

SICKNESS, FIRST AID & EMERGENCY PROCEDURES

Who is this policy for?	All staff, therapists and volunteers
Policy Date:	January 2026
Date of next review:	January 2028
Who is responsible for monitoring and evaluating this policy?	Headteacher
Signed off Date: Governing Body	December 2025

Please read in conjunction with Side by Side's policies on Attendance, Confidentiality, Data Protection (UK GDPR), Dealing with Allegations of Abuse, Dealing with Peer to Peer Allegations, Epilepsy Policy, Equal Opportunities and Diversity, Health and Safety, Physical Contact/Intimate Care, Managing the Administering of Medication and PEG/Gastronomy Feeds, Manual Handling, Risk Assessment, Safeguarding, Safety of Children and Adults on Educational Visits and Wellbeing, Storage and Administration of Medication Policy.

Side by Side encourage and promote good health and hygiene for all the children in our care. This includes monitoring the children for signs and symptoms of communicable diseases such as chicken pox, measles, mumps, rubella, meningitis, diarrhoeas, vomiting and fever of 37.5° or over.

With the welfare of the sick child in mind and in the interest of the other children in the school, if in the opinion of the Nursery Manager/Deputy Headteacher/Paediatric Nurse, the child is ill then the parent/legal guardian will be contacted and requested to collect the child as soon as possible. Re-admittance to school after an infectious disease will be as per HPA guidelines.

FIRST AIDERS

A list of first aiders are located around the building in easily accessible locations.

MINOR ILLNESS PROCEDURE

- Bring child to the Paediatric Nurse to check symptoms.
- All details of illness to be recorded
- Call parents if applicable, and record details of phone call.
- Monitor child closely if the decision is for them to remain in school.
- Any action taken should be recorded.

MINOR ACCIDENT PROCEDURE

(such as fall from low height, trip, nose bleed and scrape)

- Staff must wear disposable gloves at all times
- The injury should be assessed by the Paediatric Nurse/first aider. The injury will be treated in the medical room. If necessary, the parent/legal guardian will be called to take the child to hospital. When phoning parent, give reassurance and tell them what action has been taken.
- Accident form must be filled in and given to the Paediatric Nurse and a copy sent home.
- Additional information can be included in the Link book where a pupil is one.
- Staff should record CPOMs report will be logged under medical and the nurse will be the assigned senior staff member.

Crèche

- For minor incidents/illness and with the parent being on site, crèche staff will take the child to the school nurse and parent will be alerted and come to check on their child as necessary.
- For all other incidents which are more significant in nature, the same school procedures and recording protocols will be carried out.

SERIOUS ILLNESS/INJURY

In the case of a serious accident or illness the parent/legal guardian will be contacted immediately along with the local emergency support services/Hatzola and the appropriate action taken. Please follow the emergency procedures below.

- It is important in all circumstances for staff to remain calm, composed and not unduly frighten or worry the injured child/unwell child or the other children.
- If necessary, other staff should remove the well children from the room calmly and quietly. They should join a nearby room to ensure that corridors are kept empty.
- One member of staff should stay with the injured/unwell child. In the case of an injured child, this should be the member of staff who witnessed the incident in close detail. If more than one member of staff witnessed the incident, choose one person to stay with the child. In the case of an unwell child, preference should be for the child's keyworker to remain with them.
- Class teacher should call the Paediatric Nurse or a first aider to assess.
- Unless there is an imminent danger (i.e. from unstable furniture, a fire or flood etc.), the child **should not be removed from the site of the incident. The first aider should be brought to the child.**

- If emergency services are needed, the first aider will ask a member of staff to call the office clearly stating the nature of the incident/emergency.
- A member of the office staff should open the double gates and wait in the street for the emergency services. If necessary, this member of staff will escort emergency crew to the child in question.
- Office staff should contact parents of child to inform them.
- If the child needs to be taken to hospital and parents have not arrived, a senior member of staff will accompany the child until the parents arrive (taking relevant medical information along)
- CPOMS reports should be uploaded, Accident books are both to be filled in as appropriate. **Children who have an emergency procedure should have that procedure followed.**

SUSPECTED INFECTIOUS ILLNESS

Where a child has a suspected infectious illness, the school will immediately call parents/guardian to pick them up from school and take them to A & E or GP to check the symptoms.

With any child who has been sent home due to a suspected infectious illness (such as chicken pox, measles etc.) it is essential that we have written confirmation from their General Practitioner/hospital discharge prior to a child's safe to return to school. It is important to follow through this protocol due to the nature of the school and the vulnerable children that attend. Side by Side will provide a letter to take to the GP/A&E explaining why we require confirmation for safe return to school and any recommended guidance.

SEIZURE – GENERAL INFORMATION

With a seizure, the child's experiences depend whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. If a child loses consciousness breathing may become difficult and the child's colour may change to pale blue or grey around the mouth.

Following a seizure, the child may be tired, confused, have a headache and will need time to rest or sleep.

- Each child with a history of seizures has an emergency procedure
- All staff working with that child have access to that plan and are familiar with it

Procedures to be followed in case of a seizure

- All other children to be removed from the room in a calm manner
- One member of staff to notify Paediatric Nurse/a first aider to assess the situation
- One member of staff to record the time the seizure started

- Lie the child down if possible and put something soft under their head. Don't restrict their movement
- Observe child's colour and call for ambulance/Hatzola if oxygen is necessary (see emergency procedure for the individual child)
- Stay calm and give reassurance
- Refrain from moving the child unless it is absolutely necessary for safety reasons
- First aider to give diazepam/midazolam if necessary as per emergency plan (this may cause drowsiness so you must stay with the child afterwards and allow him/her to sleep if necessary)
- Once seizure stops put the child in the recovery position
- If still fitting after designated time call ambulance/Hatzola
- Call Hatzola or ambulance immediately if it is the first time that child has had a fit.

BODY FLUID SPILLAGE

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

Staff Contact

- Deputy Headteacher to be contacted initially so that she can arrange for a member of her team to clean the area appropriately.
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean-up Procedure'.

Initial Clean Up Procedure

- Inform the Deputy Headteacher of spillage and collect cleaning items from her.
- Get some disposable gloves and an emergency spillage compound from the nearest First Aid kit.
- Sprinkle emergency spillage compound over affected area. Wait 90 seconds and then scrape up resultant gel and dispose of properly in clinical waste bags or dustbin with a bin liner.
- Waste should then be double bagged and put in an outside bin.
- Any article of clothing that has got contaminated with the spill should be wiped clean and then put in a plastic bag and tied, for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Procedure for Blood and Other Body Fluid Spillage

- Gloves to be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (Orange bag). If not available, then the gloves being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- When dealing with a spillage, emergency spillage compound or absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
- The contaminated paper towels need to be placed in a dustbin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- All waste to be double bagged and disposed of in outside bins.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action to Take

- If broken skin, encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the Deputy Headteacher/Paediatric Nurse.

RIDDOR

This part of the policy was written with reference to the HSE document Incident Reporting in School (2013) [Incident reporting in schools \(accidents, diseases and dangerous occurrences\) EDIS1 \(hse.gov.uk\)](http://www.hse.gov.uk/edis1.htm)

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work. These

include injuries and ill health involving employees, injuries involving pupils and other people not at work and dangerous occurrences.

At Side-by-Side the reporting will be done by the Headteacher. Incidents involving contractors working on school premises will normally be reported by their employers. Contractors could be, e.g. builders, maintenance staff, cleaners or catering staff. If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, then this will be reported by the Headteacher.

The Headteacher will report online all incidents except those regarding fatal and specified injuries which will be done by telephone or as advised on RIDDOR's webpage if out of hours. Reports will be made within 10 days of the incident, or 15 days if the incident resulted in more than 7 days' work absence.

Side by Side will keep records in our accident book of all reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR and all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days (From 6 April 2012 you don't have to report over-three-day injuries, but you must keep a record of them). These will be retained as per our retentions policy.

We will report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

We will also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases').

We will also report any work-related deaths and certain injuries to self-employed people that take place while they are working at the premises.

Reportable specified injuries include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;

- serious burns (including scalding), which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which: – leads to hypothermia or heat-induced illness; or – requires resuscitation or admittance to hospital for more than 24 hours.

We will report some acts of non-consensual physical violence that occurred to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days. In the case of an over-seven-day injury, the incapacity must have arisen from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. (This is reportable, because it arises out of or in connection with work.)

We will report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, e.g. from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, e.g. from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

We will not report work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. This is because, an injury must have resulted from an ‘accident’ arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

We will only report incidents to pupils and other people who are not at work injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, this will not be reported.

The Headteacher will use the following as a guide to consider whether an accident to a pupil arose out of or is in connection with work or not. Was the incident caused by:

- a failure in the way a work activity was organised (e.g. inadequate supervision of a field trip);
- the way equipment or substances were used (e.g. lifts, machinery, experiments etc.); and/or
- the condition of the premises (e.g. poorly maintained or slippery floors).

We will not report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.

We will only report sport related injuries when the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity.

- the condition of the premises or sports equipment was a factor in the incident, e.g. where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

We will also only report playground incidents where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity. This includes incidents arising because:

- the condition of the premises or equipment was poor, e.g. badly maintained play equipment; or

- the school had not provided adequate supervision, e.g. where particular risks were identified, but no action was taken to provide suitable supervision.

We will not report violence between pupils as this is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

We will report if pupils get injured while travelling on a school bus if another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital. However, we will not report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway. These are classed as road traffic incidents and are investigated by the police.

We will not report incidents to pupils on work experience placements as when pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work.

We will report dangerous occurrences (near-miss events) such as:

- the collapse or failure of load-bearing parts of lifts and lifting equipment;
- the accidental release of a biological agent likely to cause severe human illness;
- the accidental release or escape of any substance that may cause a serious injury or damage to health;
- an electrical short circuit or overload causing a fire or explosion.