



**Medical and First Aid Policy Statement**  
**to Cover the Whole Setting including EYFS**

Date Reviewed:	September 2025
Next Review Date:	September 2026
Policy Owner:	Mrs Gemma Mitchell & Mrs Susan Jefferson
Ratified @ Committee Name / FGB & Date:	Finance and Estates 11.03.2025 Full Governing Board 30.06.2025

**Mission Statement**

We are committed to providing a supportive, enjoyable and family style environment in which every child is nurtured and encouraged to achieve their potential through a broad-based curriculum and opportunities for developing sporting, dramatic, artistic and musical talents.

**Statement of Aims & Objectives**

- To enable each child to fulfil their own academic and personal potential.
- To instil in every child the importance of developing personal initiative and to foster in them a belief that they can fulfil their potential in any area of school life.
- To provide a broad based academic and extra-curricular education that is delivered in such a way as to satisfy the learning needs of each and every pupil.
- To help each pupil to develop both a set of Christian values and an understanding and appreciation of other religious beliefs.
- To learn the difference between right and wrong and to appreciate that rights and responsibilities are equally balanced.
- To develop and promote a sense of caring and community between the pupils within the school and the wider community as a whole.
- To instil in each pupil a high degree of self-respect and respect for their fellow pupils, teachers and other adults.
- To prepare each child for the transition to the next stage of their education and to be able to take advantage of any opportunities as they present themselves.



## **Safeguarding**

Oakhyrst Grange School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. At this school we respect and value all children and are committed to providing a caring, friendly and safe environment for our pupils so that they can learn in a relaxed and secure atmosphere. We believe that every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Oakhyrst Grange School. We recognise our responsibility to safeguard all who access school and promote the welfare of all of our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying. This should be read in conjunction with the Safeguarding Policy.

All staff will be asked to complete training annually following KCSIE updates. Further safeguard training will take place throughout the year. All staff must wear their lanyards at all times.

The Safeguarding governor is: Pauline Clark [Pauline.clark@oakhyrstgrangeschool.co.uk](mailto:Pauline.clark@oakhyrstgrangeschool.co.uk)

DSL: Roxann Dowling (Head of EYFS)

DDSL: Gemma Mitchell (Headteacher)

DDSL: Faye Dance (Deputy Headteacher)

Telephone: 01883 343344

Safeguarding Team: [DSL@oakhyrstgrangeschool.co.uk](mailto:DSL@oakhyrstgrangeschool.co.uk)



Oakhyrst Grange School is committed to providing a caring and considered approach to the medical needs of every child, member of staff and visitors during the course of each day. This means there is adequate provision of appropriate first aid at all times and where individuals have been injured there are suitable mechanisms in place to provide remedial action. This policy aligns with the Health and Safety (First-Aid) Regulations 1981 and HSE guidance, DfE 'Supporting pupils at school with medical conditions' (2023), the Children and Families Act 2014, and the EYFS Statutory Framework (2024) for Early Years provision.

The school currently has full time qualified first aiders as per Appendix one. They have completed a recognised comprehensive First Aid course who are on duty at all times during the school working day. In addition, there are staff who are qualified first aiders that are part time members of staff. All staff including TA's in EYFS setting are paediatric first aid trained.

The school will undertake to keep and maintain a record of each child's medical progress whilst attending the school.

The school will advise parents of any outbreak of contractable disease within the school and follow the guidelines as set out in the Government's Health Protection Agency poster (displayed in the office and staff room).

The school will work together to safeguard the health and welfare of each child to ensure that they reach their full potential during their attendance at the school.

### **Roles and Responsibilities**

#### **The Governing Board**

- The Governing Board has ultimate responsibility for health and safety matters - including First Aid in the school.
- Ensure the first aid needs risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- Provide first aid materials, equipment and facilities according to the findings of the risk assessment.
- Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

#### **The Head Teacher**

- To carry out a first aid needs assessment for the school site, review annually and/or after any significant changes.



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- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school and that their names are prominently displayed throughout the school.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Contacting the parent in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school office.
- Ensuring all staff are aware of first aid procedures, including reporting of all accidents/incidents on CPOMS
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

### **The Senior First Aider**

- Ensure that pupils with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.
- Work with the Head Teacher to determine the training needs of school staff, including administration of medicines.
- Administer first aid and medicines in line with current training and the requirements of this policy.
- Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- Assist with completing accident report forms and investigations.
- Notify manager when going on leave to ensure continual cover is provided during absence.

### **First aiders**

Training intervals—FAW/EFAW every 3 years; annual refreshers recommended. EYFS: at least one person with a current full Paediatric First Aid certificate must be on the premises and available at all times when children are present and must accompany EYFS outings. Records of training and expiry dates are maintained and reviewed termly.

The appointed persons are responsible for:



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- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
  
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate
- First aiders are trained and qualified to carry out the role and are responsible for:
  - Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
  - Sending pupils home to recover, where necessary
  - Filling in an accident report on the same day, or as soon as is reasonably practicable, on CPOMS and following up with an email/phone call to parents where relevant
  - Ensuring that First Aid training is up to date, renewed every 3 years.

### **Mental Health Support**

- SLT are responsible for:
  - Providing mental health first aid as needed, at their level of competence and training.
  - Providing help to prevent mental health issues from 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
  - also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
  - Escalate and document any matters if required within a suitable timeframe.
  - Ensure they maintain confidentiality as appropriate.
  - Be carried away from their normal duties at short notice
  - Listen non-judgmentally
- Our Mental Health First Aider is: Georgie Lomax

### **Staff Trained to Administer Medicines**

- Members of staff in the school who have been trained to administer medicines must ensure that:



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- Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- Wherever possible, the pupil will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.
- If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- Records are kept of any medication given.
- Keep a note of expiry dates of all medicines

### **Other Staff**

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are and contact them straight away.
- Completing accident reports for all incidents they attend to where a first aider is not called and report on CPOMS
- Informing the Head Teacher or their manager of any specific health conditions or first aid needs.

### **Students with Special Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) plans.**

- Some pupils have medical conditions or special educational needs (SENs) that, if not properly managed, could limit their access to education. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.  
Such pupils are regarded as having special needs. Most pupils with special needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.
- The school will consider what reasonable adjustments they might make to enable pupils with special needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with special needs are included.
- The school will not send pupils with special needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.



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- Individual health care plans (IHP) and Education, Health and Care (EHC) plans will help the school to identify the necessary safety measures to support pupils with special needs and ensure that they are not put at risk. The school appreciates that pupils with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. A healthcare professional and the parents will agree when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head Teacher will make the final decision. Where a pupil has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP. IHPs will be developed with parents, pupils (where appropriate), and healthcare professionals; reviewed at least annually, on significant change, or after an incident. Plans will include emergency procedures, roles, training requirements, and consent to share information.
- Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition or special educational needs. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Healthcare Professional may also provide additional background information and practical training for school staff.
- The procedure that will be followed when the school is first notified of a pupil's medical condition or special educational needs will be in place in time for the start of the relevant term for a new pupil starting at the school or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the school mid-term.

### **Procedures**

Parents are asked to complete a Registration and Acceptance Form when applying for their child to join the school which forms the basis of the information for the database. Every new parent is then sent a pupil data sheet to be completed and returned to the office and this procedure is repeated at the beginning of every academic year for all children in order to keep the records up to date.

This information is then entered into the database and notifications of any medical histories are passed on to the relevant staff for their attention. The pupil profile is then kept on the database in the office and on the child's file. In some cases, staff may need to undertake training in the administration of special medication eg. inhalers/Adrenaline Auto-Injectors. However, it is the responsibility of the parent or guardian to inform the school if there have been any changes to the child's medical history.

### **Day to Day events**

#### **Illness**

If a child is feeling unwell during the course of the day and the teacher considers that he/she should not continue with lessons, the parents will be contacted by the office or a member of staff and a request will be made to collect their child. If a child becomes unwell at break or



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lunch time they should report to the staff on duty. In the event of a child needing to reveal their body for examination, another member of staff will always be present. There is a medical room available which is managed by the office staff. The school office staff are available every day between 0800 - 1700 and at other times when pupil is in school and they will administer first aid and deal with accidents and emergencies or when someone is taken ill. The school holds two additional emergency contacts for each child so it should be possible to reach either parent.

References will be taken from the former Health Protection Agency to current UKHSA guidance on 'Infectious diseases in children and young people settings'. Exclusion periods will follow UKHSA advice. Examples: Conjunctivitis—no exclusion is generally required if the child feels well; Head lice—no exclusion; advise prompt treatment.

### **Medication**

All medicines held by the school are kept in a securely locked cabinet in the medical room.

The school must be informed in writing of any child under medication and the dosage required if necessary. Parents are also asked to liaise with their child's class teacher regarding the administering of medication. All medication must be handed to the office, together with the appropriate medication form, for safekeeping or refrigeration as appropriate and the child must administer his or her own medicine. With younger children, there may be the need for a teacher/ office staff to help administer their medication. Written permission will be obtained for this purpose. No drugs or medicines should be left where they can be found by any other child. If the medication forms part of a long-term treatment (for example, Ritalin) it must be recorded on the pupil database and a record of administration kept on the child's file. A document should be created for any child suffering from long-term illness including photos for the more serious conditions i.e nut allergy etc. All staff have access to the pupil database which is constantly fluid to enable accuracy of information.

It is our policy and practice to contact parents before administering medication where possible despite the fact that we have a long-term plan in place.

Prescription medicines will be accepted only if in-date, labelled, in original container, and accompanied by written parental consent. Non-prescription medicines will only be administered if agreed in the school's medicines protocol and with written parental consent. Self-administration (e.g., inhalers, insulin) will be supported where clinically appropriate. Controlled drugs will be stored securely, a record kept of receipt/administration, and disposal arranged via pharmacy; a pupil may carry their own controlled drug if prescribed and risk assessed

### **Asthma**

It is the aim of the school to consider medical advice on the best procedures to support asthmatic children in the school and to enable them to take part as fully and safely as possible in all school activities. Pupils should have immediate access to their reliever inhaler at all times (including PE, clubs and trips). Spare reliever inhalers may be held centrally; expiry dates are checked monthly. PE staff should consider pre-exercise reliever use where advised in the pupil's plan.

- Copies of the child's specific medical needs (as advised by parents) will be kept in the school office. The office staff must ensure that these sheets are kept up to date and all inhalers are within their expiry date.





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- All inhalers are kept in the school office and children will have immediate access to it on request. This includes inhalers being taken out of school for games/swimming and other off-site activity. Obviously age and responsibility levels differ but if in doubt, advice should be sought from the Parent and the Head Teacher. A spare is kept in the office for each child.

All inhalers should be labelled with the child's name and class. There are two main types of inhalers :

**Relievers** clearly relieve the symptoms of asthma – common examples are Called 'Ventolin 'and' Bricanyl ' and are usually BLUE in colour.

**Preventers** relieve inflammation and are clearly designed to prevent the onset of asthma – common preventers are 'Beclafort', 'Becatide' and 'Intal' and are usually BROWN in colour.

It is important that all adults involved with children in the school or associated activities should receive advice on practical asthma management. 'Understanding Asthma' is available to all staff as a training module on Educare.

Parents will be informed of the arrangements on the child entering the school and the child's information will be updated as appropriate and at least at the beginning of each school year.

### **Sports and exercise**

Staff should be aware of those children who may become wheezy during exercise and who may need to use their inhaler before taking part. Inhalers are taken down to PE or Games in case of urgent need. Spare inhalers are kept in the school office per child. Breathlessness during an activity should result in the child withdrawing from the activity for that lesson.

### **Adrenaline Auto-Injectors/Needle Stick/EpiPens**

Should the use of an Adrenaline Auto-Injector for severe allergic reaction/anaphylactic shock be prescribed by a doctor then:

- Individual care plans must be worked out in conjunction with the parent, school and medical agencies involved.
- Proper training must be given
- Medicines/equipment must be clearly labelled with the child's name and form with the care plan attached
- Relevant disclaimers and permissions forms/agreements must be signed by all parties
- No member of staff may be compelled to carry out these treatments should they feel uncomfortable in doing so
- Expiry dates must be noted

'Understanding Anaphylaxis' is available to all staff as a training module on Educare

In line with DHSC guidance, the school may hold 'spare' salbutamol inhalers and 'spare' adrenaline auto-injectors for use in an emergency, subject to parental consent, medical advice, and staff training. A register will record pupils permitted to use the spare devices.

### **Defibrillator**

The school has a defibrillator situated in the main school office. Staff who are First Aid trained have this training covered as a part of their course. The AED will be checked weekly for status



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indicator and monthly for pads/battery expiry; checks are logged. Location signage is displayed; staff receive awareness training.

### **Absence (See Attendance Policy)**

It is a legal requirement that the School is informed by telephone, note or email if a child is absent due to illness. On return to School a written note or email is required explaining the child's absence. In the event of a long absence parents may request for work to be collected for the child to complete at home. If a child is sent home or leaves the school during the day

due to illness or injury, it will be recorded on the register and with the school office. Children who have suffered sickness or diarrhoea are specifically asked not to return to school until at least 48 hours after the bout. Children will not be able to swim for two weeks after diarrhoea. Children with chicken pox cannot swim in a communal pool until all scabs are off.

### **Accident**

Should an accident occur in School a First Aider should be notified immediately and he/she will administer First Aid. Minor cuts and bruises are dealt with by the playground staff or office staff and recorded in the incident log book. All more serious incidents are recorded in the accident log that is kept electronically in the school office on the CPOMS system. Records relating to first aid and accidents will be retained by the school for a minimum of 3 years.

Depending on the injury, the First Aider may go to the child or the child might be escorted by older pupils to the office for treatment by a First Aider.

All head injuries should be treated as potentially dangerous and for this reason any staff member dealing with a child receiving a blow to the head will do the following:

- Class teacher/ASC supervisor (if required) must be informed
- Parents to receive an email (confirmed received) detailing the incident and listing any signs or symptoms which would give cause for concern.
- child to receive a sticker applied to the child's clothing helping to ensure that other staff are aware of a bump to the head

Where appropriate the School Secretary will contact parents by phone to inform them of the accident, subsequent first aid treatment and provide advice.

In the case of a serious accident, the Head Teacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR legislation. The Head Teacher will send a RIDDOR report to the Health and Safety executive (HSE) at [www.hse.gov.uk](http://www.hse.gov.uk) as soon as is reasonably practical. RIDDOR reporting to HSE will be completed for reportable injuries, diseases and dangerous occurrences. EYFS: Ofsted must be notified of any serious accident, injury or death of a child while in our care, or the action taken in respect of those, within 14 days. Parents will be informed on the same day where practicable.

If the situation requires medical assistance attempts will be made to contact the parents to inform them of the situation and assess the feasibility of the parent taking their child to the hospital and if this proves unfeasible the child will be taken to hospital accompanied by a member of staff who will stay with the child until the parents arrive.

If emergency treatment is required, an ambulance will be called without delay and the parent will be contacted immediately. A member of staff will accompany the pupil to hospital and remain with him/her until a parent / guardian arrives. Contact details will be taken by the member of staff.



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Pupils should be sent to hospital immediately by ambulance if they have any serious head injuries, severe wounds, suspected fractures or have been unconscious. The pupil data sheet is sent out annually to be completed with the emergency phone numbers and it is the parent's responsibility to keep the school informed of any changes throughout the child's schooling.

If necessary an investigation will be conducted with the appointed First Aider, Head Teacher and Bursar to establish the cause and then a follow up should be made with a review of any relevant risk assessment.

### **Training**

First Aid training (First Aid at Work) is arranged for key staff, see list (Appendix 1) of first aiders.

Emergency First Aider (EFAW 1 day training) is provided for teaching and non-teaching staff as appropriate to the activities undertaken and identified in the risk assessment, where appropriate.

Staff are retrained every three years to refresh their first aid capabilities and where appropriate, to ensure that their certification remains current.

All members of the Early Years staff are trained in Paediatric First Aid.

Office staff complete 'Administration of Medicine' annually and any other specialist training required for pupils in the school eg, Diabetes, epilepsy.

Educare provides a number of Medical and First Aid courses available to staff.

### **Off-site trips**

A member of staff trained in basic First Aid will always accompany all School outings/ sports fixtures and carry with them a First Aid kit, mobile phone, and any other medication as authorised by parents. In the event of any accident the school office and parents will be informed. The policy is the same, as above. Visit risk assessments will specify first aid and medical arrangements, including specific plans for pupils with medical conditions and access to emergency medication.

For low risk, non-residential educational trips, the organiser must ensure that a first aid box is taken.

All residential off-site trips must be accompanied by at least one appropriately trained first aider, the visit risk assessment will identify the number of first aiders required and any additional equipment required for pupils with serious medical conditions such as Adrenaline Auto-Injectors.

Trips for EYFS pupils will always be accompanied by at least one Paediatric First Aider. In reality two trained personnel will usually accompany these outings.

### **Conjunctivitis**

The school will advise parents that children need treating for conjunctivitis before returning to school.

### **Head lice**

The school will advise parents of any outbreak and any child seen to have live head lice will be sent home for treatment.



### **Managing allergies at school**

The school must be notified by letter if a child has a particular food intolerance and the information will then be passed to their class teacher, lunch table teacher and the kitchen for their attention. The school will endeavour to accommodate the child's intolerance in the daily meals eaten at school.

A separate Allergy Awareness Policy is in place.

### **Special conditions – Eczema, diabetes etc.**

The School will liaise directly with parents and will then advise all staff of the medication and action to be taken. Specialist training will be given to staff for certain conditions or specific pupil needs.

### **Sun safety**

The school encourages children to apply sun cream before coming to school and bring their own named sun cream. We will also encourage the children to wear sun hats on hot and sunny days. If there is a need for sun cream, and the child is unable to apply it effectively, staff may help in the administering of the cream but, in line with recommendations from NUT guidance, parental permission will be sought.

"The Department for Education doesn't have any specific guidance on the matter, preferring to leave the decisions to individual Head Teachers."

1 2

### **School First Aid**

A certain number of teaching and office staff are required to attend a certified First Aid in Schools' course which is updated every three years. A list of all appointed trained First Aiders and a record of their certification dates is held on their file by the Head Teacher and listed in Appendix 1 below.

First Aid notices are displayed in key positions on the school premises to indicate the names of Appointed Persons and the location of the first aid container. They are placed as follows:

- 1 the staff room kitchen
- 2 the kitchen
- 3 the swimming pool
- 4 the office

There is also a portable first aid kit available and suitably stocked, for use on all visits away from school in the office.

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<sup>1</sup> <http://www.bbc.co.uk/news/education-18248650>

<sup>2</sup> [http://www.huffingtonpost.co.uk/2015/07/31/solar-buddies-sun-cream-safe-way-children-teachers-school\\_n\\_7910140.html](http://www.huffingtonpost.co.uk/2015/07/31/solar-buddies-sun-cream-safe-way-children-teachers-school_n_7910140.html)



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The First Aid containers/cupboard must be clean and have lids/door marked with a white cross on a green background. They should be well stocked and include a guidance leaflet. The contents should be checked regularly by the designated appointed person.

When using the first aid containers for outings and/or sporting events the First Aider must undertake a risk assessment to determine whether a small first aid box or a more comprehensive container is suitable.

First Aid Containers should include the following:

- 1 One guidance leaflet
- 2 Individually wrapped sterile adhesive dressings in assorted sizes
- 3 Sterile eye pads
- 4 Triangular bandages and safety pins
- 5 Medium and large individually wrapped sterile unmedicated wound Dressings
- 6 One pair of disposable gloves

Additional materials and equipment such as scissors, adhesive tape, moist wipes, bottles of water etc may be kept as necessary.

Sterile water or sterile normal saline in sealed disposable containers should be provided where there is no access to mains tap water. These must not be used after their expiry date.

Lunch time supervisors carry first aid kits (bum bags) with them at play time as well as two-way radios.

During any activity undertaken outside of the school buildings the teacher should carry a mobile phone or two way radio to be in a position to contact the office in the event of an accident.

A defibrillator is located in the School office and first aid trained staff have been trained on the use of this portable electronic device.

### **GOOD HYGIENE PRACTICE**

In all cases of normal 'First Aid' the use of disposable gloves should be employed. After use the gloves should be disposed of in the yellow bags provided. When work is completed wash and dry your hands. In an emergency direct mouth-to-mouth resuscitation should not be withheld but chest compressions can be administered as well as or instead. All staff and pupils should have minor cut, open or weeping skin lesions and abrasions appropriately covered. If staff have cuts or abrasions they should not administer First Aid if another member of staff can provide it. The disposal of contaminated items in yellow plastic bags/ yellow sharps bin bearing the 'Biohazard' symbol must be in accordance with the legal procedures.

### **Personal hygiene**

Sanitary towels must be disposed of in the special bins provided. Tampons may not be flushed down the toilet.

### **Treating splashes of blood from another individual**

- Wash the wound or splashes of blood immediately and copiously with soap and water. If the splashes of blood are in the eyes or mouth then wash out immediately with copious amounts of water



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- Apply a suitable dressing and pressure pad if needed
- Seek medical advice if necessary

### **Cleaning up deposit of blood/vomit from furniture**

- Gloves must be worn
- The disinfectant used should be in a labelled bottle that clearly indicates that it kills a broad spectrum of human agents. These agents will appear on the COSH list. The disinfectant should be, freshly diluted 1:10 in cold water
- If possible leave solution for 30 minutes then wipe up with disposable paper towels and discard down the toilet or in yellow plastic bags

### **Accidents involving the deposition of urine or faeces**

Urine or faeces should be disposed of via the toilet. Soiled clothing must be securely wrapped and returned to the parent.

### **Special specific considerations**

#### **Music**

The following precautions should be observed:

- Brass and reed mouthpieces must not be shared and should be regularly removed and washed in hot water/detergent or cleaned in diluted spirit
- Instrument where lips touch wood or those with tipples or wind caps may not be shared

#### **Science**

All risk assessments must be carried out and followed according to the science policy

#### **Animals**

Staff need to be aware that some animals can cause a sudden and severe respiratory or allergic reaction. Children who react in this way should not approach, handle or care for the animals. All children are reminded not to put their fingers in their mouths when around/touching animals and must wash hands straight after. Children will also be taught how to handle animals with care. All animal bites/scratches must be washed carefully and medical advice sought if risk of infection is suspected.

#### **General**

All pupils should be taught that regular washing and drying of hands is necessary, particularly after visits to the toilet and before food is eaten. This is an essential means of controlling infection

This Policy is subject to regular review.



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**First Aiders**

<b><u>Teaching Staff</u></b>	<b><u>Expiry Date</u></b>
Mrs G Mitchell (Full Paediatric Blended First Aid)	03/10/2026
Mr K Burke (Remote Outdoor First Aid)	10/08/2028
Miss F Dance (Full Paediatric First Aid Blended Learning)	09/06/2028
Mrs M Evans (Full Paediatric First Aid Blended Learning)	09/01/2027
Mrs S Farrington (Full Paediatric First Aid Blended Learning)	12/01/2027
Mrs Emma Harbott (Full Paediatric First Aid Blended Learning)	06/05/2028
Mrs Laura McKiernan (Full Paediatric First Aid Blended Learning)	07/05/2028
Miss Sarah Lancaster (Schools First Aid)	11/01/2026
Miss Georgie Lomax (Full Paediatric First Aid Blended Learning)	23/04/2028
Mr David Smith (Emergency First Aid at Work and Full Paediatric First Aid Blended Learning)	22/04/2028 29/04/2028
Mrs Debbie Price (Emergency First Aid at Work and Full Paediatric First Aid Blended Learning)	04/01/2027 14/01/2027
Miss Millie Hopkins (Full Paediatric First Aid Blended Learning)	09/06/2028
Mrs Clare Steedman (Outdoor, Forest School, Paediatric First Aid)	25/01/2029
<b><u>Early Years</u></b>	
Mrs L Rocha (Full Paediatric First Aid Blended Learning)	13/01/2027
Mrs R Dowling (Full Paediatric First Aid Blended Learning)	16/01/2027
Mrs M Gorman (Full Paediatric First Aid Blended Learning)	13/01/2027
Mrs A Hobbs (Full Paediatric First Aid Blended Learning)	12/01/2027
Miss A Wright (Paediatric)	12/09/2028
<b><u>Ancillary Staff</u></b>	
Mr Marek Buchala (Emergency First Aid at Work and Full Paediatric First Aid Blended Learning)	04/01/2027 23/01/2027
Mr Steve Liu (Emergency First Aid at Work)	21/06/2028
<b><u>Office Staff</u></b>	
Ms S Jefferson (Emergency First Aid at Work and Full Paediatric First Aid Blended Learning)	22/04/2028 08/05/2028
Mrs A Agathocli (Emergency First Aid at Work and Full Paediatric First Aid Blended Learning)	22/04/2028 27/04/2028
<b><u>After School Care</u></b>	
Miss M Richardson (Emergency First Aid at Work)	02/03/2028