------|---------------|
| Rupert Eley           | Anaphylaxis Awareness v5 | Jan 2027      |
| Erica Oi Eldridge     | Anaphylaxis Awareness v5 | April 2027    |
| Sarah Earp            | Anaphylaxis Awareness v5 | May 2027      |
| Katie Ward            | Anaphylaxis Awareness v5 | May 2027      |
| Lisa Haynes           | Anaphylaxis Awareness v5 | May 2027      |
| Sallie-Ann Richardson | Anaphylaxis Awareness v5 | December 2027 |

## Appendix B – AAI Emergency Instructions

### Step 1:

- Assess the situation

Stages described below may merge into each other **rapidly** as a reaction develops

- Check pupil's individual health care plan & follow step 2 if/as appropriate
- Send someone to get the emergency kit / AAI, which is kept in the school Office

### Step 2:

| <u>SYMPTOM</u>  | <u>ACTION</u>   |
|---|---|
| <b>Mild Reaction</b> <ul style="list-style-type: none"><li>• Generalised itching</li><li>• Mild swelling of lips or face</li><li>• Feeling unwell / nausea</li><li>• Vomiting</li></ul> | <b>Mild Reaction</b> <ul style="list-style-type: none"><li>• Give <b><i>antihistamine</i></b> immediately</li><li>• Monitor child until you are happy (s)he has returned to normal</li><li>• If symptoms worsen see below</li></ul> |

### Severe Reaction

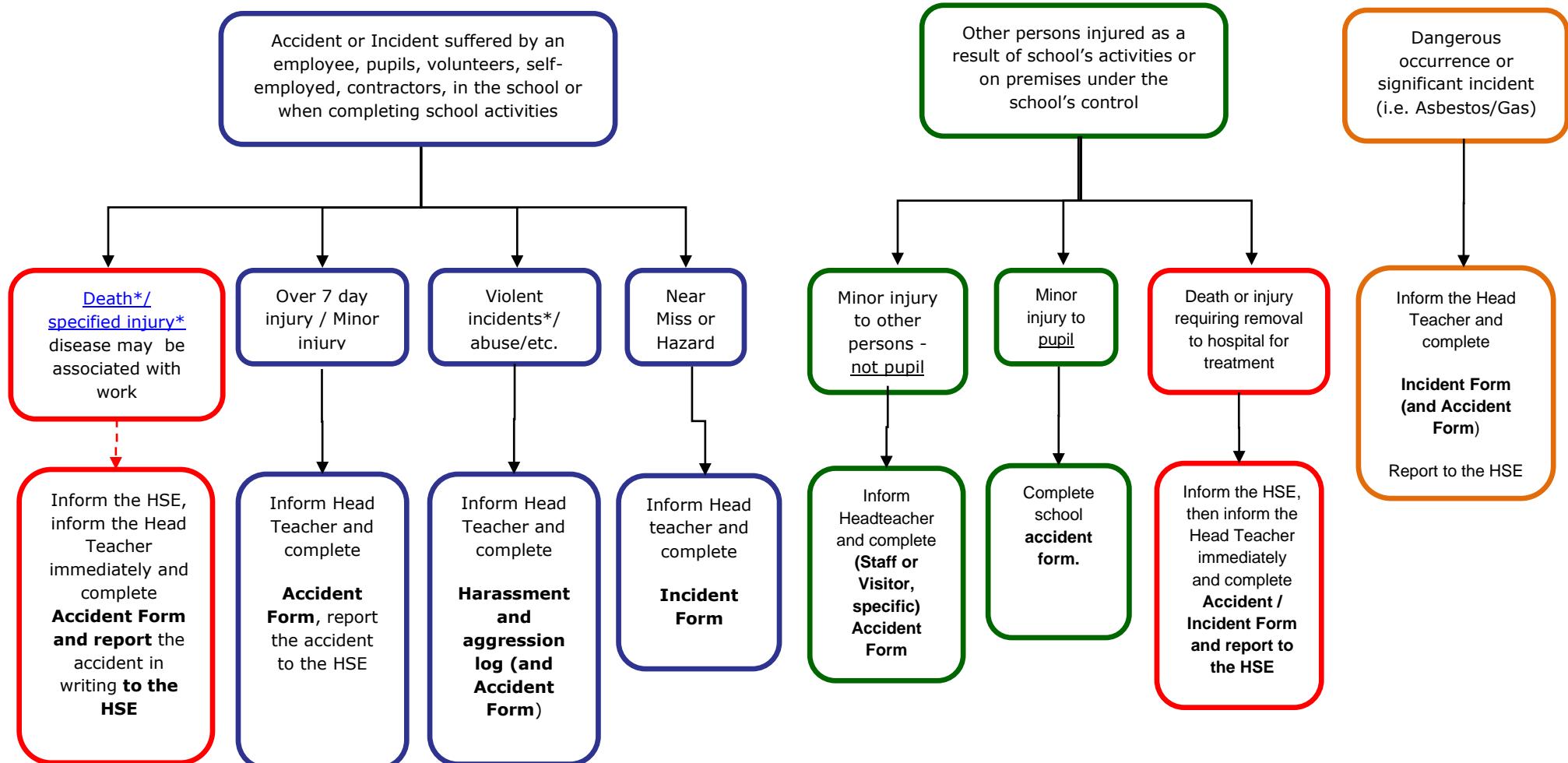
- Difficulty breathing / choking / coughing
- Severe swelling of lips/face/eyes
- Pale/floppy
- Collapsed/unconscious



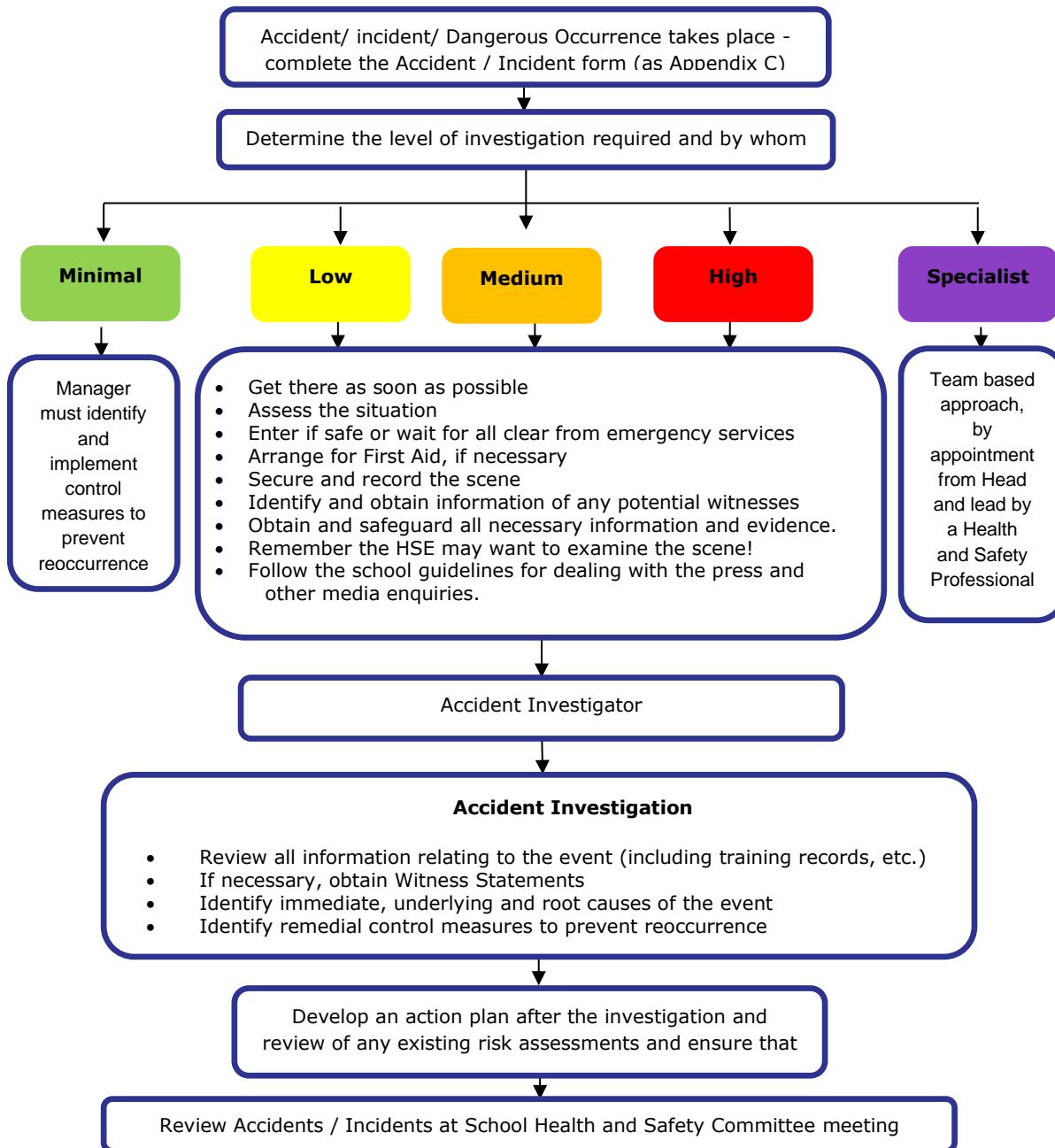
### Severe Reaction

- Get the AAI out
- Send someone to **telephone 999** and to tell the operator that the child is having an **Anaphylactic reaction**
- Sit or lie the child on the floor
- Remove the blue/grey safety cap from the AAI
- Hold the AAI approximately 10cm away from the outer thigh
- Swing and jab the black tip of the AAI firmly into the outer thigh at a right angle. **Make sure a click is heard and hold the AAI in place for 10 seconds**
- Remain with the child until the ambulance arrives
- Place used AAI into container, without touching the needle
- Contact parent/carer

## Appendix C - Action Guide for Accident and Incident Reporting



## Appendix D: ACCIDENT / INCIDENT / DANGEROUS OCCURRENCE MANAGEMENT AND INVESTIGATION



## Appendix E RIDDOR REPORTABLE ACCIDENT REPORTING AND INVESTIGATION PROCESS

