Little Crickets at Park School First Aid & Medicines Policy

INTRODUCTION

This policy outlines Park School and Little Crickets's procedures for administering first aid and medication to children within our EYFS and school setting. We are committed to safeguarding the welfare of all children and ensuring that staff are trained, confident, and well-resourced to respond to medical needs and emergencies.

We aim to support children with medical conditions and, as reasonably practicable, ensure they enjoy the same opportunities as others. All staff responsible for first aid or administering medicines will adhere to this policy and relevant legislation.

This policy is written in accordance with:

- Statutory Framework for the Early Years Foundation Stage (EYFS)
- Health and Safety (First Aid) Regulations 1981
- Supporting Pupils at School with Medical Conditions (DfE)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Children and Families Act 2014
- Equality Act 2010

TRAINING AND QUALIFICATIONS

All EYFS staff are Paediatric First Aid trained, which includes: - Epipen/Auto-Injector administration - Asthma inhaler usage. At least one person who holds a current full Paediatric First Aid certificate will be present and available at all times when children are on the premises and on outings.

For any child requiring specific medical support (e.g., diabetes, epilepsy), additional training is arranged with paediatric healthcare professionals.

Defibrillator training and the use of emergency medication (such as adrenaline auto-injectors and emergency inhalers) is also delivered where applicable.

All training is recorded and reviewed regularly. Emergency folders include a list of qualified First Aiders.

When a child joins Little Crickets at Park School requiring more specific medical intervention (e.g., Diabetes or epilepsy), training is sought and provided by paediatric experts.

FIRST AID PROVISION

First aid boxes are located in each room within the setting. These are stocked in accordance with Health & Safety (First Aid) Regulations 1981 and are checked termly. They only contain sterile dressings, bandages, eye pads, and gloves.

An emergency defibrillator is available in the School Hall and staff are trained in its use.

Any accident or injury will be recorded on a designated First Aid Record Sheet, and parents/carers will be notified on the same day. Serious injuries must be reported to the Nursery Management Team. Exposed cuts and abrasions will be covered with a waterproof dressing. Clean cold tap water should be used to wash mouths or broken skin. Hands should be washed before and after administering First Aid. Disposable gloves must be worn.

The patient's blood or other body fluids should be washed off with soap and water if the First Aider encounters them. Disposable plastic gloves must be worn when staff are mopping up blood or body fluids.

Paper towels will be used for mopping up and soiled towels/gloves should be disposed of in sealed yellow plastic bags in the designated first aid waste bin in the School Office. First Aid waste should NOT be disposed of in any normal waste bin or sanitary bin. Special granules are available from the site manager to soak up and treat vomit. Surfaces should be wiped down with an antibacterial disinfectant. Sterile water or sterile normal saline in sealed disposable containers should be used for eye irrigations. These should not be re-used once the seal has been broken. In the event of a serious injury, an accident report form should be completed and handed to the Pastoral and Medical Officer as soon as is reasonably practicable and, in any event, by the end of the same working day. These are available on SharePoint. The form is to be used in the event of an accident you think may be serious, an accident involving an outside agency or requiring the attendance of a Medical Practitioner, a Physician, or a Paramedic, or any accident which results in a child being sent home from School or parents being called.

If a member of staff has an accident a staff accident form should be completed (available on SharePoint).

For children in Nursery/Reception (EYFS) parents should be shown the accident form and date and initial it.

Certain types of injuries such as fractures and injuries which result in the casualty losing consciousness, going to and being treated in hospital or being incapacitated for 7 or more days, or death of a child, need to be reported under RIDDOR. (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and to OFSTED (EYFS) and child protection agencies (EYFS). The Pastoral and Medical Officer is responsible for submitting these reports as soon as is reasonably practicable, but within 14 days.

The School Office should be notified of any suspected food poisoning, infectious problems or diseases (e.g. Head Lice). The School Office will then inform the Headteacher and Pastoral and Medical Lead. In the case of Head Lice, information is sent to parents of all the children in the class/year group of the infected child, informing them of the outbreak. For other infectious conditions the advice contained on the NHS/UKHSA website is followed. If the outbreak is more serious, affecting 2 or more children, the Pastoral and Medical Lead, in consultation with the Headteacher, will inform UKHSA and OFSTED (EYFS) and follow their advice. This may involve notifying parents throughout school. The School's/Nursery's procedure for infectious diseases is outlined in the Parent's Handbook (available on the School Website).

INDIVIDUAL HEALTH CARE PLANS (HCP)

For children with ongoing or complex medical needs (e.g., asthma, diabetes, epilepsy, anaphylaxis), an Individual Health Care Plan will be drawn up in consultation with parents and health professionals.

Plans will outline: - Medical condition and emergency actions - Medication requirements and dosage - Possible side effects - Emergency contacts - Staff responsibilities

Plans will be reviewed annually or when a child's needs change. Copies are stored securely and included in emergency folders.

RECORDS OF MEDICAL NEEDS

Medical lists are compiled during the summer holidays medical list are available on Sharepoint and ISAMS. The Pastoral and Medical Lead compiles this information for the emergency folders based in each room. Parents are asked to keep the nursery updated concerning their child's medical condition and lists are updated accordingly and circulated.

Allergen cards are used by the catering staff to ensure children with food allergies/intolerances are given alternative foods. The catering manager is responsible for ensuring the cards/alternative meals are available for the appropriate children.

ADMINISTERING MEDICINES

General Principles

Medicines will only be administered by trained staff, and wherever possible, by two adults. Medication Request Slips must be completed and signed by the parent/carer for all medications (prescribed or non-prescribed). Medicines will only be accepted in their original containers with pharmacy labels (for prescribed medication) or manufacturer guidance (for non-prescribed) written in English. Medication refusal will be documented, and parents informed. Children will not be forced to take medication. Parents of Nursery and Reception aged children should be shown the medicines log and date and initial the entry.

Prescription medication will only be administered where it has been prescribed by a healthcare professional and is required four times a day or at specific times which cannot reasonably be administered outside nursery hours.

Administering Medications: The Five Rs

Always administer any medication with another colleague within hearing AND SIGHT to confirm you have followed the Five Rs:

- **Right person** (Identity check)
- **Right medication** (Label, allergies, and current medications)
- **Right time** (Timing of last dose)
- **Right dose** (e.g., paracetamol preparations)
- **Right route** (e.g., oral, topical, eye, ear)

All prescription medication provided for administration within the setting must be clearly labelled in English and issued by a UK-registered GP, dentist, or other licensed prescriber. This is to ensure that staff can accurately read and follow dosage instructions, identify the medication, and administer it safely. Medication labels must include the child's full name, the name of the medication, dosage, method of administration, and expiry date. Any medication not meeting these requirements will not be accepted or administered by the setting. It will be stored securely in a locked cabinet (in ground floor kitchen) or medicines fridge in each room. All doses administered must be recorded and counter signed.

NON-PRESCRIBED MEDICATION

Home remedy medications may be administered without a prescription. The home remedy medications listed below are in current use and are the only medicines that staff shall administer without a prescription. They will only be administered to those children whose parents have previously consented (such consents can be found on Ovivio and must be checked before administering any home remedy to any child). The home remedies list shall be reviewed and updated as necessary.

- Paracetamol
- Ibuprofen
- Cetirizine (or equivalent antihistamine)
- Anthisan (bite and sting) cream (or equivalent)
- Vaseline/Nappy Cream
- Sun cream

These medications must not be given for more than 3 consecutive days without GP review. And consent to administer must be documented on Ovivio.

All medication administration must occur in the presence of a second adult to confirm the Five Rs.

- If any child is brought to school or nursery in a condition in which they may require medication sometime during the day, we will decide if the child is fit to be left at school/nursery. If the child is staying, the parent/carer must be asked if any kind of medication has already been given, at what time, and in what dosage. If paracetamol or ibuprofen has been given for a temperature, staff may deem the child to be unfit for school in some circumstances.

Staff must ensure that the parent/carer is informed of any non-prescribed medicines given to the child whilst at school/nursery, together with times and dosage given, via the Ovivio diary.

Parents are encouraged to apply sun cream before attendance. Staff may reapply sun cream during the day where parental consent has been provided.h

PARACETAMOL OR IBUPROFEN

Current medical advice is not to give paracetamol or ibuprofen for a temperature up to 38°C; however, we will closely monitor children if they develop a temperature whilst at school/nursery. We will be more concerned about a child who has a temperature and is grizzly, unhappy, and sleepy rather than one who is generally well in themselves. Above all else, we use our knowledge of individual children to guide us.

Children should not attend school/nursery if they have been given paracetamol or ibuprofen for a temperature and a poor night's sleep and if they continue to present with symptoms such as sleepiness and general discomfort. If a child develops a temperature during the day and requires paracetamol or ibuprofen, their parents will be informed, and paracetamol or ibuprofen will be given on the understanding that they will be collected and taken home as soon as possible.

DOSAGE OF NON-PRESCRIBED PARACETAMOL OR IBUPROFEN

Staff will only give children the stated dose of paracetamol or ibuprofen as shown on the packaging. If parents wish staff to administer a higher dose, then a GP letter or prescription label dated within six months must be supplied to us.

Child's Age Dose – as per package information

This medication should not be given to a child for more than three days without speaking to their GP.

INJECTIONS, PESSARIES, SUPPOSITORIES

As the administration of injections, pessaries, and suppositories represents intrusive nursing, they do not have to be administered by any member of staff.

MEDICAL CONDITIONS

Asthma - Children must have access to their labelled inhaler (stored in a medpac bag) at all times. Spare inhalers are stored for emergency use with parental permission and inhalers are checked each term for expiry. All asthma care must follow the child's IHCP.

Anaphylaxis - Emergency Auto Injectors must be clearly labelled and accessible. Two Auto Injectors must be provided by parents and Emergency Allergy Action plans created and stored for each child. Training is refreshed annually.

Diabetes - Children will have an IHCP and Diabetes Management Plan. Blood sugar testing and insulin administration will only be overseen by trained staff. All data is recorded with double sign-off. Snacks, drinks, and emergency kits must accompany children off-site.

Epilepsy and Other Conditions - Specific procedures and training will be established where needed, and detailed in the IHCP.

Emergency medical treatment

In a medical emergency:

- An ambulance will be called immediately.
- Parents/carers will be informed as soon as reasonably practicable.
- At least one member of staff will accompany the child to hospital if parents are not immediately available.
- Staff will remain with the child until the parent/carer arrives.

STORAGE AND DISPOSAL OF MEDICINES

- Medication must be labelled with the child's name and stored in designated locked cabinets or fridges.
- Controlled drugs are stored in a locked, non-portable container and recorded in the administration of medicine log.
- Expired or unused medication will be returned to parents.
- Emergency medications including inhalers, adrenaline auto-injectors and diabetic emergency kits will be readily accessible and never locked away if this would delay treatment in an emergency.

Off-site Visits

- A qualified First Aider must accompany all trips.
- Emergency medication and first aid kits must be carried.
- IHCPs are reviewed prior to the visit to ensure risk assessments are updated.
- Emergency procedures must be briefed for all staff attending.

Reporting Serious Incidents

- **Accidents requiring hospital treatment**, causing unconsciousness, or involving infectious outbreaks will be reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and, where appropriate, to OFSTED and UKHSA.
- The nursery management must be informed immediately.

Infectious Diseases & Exclusion Periods

Children must not return to school/nursery until the minimum exclusion period has passed, in line with NHS/UKHSA guidance. Examples include: -

Chickenpox: Until vesicles crusted (min. 5 days)

Diarrhoea/Vomiting: 48 hours from last episode

Fever: Must be fever-free 24 hours without medication

Conjunctivitis: No exclusion unless severe

Impetigo: 48 hours post-antibiotics or until healed

RESPONSIBILITIES

Parents/Carers must: - Provide accurate medical information - Complete and sign Medication Request Slips - Supply in-date medication

Staff must: - Be trained and confident in first aid/medicine administration - Follow the Five Rs and maintain accurate records - Be aware of medical needs in their care group.

Leadership must: - Ensure appropriate staffing, training, and policy implementation - Oversee compliance with statutory guidance and insurance.

Infection control

Effective infection prevention measures, including handwashing, appropriate use of personal protective equipment (PPE) and cleaning procedures, will be followed at all times.

Record Keeping and Confidentiality

All medical records, accident records and health care plans will be stored securely in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. Information will only be shared with staff who need to know in order to safeguard and support the child.

RELATED GUIDANCE

- First aid in schools, early years and further education - GOV.UK (www.gov.uk)
- Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)
- Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk)
- SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)
- Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk)
- Allergy information for schools | Anaphylaxis UK
- Using emergency adrenaline auto-injectors in schools - GOV.UK (www.gov.uk)
- Defibrillators | SWAST Website
- Automated external defibrillators - guidance for schools (publishing.service.gov.uk)
- www.diabetes.org.uk website

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