



EYFS FIRST AID, SICKNESS AND MEDICATION POLICY

At least one member of staff with a current paediatric first aid training certificate is on the premises or on an outing at any one time (EYFS 3.25)

In line with the Health & Safety (First Aid) Regulations 2013, it is understood that as an employer our legal duty is: **'to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work'**.

First Aid Kits:

- comply with the Health and Safety (First Aid) Regulations
- are regularly checked by a designated member of staff and re-stocked as necessary;
- are easily accessible to adults; and
- are kept out of the reach of children:
 - Nursery (White Lodge) – Kitchen cupboard
 - Pre School – Kitchen cupboard above microwave
 - Reception – Kitchen cupboard

We administer hypoallergenic plasters. Parents who are aware of any plaster allergy should record this information on our Registration Medical Form.

At the time of admission to St Piran's School, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

Accident Records:

- are kept safely and accessibly;
- all staff know how to complete them
- parents are provided with a copy; and
- all reviewed at least half termly to identify any potential or actual hazards.

Should there be a serious accident, illness or injury* to, or death of, any child while in our care, we notify the Health and Safety Executive by submitting a Reporting of Infectious Diseases and Dangerous Occurrences Regulations (RIDDOR) report of the incident and of the action taken, within 14 days (EYFS 3.51).

We would report to the local office of the Health and Safety Executive (RIDDOR):

- any accident to a member of staff, visitor or child requiring hospital treatment;
- any dangerous occurrences (i.e. an event which does not cause an accident but could have done);

Illness

The nursery does not admit children who are unwell or suffering any infectious complaint (EYFS 3.44).

If a child is taken ill and needs to leave school, we will ring the parents first, then the emergency numbers provided by parents. A member of staff or one of our School Nurses will sit with the child whilst waiting for the parent or named adult to arrive. If the child is ill enough to warrant hospital treatment, parents would be contacted and, in the event of a parent not being able to come straight to the school, a member of staff would accompany the child to hospital.

We follow the UK Health Security Agency (Formerly Public Health England PHE) [Guidance on infection control in schools and other childcare settings \(npt.gov.uk\)](https://www.npt.gov.uk/guidance-on-infection-control-in-schools-and-other-childcare-settings) to determine whether a child should be subject to temporary exclusion. Common examples are chicken pox, impetigo and diarrhoea/vomiting.

- The health risk and consequent spread of viruses is both obvious and unacceptable (to children, other adults, pregnant mothers or anybody who may be vulnerable); we would ask parents to keep ill children at home and will enforce this strictly to protect staff, visitors and children.
- Parents and carers are asked to observe exclusion times for infectious diseases.
- We will inform other parents and carers of infections and sickness so that they can observe their own children, but we will respect confidentiality by not identifying the child(ren) concerned.
- If a child becomes ill at nursery, they will be taken to a quiet area away from other children and we will ask the parent or carer to collect the child.
- In the case of stomach upsets, the child must have been free from any vomiting or diarrhoea for a period of 48 hours before returning to school. Parents may feel their child is well, but it is important to realise they may still be infectious.
- Where live head lice are discovered, treatment should be given using the appropriate lotion and headlice comb.
- In the event of infection, parents are asked to inform the school as to the nature of the infection so that we can alert other parents and make careful observations of any child who seems unwell.
- In the case of chicken pox, children (however well they may seem) should be kept away from school for a minimum of five days, or until all spots have scabbed over, whichever is longer.
- Cuts or open sores, whether on adults or children, will be covered with an individually wrapped sterile dressing.
- If a child is well enough for school but requires medication during the school day, the school nurse can administer the medication if the parent has completed a medication request form.
- Parents will have the opportunity to discuss health issues with Early Years staff and will have access to information available to the school and other relevant authorities.
- We are obliged to document any existing injury your child has when they attend school. Staff will ask a parent if there is an injury we haven't seen before. We welcome parents informing us of any injuries on arrival to school. We record any pre-existing injuries on Tapestry.
- On occasion we will recommend parents take their child to see a GP. We require parents to inform us as soon as possible of any health issues, and to adhere to any exclusion requirements as set out above.

Drug Administration

Children who have infectious illnesses or who are feeling ill should be at home. However, for us to welcome all children, including those with additional needs, clear procedures for administering medication are in place. They enable practitioners to respond to:

- Chronic conditions which require ongoing medication, such as regular insulin.
- Acute situations arising from chronic conditions, such as occasions when a child with asthma needs to use an inhaler, or a child with an allergy, who develops a strong reaction to an allergen requiring an Epi pen or equivalent medication

- Children who have been ill and are now well enough to attend school but need to complete a course of prescribed medication such as an antibiotic.

A Drug Administration Record allows us to record any prescribed medicine administered to a child.

Agreeing to administer medication

Before our School Nurses can agree to administer medication to a child, there are conditions to be met:

- Only medication prescribed by a doctor, dentist, nurse or pharmacist is administered, and if it contains aspirin, only by a doctor (EYFS 3.45.) It must be in date and prescribed for the current condition.
- The medication should be in its original packaging.
- The dosage and timing requested should match the instructions on the package / bottle.
- The child's parent/carer should have seen and consented to the proposed medication, timing and dosage and would be required to sign a drug administration form with the school nurses.
- All medications are kept safely in the medical room.
- Training will be provided where the administration of medicine requires medical or technical knowledge (EYFS 3.45)

Staff taking medication / other substances

Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, they should seek medical advice.

Practitioners must notify the Head of Early Years of the situation and the advice given; only in cases where advice confirms that medication is unlikely to impair the practitioner's ability to look after children properly will be allowed to work directly with them. Staff medication on the premises must be securely stored, and out of the reach of children, at all times (EYFS 3.19)

Serious injuries are classified as:

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers
- acute confused state
- persistent, severe chest pain or breathing difficulties
- amputation
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin

- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

Minor injuries are defined as:

- sprains, strains and bruising
- cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- minor injuries to the back, shoulder and chest.

Reviewed By: Head of Early Years and School Nurse
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