

## EYFS Accident and Illnesses

### Diversity, Equality & Inclusivity Statement:

The commitment to diversity, equality, and inclusivity is at the heart of our values at Austin Friars. Equality means creating an environment where pupils have the chance to achieve their full potential, free from barriers, prejudice, and discrimination. Inclusion is about recognising that each pupil is unique and that their needs can be met in different ways. Diversity means recognising, respecting, and celebrating the added value that differences bring. Our unwavering dedication to our school values – Truth, Love and Unity - is how we fulfil our mission at Austin Friars. It is through our commitment to diversity, equality, and inclusivity that our pupils are empowered to be authentic and succeed.

In the event of any accident occurring whilst your child is in our care, the Pre-School or Kindergarten teacher will contact the School's First Aider and Health Coordinator Mrs Carla Brockbank, who will carry out an assessment of the treatment required. They will then either carry out first aid treatment and or contact parent/emergency contact for the child to be further medically assessed or in the case of a more serious injury call an ambulance to obtain emergency treatment for the child. **The Parent/Guardian is always telephoned immediately by the School's First Aid and health co ordinator or by the teacher.**

Any bumps to the head are taken most seriously. Whether accidents occur at home or School, we prefer parents not to return children to Pre-School or Kindergarten in the first 24 hours following treatment for a head injury at an Accident and Emergency hospital department. (See below)

#### **Minor bumped heads**

A child will be given a wristband with the time and date of the incident.

The wristband will be visible to all school staff, making us aware that your child has had an accident.

The wristband will be a notification that I have assessed your child.

Children will be aware to keep wrist bands on until the end of the school day to show parents/carers.

A Pink 'bumped head slip' will also be sent home as normal.

#### **Serious head injuries**

Parents will be contacted immediately in case your child needs to go home or be assessed for further treatment.

#### **Severe cases**

Emergency services will be contacted; please be aware that your child is in safe hands until you arrive.

All incidents will be recorded onto our Firefly information system.

All accidents will be reported in the Pupil Accident Book and logged by the School's First aid and health Co Ordinator. Parents are required to counter-sign the accident report. A First Aid box is in the EYFS Unit. In the case of less serious incidents the Pre-School or Kindergarten teacher will inform parents at the end of the session, when their child is collected. If a child sustains an injury outside the normal school day, parents are required to complete a Previous Injury form when they return their child to School. (See below). Accident books are kept in the EYFS Unit and photocopies of logged incidents are given to the School's First aider Mrs Carla Brockbank on a Daily basis.

#### **List of those Qualified in Paediatric First Aid**

**A qualified Paediatric First Aiders will always accompany EYFS children on outings.**

Abigail Waning	Paediatric First Aid	Expires September 2028
Lily Box	Paediatric First Aid	Expires September 2028
Carla Brockbank	Paediatric First Aid	Expires September 2027
Rosie Bulman	Paediatric First Aid	Expires September 2026
Danielle Carolan	Paediatric First Aid	Expires September 2028
Jodie Campbell	Paediatric First Aid	Expires September 2028
Fiona Cape	Paediatric First Aid	Expires September 2028
Karen Halliday	Paediatric First Aid	Expires September 2028
Julie King	Paediatric First Aid	Expires September 2028
Elizabeth Sander	Paediatric First Aid	Expires September 2028
Sarah Smith	Paediatric First Aid	Expires September 2028
Charlotte Vaughan	Paediatric First Aid	Expires September 2028

### Sickness

If a child does not attend a session due to illness the School Office should be informed as soon as possible. If a child is more than an hour late without explanation, parents will be contacted by a member of staff.

**In accordance with the ‘Guidance on Infection Control in Schools and Other Childcare Settings’, published by Public Health England in September 2019 the following recommended period that a child should be kept away from school are:**

### Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Chicken Pox	Five days from onset of rash and all the lesions have crusted over	See: Vulnerable Children and Female Staff – Pregnancy
Cold Sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion maybe considered in some circumstances
Impetigo	Until the lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles *	Four days from onset of rash	Preventable by vaccination (MMR x 2 doses). See Vulnerable Children and Female Staff – Pregnancy
Ringworm	Exclusion not usually required	Treatment is required
Rubella (German measles)*	Five days from onset of rash	Preventable by vaccination (MMR x 2 doses). See female staff – pregnancy

Scabies	Child can return after first treatment	Household and close contacts require treatment at the same time
Scarlet Fever*	Child can return 24 hours after starting appropriate antibiotic treatment	A person is infectious for 2-3 weeks if antibiotics are not administered.
Slapped cheek / fifth disease. Parvovirus B19	None (once rash has developed)	See Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

### Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and / or vomiting	48 hours from last episode of diarrhoea or vomiting	
E.Coli 0157 VTEC Typhoid* (and paratyphoid*) (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion is required for children aged five years or younger, food handlers and those who have difficulty in adhering to hygiene practices. The HPT will advise in these instances
Cryptosporidiosis	Exclude for 48 after symptoms have stopped	Exclusion from swimming is advisable for two weeks after the symptoms have stopped

### Respiratory Infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult your local HPT BEFORE disseminating information to staff/parents	Only pulmonary (lung) TB is infectious to other. Requires prolonged close contact to spread.
Whooping cough*(Pertussis)	Two days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks.

### Other Infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak / cluster occurs consult your local HPT

Diphtheria *	Exclusion is essential. Consult the local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by local HPT
Glandular Fever	None	
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A *	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A the local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	These are all bloodborne viruses that are not infectious through casual contact. Contact local HPT for more advice
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. Local HPT will advise on any action needed
Meningitis* viral	None	Milder illness. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing are important to minimise spread. Contact local HPT for further advice
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household
Tonsillitis	None	Most cases are due to viruses and do not need an antibiotic treatment

\* Denotes a notifiable disease

#### Immunisations

##### Immunisation schedule

##### Two months old

Diphtheria, tetanus, pertussis, One injection  
 polio and Hib (DTaP/IPV/Hib) One injection  
 Pneumococcal (PCV13) Given orally  
 Rotavirus vaccine

##### Three months old

Diphtheria, tetanus, pertussis, One injection  
 polio and Hib (DTaP/IPV/Hib) One injection  
 Meningitis C (Men C) Given orally  
 Rotavirus vaccine

Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13)	One injection One injection
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13)	One injection One injection One injection
Two, three and four years old	Influenza (from September)	Nasal spray or one injection
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	One injection One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Two injections given 6-24 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection
Meningococcal C (Men C)		One injection

By the age of two, all children should have received 3 doses of diphtheria, tetanus, whooping cough (pertussis), Hib and polio immunisations and at least 1 dose of measles, mumps, rubella, (MMR) immunisation. The child should also have completed their meningitis C vaccinations programme. By the age of five, all children should, in addition, have had a booster of diphtheria, tetanus and acellular pertussis plus polio and a second dose of MMR. Please indicate on the child's medical consent form if this programme is not being followed.

First Aid and Health Co Ordinator  
September 2025



**Medical Information Forms**  
**EYFS**  
**EXISTING INJURY FORM 2025/26**  
**(Parent to complete)**

Date.....

Name of Pupil..... Class .....

Incident Details.....

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Signature of Parent.....

Name.....

(PLEASE PRINT)

Signature of member of staff.....

Name.....

(PLEASE PRINT)

**EYFS**  
**HEAD BUMP FORM 2025/26**

Dear Parent

Your child .....has had an accident at school today.

They received a bump to the head during .....

and has been well for the rest of the school day. However, it is important that you watch for any signs or symptoms in your child, which might indicate a more serious injury.

**PLEASE WATCH FOR:**

- Unusual drowsiness, confusion or failure to recognise surroundings
- Abnormal behaviour
- Unconsciousness
- Persistent or severe headache
- Repeated vomiting
- Loss of use or weakness of arm/leg/face
- Blurred vision or “seeing double”
- Persistent discharge from nose and ears

**If your child suffers from any of the above, please contact your doctor or go straight to the hospital accident and emergency department.**