



FOREST SCHOOL

First Aid Policy

Whole School including EYFS

v1.4

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Contents

1	Scope	3
2	Objectives	3
3	Guidance.....	3
4	Definition	4
5	Summary.....	4
6	References	4
7	Practical Arrangements.....	4
8	EYFS (Pre-Prep only)	5
9	Responsibilities under the policy	5
10	Implementation of Policy	7
11	Training.....	7
12	First Aid Boxes.....	7
13	AED – Automatic External Defibrillator.....	8
14	General Hygiene	8
15	Staff Precautions	9
16	Waste Disposal.....	9
17	Reporting, accident/incident investigation.....	9
18	Pupils with Particular Medical Conditions.....	9
19	Reporting – Educational Visits.....	10
20	Severity of Injury.....	10
21	Emergency procedures – when to call an Ambulance	11
22	Infection Control - Whole School including EYFS	11
23	First Aid Procedures.....	11
24	Personal Hygiene.....	12
25	Enhanced cleaning during an outbreak or incident	13
26	Safe disposal of clinical waste.....	13
27	Infectious Diseases	13
28	Keep occupied spaces well ventilated	15
29	When to seek advice from our UKHSA health protection team.....	15

30 Staff taking medicines	17
31 APPENDICES.....	17
32 Respiratory infections, including coronavirus (COVID-19).....	19
33 Appendix 1 – Accident Incident Form.....	21

1 Scope

This policy is applicable to the whole Forest School community including EYFS.

2 Objectives

- 2.1 This policy aims to identify effective systems for ensuring the provision of adequate and appropriate first aid equipment, facilities and personnel at Forest School both on and off-site.
- 2.2 To identify the first aid needs of Forest School in line with the Health & Safety (First Aid) at Work Regulations 1981.
- 2.3 To ensure that first aid provision is available at all times whilst there people on site or during off-site visits.
- 2.4 To ensure that there are an appropriate number of suitably trained first aiders on site and maintain a training log.
- 2.5 To provide awareness and training to staff, students and visitors on First Aid arrangements within Forest School.
- 2.6 To keep records as appropriate and report accidents to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. (RIDDOR, 2013).

3 Guidance

The School has in place procedures for:

- 3.1 carrying out first aid risk assessment;
- 3.2 training staff in first aid and refresher training prior to expiration dates (Every three years);
- 3.3 first aid equipment/supplies and stock management.

This policy should be read in conjunction with;

Medical Policies

Health and Safety Policy

Safeguarding and Child Protection Policy

HS004 Accident Management and RIDDOR

Educational Visits Policy
Mental Health Policy
Allergens Management Policy

HSE Health and Safety: responsibilities and duties for schools
UKHSA Health protection in education and childcare settings

4 Definition

- 4.1 *First aid* is defined as the immediate or initial treatment given to someone taken ill or injured prior to the arrival of other medical services.

5 Summary

- 5.1 Whilst on site or involved in a Forest School activity the care of our pupils is paramount. With adequate information we endeavour to help our pupils to remain healthy, enabling them to continue to access their education without stigma or exclusion. In order for this to occur, parents, pupils and staff need to work closely together. The school employs a full time Director of Medical Provisions and two full time RGNs (Registered General Nurses, Hereafter referred to as nurses) to cover the medical/health needs of the members of the School and qualified first aiders, including paediatric first aiders.
- 5.2 At Forest School and during related off-site activities, including sports, there are sufficient numbers of trained personnel, equipment and information available to ensure that someone competent in emergency first aid techniques can rapidly attend an incident.

6 References

- 6.1 Medical policies including the Admissions of medicines policy, List of First Aiders, First Aid box locations. UKHSA Health protection in education and childcare settings.

7 Practical Arrangements

- 7.1 Forest School employs a full time Director of Medical Provisions and two full time Nurses based in the Whitmore Block. (Refer to the Medical Policies for information on medical conditions).
- 7.2 Forest School provides a properly equipped medical base and a dedicated first aid room in the Sylvestrian Leisure Centre.
- 7.3 A nurse is available between 7.30am and 5.00pm Monday to Friday term time to attend an incident, in the unlikely event that no nurse is available, alternative arrangements will be made. Outside of these hours qualified first aiders are present within the Sylvestrian Leisure Centre during the following times: Monday – Friday Term time and holidays (7am – 9pm) Saturdays (8am – 6pm) Sundays (8am – 6pm) not including Bank Holidays. Between 6am and 7am weekdays, term time only First Aid is available within the kitchen (6572).

Appropriate first aid arrangements are made for staff and students engaged in fieldwork via the Co-Curriculum Office. Within the Leisure Centre, at least one member of staff will be on site that holds the 3-day first aid at work qualification. PE staff are trained to emergency first aider

standard including head injury management and the use of auto-injectors. Science teachers are trained in remedial measures as recommended by CLEAPSS.

The Park

The Park is a short walk from the main buildings. The Park is equipped with a first aid kit and AED. PE and Games Staff always taken with them a portable first aid box. All staff will have means of communication (telephone or radio) to contact the main School.

PE staff are trained in Emergency First Aid as are the groundsman on site.

For large sporting events, block fixtures, the PE dept arrange for independent first aid cover to attend.

8 EYFS (Pre-Prep only)

- 8.1 For Pre-Prep children, the School will obtain up-to-date medical information on pupils as they join the School, and annually thereafter or until they leave EYFS (which may include giving permission for certain over-the-counter medication, and for emergency medical treatment in the event that a parent cannot be contacted).
- 8.2 For Pre- Prep children, staff will be given particular training for any child with a condition in their class e.g. Auto-injectors. A record of those trained is [kept on the intranet](#).
- 8.3 During School hours, there will be always be at least one person on site with paediatric first aid training and always on educational visits. This will be the full Paediatric First Aid training, 2 days, as specified in EYFS Framework January 2024. A list of trained staff is available on the staff intranet and upon the parents' notice boards.
- 8.4 Parents will be informed the same day or as soon as reasonably practicable if their child is given any medication (with details of the timing given to avoid overdosing).
- 8.5 Parents will be informed the same day or as soon as reasonably practicable of any accident or injury, and the first aid treatment given.

9 Responsibilities under the policy

Heads of Departments and Managers are responsible for:

- 9.1 Ensuring first aid needs within their areas of operation are suitable and sufficient, including stock levels within their first aid boxes.
- 9.2 Ensuring appropriate first aid cover is available for field work and any additional sessions, events held on site or upon an educational visit and/or out of hours.

Medical Department are responsible for:

- 9.3 Assessing and managing first aid needs of their department and the school/community in conjunction with the Health and Safety & Compliance Director.
- 9.4 Work with the H&S Department, Calendar, SLT /PSLT and Outreach to set up first aid training and refresher training at appropriate intervals.
- 9.4 Ensuring sufficient numbers of Nurses are available during the school day.

- 9.5 Organising provision and replenishment of first aid supplies across the school in conjunction with HoD's requests
- 9.6 Inspecting the School's first aid kits including AEDs periodically throughout the year.
- 9.7 Recording any accidents, incidents and informing the Health & Safety and Compliance Director of any dangerous occurrences in lines with Procedure HS 004
- 9.8 Liaising with the Bursar and the School's Health & Safety and Compliance Director on first aid/medical issues
- 9.9 Attending the Health & Safety & Risk Committee and reporting on recent trends or updated procedures

First aiders and Nurses are responsible for:

- 9.10 Being available and responding promptly to calls for assistance within their area
- 9.11 Providing support within their competence and qualification for pupils, staff, visitors and contractors.
- 9.12 Summoning further help, if necessary
- 9.13 Reporting details of treatment provided
- 9.14 Ensure first aid boxes are re-stocked

The Health & Safety and Compliance Director is responsible for:

- 9.15 Monitoring the list of qualified first aider across site and arranging for training to be carried out within the three-year expiration period
- 9.16 Risk assess and review the first aid provisions for the School
- 9.17 Ensuring sufficient numbers of suitably trained first aiders are available during times that children/staff/visitors/contractors are on site.
- 9.18 Induct new members of staff on first aid procedures and periodically review the first aid arrangements to staff
- 9.19 Ensuring information on obtaining first aid is made available and is up-to date
- 9.20 Ensure that any training given (other than specific/tailored courses) meet the Ofqual criteria

EYFS Pre-Prep Staff (Paediatric First Aid trained) are responsible for:

- 9.21 Providing first aid with the younger children and report via the accident reporting system. Anything where they feel they need support or a second opinion then they should take the children to the nurse who will diagnosis.

The Leisure Centre Manager is responsible for:

- 9.22 Ensuring suitable and sufficient first aid cover is available at sports facilities whilst in use for school and community use.
- 9.23 Specialised Lifeguarding equipment is available and fit for use including a defibrillator.

The Co-Curriculum Office are responsible for:

- 9.24 Ensuring that all educational visits, activities and games are risk assessed, with specified focus upon first aid requirements, equipment, medication and availability of trained staff to ensure the safety of staff and pupils including those with medical conditions.

10 Implementation of Policy

- 10.1 Please refer to Health & Safety Manual, section HS004 for procedure relating to accident management and reporting. At least one Nurse will be on site during normal School hours up until 6.00pm. At weekends and after 6pm weekdays, First Aid will be provided by staff within the Sylvestrian Leisure Centre, where at least one member of staff is qualified in the 3-Day First aid at Work qualification during the operating hours.
- 10.2 Should both Nurses be away from School for any reason alternative arrangements will be made.
- 10.3 In order to ensure parents, know what to do if a child is ill or infectious, this is passed to them through the parent, carer information booklet for the Preparatory School and Pre – Prep. Senior School parent, carers are advised by the Nurse through email or per individual query.

11 Training

- 11.1 Forest School is dedicated to ensuring all staff have the opportunity to attend, refresh or update their first aid qualifications. Training is either provided internally or externally sourced at regular intervals during the year and upon request if it is deemed necessary. First aid qualifications expire three years from the date of the course taken.
- 11.2 The individual member of staff, in conjunction with the Director of Medical Provisions, Health & Safety and Compliance Director will monitor their qualifications so all staff may retake or complete a refresher course before the qualification expires.
- 11.3 Please refer to the [intranet page](#) here for details of members of staff currently qualified, date they qualified and when their certificate expires. This register also holds details of staff qualified in Paediatrics to cover the EYFS requirements for the Pre-Prep and Preparatory School. The Head of the Preparatory School is responsible for ensuring these regulations are adhered to.

12 First Aid Boxes

- 12.1 First Aid boxes are located in high-risk areas and across the school depending upon use of classrooms and locations. First aid kits are designed to be used by first aiders only unless the treatment is minor and requires a simple plaster or temporary bandage. First aid boxes are stocked in reference to ["Basic advice on first aid at work" INDG 347](#).
- 12.2 It is the responsibility of Department Heads to ensure first aid boxes are in date and have sufficient stock. Nurses or another competent member of staff conduct a termly check on

all kits. The Health & Safety and Compliance Director also conducts regular inspections. A full list of locations can be found in Appendix B.

- 12.3 A Travel First Aid Bag will be taken on all School visits and sports fixtures off-site along with any emergency medication that may be required.
- 12.4 Parents are responsible for advising staff if their child will require medication on a School educational visit. No medication is to be carried by a pupil unless discussed with the Visit Lead.
- 12.5 The Visit Lead in charge is responsible for informing the Nurses of the educational visit and requesting the provision of the First Aid Bag with at least a weeks' notice, Auto-Injectors (two per pupil) and any medicines which are then to be returned to the Medical Centre on completion of the trip by a member of staff.

13 AED – Automatic External Defibrillator

- 13.1 The School has three AED's located around the site. Please refer to the AED location map situated on the Intranet under Medical>AED. Forest School has a number of first aiders trained in the use of AED's, notably the Nurses, Leisure Centre Staff, PE, Chartwells (for covering late events), grounds staff and maintenance. All Emergency First Aiders are invited to the AED top-up session held throughout the year.
- 13.2 Locations of the AED's are: Swimming pool entrance (first aid room, not in a cabinet), Main Reception and outside Pavilion in the Park. These are self-checking devices and checked monthly by the Health & Safety office.
- 13.3 Staff involved in helping the casualty should do the following:
 - Press 9 for an outside line off a school phone then Dial 999 for an ambulance. Send someone (if available, if not go yourself to collect the nearest AED). Commence CPR if required. Alert Nurses or Leisure Centre on 020 8509 6515 / 6526 respectively for trained AED users to attend incident.
 - Alert Reception informing them of the arrival of an ambulance and specific location within the School site.
 - Alert Senior Leadership Team.

14 General Hygiene

- 14.1 Spillage of blood and vomit should be cleared up as quickly as possible by calling the cleaning department, Chartwells. A granular chemical is used that absorbs and sanitises the area allowing the spillage to be swept up.
- 14.2 If paper towels are used, this must be treated as infected waste and not disposed of within general waste. Gloves and aprons should be discarded as infected waste.
- 14.3 Clothes and linen that are stained with blood or vomit should be washed in a washing machine at 95 degrees centigrade for 10 minutes or boiled before handwashing.
- 14.4 Crockery and cutlery can be cleaned by handwashing with hot soapy water or in a dishwasher or dish steriliser.

15 Staff Precautions

- 15.1 As a general policy, if staff who themselves have cuts or abrasions give physical care to children, these injuries should be covered with waterproof or other suitable dressings, disposable gloves etc.
- 15.2 Injuries should be covered with waterproof or other suitable dressings, disposable gloves etc.
- 15.3 Staff taking prescribed medicines, please refer to the Staff Code of Conduct.

16 Waste Disposal

- 16.1 Urine and faeces should be eliminated or discarded into the toilet in the normal manner. Disinfectant is not always necessary.
- 16.2 Soiled waste, including protective disposable gloves or aprons should be 'double bagged' in yellow plastic bags and effectively secured. Arrangements should be made with the responsible local authority for collection of this waste for incineration.
- 16.3 Non-infected waste is discarded into bin liners or dustbins. This should be collected and disposed of in the usual manner by the local authority cleansing department.
- 16.4 When work is completed, hands should be washed thoroughly using hot water and soap.

17 Reporting, accident/incident investigation

- 17.1 Full details of our reporting procedure including RIDDOR can be found within the Health & Safety manual Section HS004.
- 17.2 All accidents and incidents to pupils are recorded on ISAMS by the Nurses where the nurses have been required to treat or by the first aider in the nurses absence. For educational visits, this is recorded on OPEROO and then transferred manually by the Educational Visits Coordinator to ISAMs. All serious accidents that either were transported to hospital and/or potentially requiring investigation, are passed to the Bursar and the Health & Safety and Compliance Director.
- 17.3 Any accident or incident investigation will be tailored to the severity of the incident. This may involve witness statements, interviews, gaining evidence of testing or inspections, evidence of training records and level of competency and underlying causations. The school uses the accident investigation template available from the Health & Safety and Compliance Director.
- 17.4 Every term, a full report is issued by the Nurses to the Health, Safety & Risk Management Committee to discuss any trends and investigate potential solutions to prevent accidents as far as reasonably practicable. Any investigation or near-miss is reported by the Health & Safety and Compliance Director.

18 Pupils with Particular Medical Conditions

- 18.1 Pupils with particular medical conditions such as asthma, epilepsy, diabetes will be included upon the medical conditions document issued by the Nurses at the start of every year and updated where appropriate.

- 18.2 Specific information on medical conditions can be found within the Medical Policy on the staff intranet.
- 18.3 Pupils with particular medical conditions have individual care plans kept within the Nurses' Office.
- 18.4 Staff have access to pupil medical information that is appropriate to their role or responsibility to that child. In an emergency staff can access this information.

19 Reporting – Educational Visits

- 19.1 Any injury/illness sustained by a pupil should be reported to the School Nurse on return from the visit. An accident form upon OPEROO or hardcopy must be completed by the first aider /Visit Lead.
- 19.2 Every attendance to the Medical Centre is recorded on the Database with name, date, time and description of incident, treatment and outcome.
- 19.3 The Forest School Accident form is completed for more serious injuries and incidents for pupils. The Accident Book HSE BL510 is used for staff and visitors and is kept in the Medical Centre Office.
- 19.4 A RIDDOR (Reporting of injuries, Diseases and Dangerous Occurrences Regulation) form is completed following the guidance provided (HSE Information Sheet No1). For more information on when to report an incident/accident to the HSE please read HS004 within the Health & Safety Manual located on the Intranet. This is completed by the Health & Safety and Compliance Director or the Health and Safety Coordinator in his absence.

20 Severity of Injury

- 20.1 Most injuries and illnesses will be dealt with by the Nurses in the Medical Centre.
- 20.2 A note will be sent home with the pupil if they have sustained a head injury in case of a delayed reaction. Any pupil who sustains a head injury on any educational visit including sporting activities should either be sent to the Medical Centre on return to school if further treatment is required or handed over by a member of staff to a Parent/Guardian with WRITTEN Head injury instructions.
- 20.3 Notes should also be sent home if medication has been required and given.
- 20.4 The parents are contacted by telephone if the injury/illness requires further medical treatment or if the pupil would benefit from resting at home.
- 20.5 Parents, carers or emergency contacts are contacted if a pupil needs to go to Casualty and are asked to transport them when an ambulance is not deemed required or not available.
- 20.6 Where a pupil suffers from a severe head injury off site, either taking part in a school activity or in their own free time, they should report to the Medical Centre as soon as possible after the event. They will be signed off PE/games until they can be assessed or are able to provide written evidence from another medical professional confirming when they are fit to resume sport. Further information on head injuries can be located within the Head injuries policy.

21 Emergency procedures – when to call an Ambulance

- 21.1 In the case of severe accident or incident at the School, the first member of staff to arrive will call 999 if they can immediately see that an ambulance is required. The Nurse or first aiders will then be called to deliver initial/immediate treatment. The School Office and Reception will be informed to expect an ambulance. The School Office or Nurse will contact the parents, carers. A member of staff will be sent to the front of School to meet the ambulance. The casualty will be accompanied to hospital by one of the School Nurses, member of staff or parent/guardian.
- 21.2 In the unlikely event that neither the parents nor the named emergency contact can be contacted, and where an ambulance is unavailable to transport a pupil to the hospital, the Nurse(s) will inform a member of the Leadership Team of a decision to be made and acted upon, which we believe to be in the best interests and welfare of the child. i.e. using School transport to take the pupil to hospital or to leave the pupil on site and await further developments.

22 Infection Control - Whole School including EYFS

- 22.1 The aim of this Policy is to prevent communicable diseases and their spread whilst interfering as little as possible with the attendance of children at School. The following guidance deals with First Aid procedures, good hygiene practices, the safe disposal of clinical waste and pupils with an infectious disease. Because infections can be passed on before a person is unwell, it is important that high standards of basic hygiene are always maintained.
- 22.2 All blood and body fluids should be treated as potentially infectious. Infections can be passed on even when a person looks and feels well. Reasonable steps should therefore be taken to protect against exposure to blood and body fluids at all times regardless of an individual's infection status. These will provide protection against those diseases where infection may be spread by direct or indirect contact e.g. on hands or contaminated objects.
- 22.3 These basic precautions include:
- 22.3.1 The use of proper handwashing procedures
 - 22.3.2 Safe treatment of soiling and spills
 - 22.3.3 The correct management of incidents involving blood or other body fluids
 - 22.3.4 The safe disposal of clinical waste and sharps (any sharp instrument like a needle).

23 First Aid Procedures

- 23.1 Under normal circumstances, disposable gloves should be worn for all tasks involving blood, vomit or urine. Disposable plastic aprons may also be required in certain situations.
- 23.2 First Aiders should wash their hands before (if possible) and after giving First Aid. Any cuts, wounds, etc. must be covered with a waterproof plaster.
- 23.3 Disposable gloves are available in all First Aid Boxes.
- 23.4 After giving First Aid, the gloved hands should be washed with soap and water to remove all traces of blood, disposed of in a yellow bag and the hands washed again.

- 23.5 Any splashes of blood/body fluids to the eyes or mouth from another person should be washed out immediately with copious amounts of water. Splashes on the skin should be washed off with soap and water.
- 23.6 Human bites/accidental inoculation (where the skin has been pierced and there has been possible contact with blood from another person): encourage bleeding by gently squeezing the wound. Wash the area thoroughly with water and cover with a waterproof plaster.
- 23.7 All First Aid incidents must be reported either in person or in writing to the School Nurses. Any incident involving human bites/accidental inoculation or contamination by the blood of another person must be reported to the School Nurse immediately and an accident form completed.

24 Personal Hygiene

- 24.1 Good personal hygiene, including proper hand washing is essential.
- 24.2 Toilet facilities (including toilet paper) must be provided. Facilities for washing hands with soap and warm water, and drying hands must be available. Children should be encouraged to use them and supervised where necessary.
- 24.3 Hands should be thoroughly washed for twenty seconds (using soap and water) and dried before meals, after using the toilet, after handling pets and whenever they become soiled.
- 24.4 Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections.
- 24.5 Spitting should be discouraged.

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow respiratory hygiene and cough etiquette, specifically:

- cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene
 - cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
 - keep contaminated hands away from the mucous membranes of the eyes and nose
 - carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials
- 24.6 Visits from travelling farms or visits to farms, will require a separate risk assessment to cover infection control looking at E-Coli, Cryptosporidium, Veils disease, etc.
- 24.7 Spillages of blood or body fluids:
- 24.7.1 Again under normal circumstances, disposable gloves should be worn for all tasks involving blood, vomit, faeces or urine. Disposable plastic aprons may also be necessary in certain situations.
- 24.7.2 Spillages of blood, vomit, urine and faeces must be cleaned up as quickly as possible. Other persons should be kept away from the contamination until it is effectively dealt with.

- 24.7.3 Any spillages onto clothing, carpet or upholstery must have any excess mopped up with a disposable cloth or paper towels and then sponged with warm soapy water. Clothing should be washed as soon as possible using as high a temperature as possible or dry cleaned.
- 24.7.4 Any spillages onto a hard surface should have disinfectant (see below) poured onto the spill, covered with paper towels and be left for a short while. Any excess disinfectant should be mopped up with more paper towels and the area cleaned in the normal manner.
- 24.7.5 Disinfectant solution: Use ordinary household bleach freshly diluted 1:10. Should accidental contact with bleach occur flush with copious amounts of water. Always use freshly diluted disinfectant. Bleach can corrode metal and damage fabric if used at the wrong concentration.
- 24.7.6 Only cleaners are to deal with cleaning blood or body fluids

25 Enhanced cleaning during an outbreak or incident

- 25.1 In the event of an outbreak of infection at your setting, your UKHSA HPT team may recommend enhanced or more frequent cleaning, to help reduce transmission.
- 25.2 Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.
- 25.3 Plans should be developed for such an event on how the setting might carry this out which could also include during term time. Dedicated cleaning equipment should be colour coded according to area of use. The Bursar will liaise with our Cleaning Contractor to ensure suitable arrangements can be immediately implemented upon a suspected outbreak.

26 Safe disposal of clinical waste

- 26.1 Clinical waste is defined as any materials coming into contact with body fluids, including disposable gloves and aprons. All clinical waste should be disposed of into yellow plastic bags, clearly marked 'clinical waste'. Clinical waste must be sent for incineration and not included with general refuse.
- 26.2 Forest School has a contract with Initial Medical Services for the collection of clinical waste on a regular basis. Initial also provide the clinical waste unit and large yellow bags. In the event of the waste unit becoming full before the collection date, the bag should be removed, securely fastened & stored until the next collection date.
- 26.3 'Sharps' must be disposed of into the 'sharps' bin, which is supplied by Initial 'Sharps' waste is collected on an 'as required' basis as very little 'sharps' waste is generated.

27 Infectious Diseases

- 27.1 From time-to-time children and sometimes staff may develop an infectious disease. The majority are short lived but some may be long term and the individual may be a carrier of

an infectious disease. Pathogens (micro-organisms that can cause disease) can be spread via a number of routes:

- 27.1.1 Contact – direct or indirect
- 27.1.2 Airborne
- 27.1.3 Arthropods
- 27.2 Direct contact – pathogens may be spread through direct contact with the body fluids of an infected individual
- 27.3 Indirect contact – methods of transfer include:
 - 27.3.1 Other people e.g. via hands
 - 27.3.2 Animals e.g. salmonella
 - 27.3.3 Water e.g. cholera
 - 27.3.4 Inanimate objects e.g. respiratory equipment, contaminated surfaces
 - 27.3.5 Food
- 27.4 Airborne – pathogens only travel via airborne particles:
 - 27.4.1 Respiratory droplets – coughing and sneezing e.g. influenza
 - 27.4.2 Dust, which can contain skin cells and bacteria
 - 27.4.3 Water – via aerosol e.g. Legionnaires disease
- 27.5 Arthropods – these include bugs, flies, fleas, midges, mites, mosquitoes, lice and ticks which can cause diseases such as scabies and malaria.
- 27.6 A child who has developed an infectious disease usually shows general signs of illness such as fever, headache, sore throat or general malaise before the development of a rash or other typical symptoms. They are usually infectious before a diagnosis has been made. Carriers of certain diseases may have no symptoms at all and may not be aware of their infectivity. Some parents, for whatever reasons, may choose not to disclose information about their child's health. With this in mind, all blood and body fluids should be treated as potentially infectious and the precautions stated earlier followed.
- 27.7 Forest School follows Redbridge and Waltham Forest guidelines on the control of infectious diseases. A copy of this guidance is kept in the Medical Room. There are specific exclusion times for specific diseases. If a member of staff suspects an infectious disease, they should contact the School Nurse for further advice. In their absence, these guidelines are easily accessible in the Medical Room. If a parent informs the School that their child has an infectious disease, other pupils should be observed for similar symptoms. Parents with pupils returning to School after an infectious illness should be asked to see/contact the School Nurse.
- 27.8 The risk of an individual acquiring an infection is influenced by his or her susceptibility. This is determined by age (children have immature immune systems), physical wellbeing, medical interventions (certain drugs lower immunity) and natural immunity. If First Aid procedures and good hygiene practices are followed, the risk of transmission of infectious diseases is greatly reduced.

27.9 The following UKHSA guidance has been adopted and will be followed by Forest School
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> DfE Guide for Schools on Infection Control

28 Keep occupied spaces well ventilated

- 28.1 Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections.
- 28.2 All facilities, departments should keep occupied spaces well ventilated to help reduce the amount of respiratory germs.
- 28.3 Many areas of schools are already well-ventilated with plenty of air movement.
- 28.4 CO2 monitors (with the Health and Safety Office) can be used in areas where staff have concerns regarding sufficient ventilation.
- 28.5 During a possible outbreak the school may inform all staff to adopt the following measures for a short timeframe.
- 28.6 These include:
- partially opening windows and doors to let fresh air in
 - Opening higher level windows to reduce draughts
 - Opening windows for 10 minutes an hour or longer can help increase ventilation – where possible this can happen when the room is empty in between lessons, for example.
- 28.7 You should always balance the need for increased ventilation while maintaining a comfortable temperature.

29 When to seek advice from our UKHSA health protection team

- Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local UK Health security Agency (UKHSA) health protection team (HPT) of suspected cases of certain (notifiable) infectious diseases.
- All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism. Education and childcare settings will be contacted if there are actions required within the setting as part of public health management.

Forest School will consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting
- evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital

- more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever

29.1 Forest School will contact our UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example:

- E.coli 0157 or E coli STEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningococcal meningitis or septicaemia
- scarlet fever (if an outbreak or co-circulating chicken pox)
- tuberculosis (TB)
- typhoid
- whooping cough (also called pertussis)

29.2 What information may be asked for

The below will assist the LHPT should we need to report an outbreak. This will help the health protection team to assess the size and nature of the outbreak or incident and advise on any recommended actions.

Information includes:

- type of setting, for example nursery or special needs school
- total numbers affected (staff and pupils)
- total numbers attending (staff and pupils)
- any food handlers affected
- number of classes, rooms, year groups affected (including nursery if applicable)
- symptoms experienced
- date when symptoms started including a brief overview of the sequence of numbers of new cases since the outbreak started.
- any indications of severe disease such as overnight admissions to hospital
- were there any events or trips in the week prior to the start of the outbreak
- if known whether any tests or clinical assessments have taken place
- vaccination uptake (for example for MMR and other infections)
- if there are any individuals within the affected group at higher risk from severe disease

Forest Schools Local health protection Team can be contacted on 020 8496 3000

What actions will be recommended

If Forest School need to contact our UKHSA HPT, they will conduct a risk assessment of the situation based on the information provided, and the type of infection.

The risk assessment will then inform the need for any further actions which may include:

- reinforcement of baseline infection prevention and control measures
- communication to parents and carers
- exceptionally, temporary advice to reduce mixing among a targeted group
- exceptionally, the temporary use of face coverings in communal areas

Your UKHSA HPT will advise on whether any of these actions are recommended.

They may consider holding an incident management team (IMT) meeting which would bring together local stakeholders and the appropriate local authority. If, in exceptional circumstances and as a last resort, limiting the number of children or young people attending the setting is considered necessary for public health reasons this should be discussed at an IMT meeting before being implemented.

29.3 Classification of an outbreak

An outbreak or incident may be defined in epidemiological terms as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

For example:

- 2 or more cases of diarrhoea or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- higher than usual number of people diagnosed with scabies
- higher than usual number of people with respiratory symptoms

These definitions should not be taken as a threshold for reporting or action. Please follow the guidance [above](#) for when to seek help or report infections in your setting

30 Staff taking medicines

Nurses on site are not in a position to offer medicines to staff during the school day other than the occasional non-prescription medication. Staff taking prescribed medicines need to ensure they follow the instructions and do not place themselves or others at risk. If taking medicines impairs your ability to operate to carry out your day-to-day tasks you must inform the Deputy Head Staffing and Operations, Head of Prep School or the Bursar, as appropriate immediately.

31 APPENDICES

31.1 Appendix B

31.2 First Aid boxes are located in the following places and are checked regularly (at least once each term) for contents by Department Heads

- Science Building, Prep Rooms (2)

- Food Tech (3)
- Aston 1st floor
- Theatre
- Leisure Centre Reception
- Plant Room* and Chemical Store* (*Eye wash Sinks only)
- Art Office
- DT Workshops (3)
- Reception
- Main Kitchen
- Preparatory School Office
- Prep School Playground
- Roof of Prep School
- Martin Centre
- Sixth Form Centre
- Gilderdale Workroom
- Cottage Workroom
- Reception Classrooms (EYFS)
- Each minibus
- Each Pavilion (Field & Park)
- Maintenance Workshop
- Groundsman Workshop (Park)
- School Office
- Music Office
- Medical Centre
- IT Office
- Dining Hall
- Food Hubs (2)

32 Respiratory infections, including coronavirus (COVID-19)

32.1 Respiratory infections are common in children and young people, particularly during the winter months. Symptoms can be caused by several respiratory infections including the common cold, COVID-19, flu, and respiratory syncytial virus (RSV).

32.2 For most children these illnesses will not be serious, and they soon recover.

32.3 Symptoms

- Children with respiratory infections can experience a range of symptoms including a runny nose, high temperature, cough and sore throat.
- It is not possible to tell which germ someone is infected with based on symptoms alone.
- Some children aged under 2 years, especially those with a heart condition or born prematurely, and very young infants, are at increased risk of hospitalisation from RSV.

32.4 Spread

- Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by.
- Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.

32.5 Exclusion

- Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.
- Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough.
- If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day, they took the test. The risk of passing the infection on to others is much lower after 3 days, if they feel well and do not have a high temperature.
- Children and young people who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

32.6 Do

- Ensure that any children and young people who have a high temperature and are unwell do not attend the education or childcare setting until they no longer have a high temperature and are well enough to attend.

- Encourage all children with respiratory symptoms to cover their mouth and nose with a disposable tissue when coughing and sneezing and to wash their hands after using or disposing of tissues.
- Advise children or young people with a positive COVID-19 test result try to stay at home for 3 days after the day they took their test.
- Any staff who have a positive COVID-19 test result should try to stay at home for 5 days after the day they took the test.
- Advise all staff and students to follow the 'Living safely with COVID-19' and other respiratory infections guidance.

32.7 The health and Safety and Compliance Director/Medical Centre will contact the UKHSA HPT if there is:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection
- evidence of severe disease due to respiratory infection, for example if a pupil, student, child or staff member is admitted to hospital

Within Forest School any suspected case or outbreak will follow the UKHSA guidance

32.8 In the event of a child becoming symptomatic whilst on site

The member of staff will inform the medical centre where possible of a child that is displaying symptoms of Respiratory illness/COVID-19 and is on their way.

The nurses will put on their PPE (face mask/shield, gloves, apron and where appropriate safety glasses) to assess the child.

If the symptoms are confirmed as potentially that of COVID-19 the child will remain within the dedicated Respiratory illness/COVID sick bay whilst parents are informed to come and collect their child.

Parents will be informed to follow the UKHSA guidance in relation to respiratory illness/COVID-19

The school office(s) and/or the Medical Centre will notify the H&S Office on any matters of concern in particular to higher-than-normal transmission within a particular cohort.

33 Appendix 1 – Accident Incident Form

Forest School

ACCIDENT & INCIDENT FORM

Nurse will photocopy and issue to Bursar, Health & Safety Director

1) Location			Time:		Date:
2) RIDDOR Form to be completed (Y/N)		Passed to Matron? Y/N			
3) Full Name					
4) Gender					
5) Age (if under 18)					
7) Daytime Tel. No. and / or Mobile Tel. No					
8) Evening Tel. No.					
9) Exact location of occurrence (Show on plan on reverse)					
10) Details of occurrence (include activity, machinery/ equipment involved, chemicals, height of falling object etc)					
11) Apparent injuries (use manikin on reverse)					
12) Treatment given and by whom					
13) Was an ambulance called ? (Y/N)					
14) For under 18's were parents informed ?					
15) Did the injured person resume activities?					
16) What caused occurrence?					
17) What action taken?					

18) Name of Witnesses (if any)	
Addresses	
Daytime Tel. No. and/or Mobile Telephone	
Evening Tel. No.	

Person Completing Form

Full Name Position.....

(Block Capitals)

Signed:..... Date.....

Supervisor/First Aider Signature:..... Bursar Signature.....

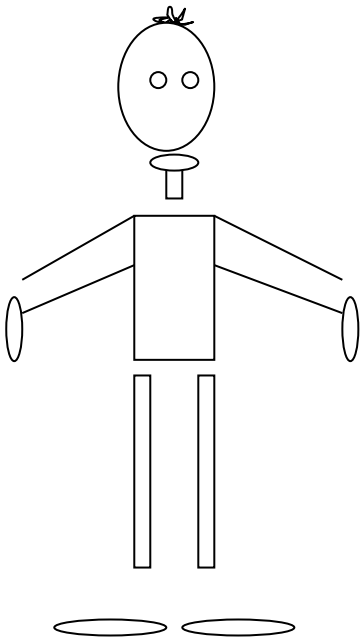
9) Plan of Area

Show location of occurrence with a **X**

11) Apparent injuries

Show location of injuries with a **X**

33.1 Front



Back

