# First Aid & Medication Policy



# **Policy statement**

We have safe processes and procedures when administering medical treatment and medication. We are committed to caring for, and protecting, the health, safety and welfare of our children, families, staff, and visitors.

## Key points:

- We ensure that we have adequate and trained persons to administer first aid
- We keep parents informed of any illness or injury affecting their child in a timely manner
- We ensure that we have safe, recorded methods for storing and administering medication

#### Related strategies and policies which we adhere to:

- Health and safety at work act 1974
- Guidance on infection control in schools and other childcare settings (2014)
- Statutory framework for the early years foundation stage
- RIDDOR (2013) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

## Responsibilities of all staff

- Provide appropriate care for children who are ill or sustain an injury
- Record all accidents and injuries
- In the event of any injury to the head (however minor), ensure that the injury is recorded, and the parents/guardians are contacted by phone as soon as possible before they collect their child
- Plan for parents/guardians to collect children and take them home if they are deemed too unwell to continue their session
- Inform the person in charge of all incidents where first aid has been administered and stock usage
- Ensure awareness of any specific medical requirements of the children they care for
- Ensure that correct provision is made for children with special medical requirements
- Trained paediatric first aiders must ensure they are familiar with measures to provide appropriate care for children with medical needs (e.g. Diabetes, EpiPens, inhalers) and advise, monitor, and support other staff who have not received first aid training

## Responsibilities of the Manager or Person in Charge

- Ensure that a list is maintained and available to staff regarding children with medical needs and appropriate measures needed to care for them
- Ensure that first aid kit stocks are monitored and replenished
- Ensure the pre-school has an adequate number of appropriately trained first aiders

- Co-ordinate training
- On a termly basis, review first aid records to identify any trends or patterns
- Fulfil the organisation's commitment to report to RIDDOR

#### **Procedures**

A member of staff witnessing an accident, injury or illness should immediately summon additional help as needed and ensure that first aid is administered by a qualified person. The child must not be left unattended. A written record of all accidents and injuries and any treatment given is maintained. For most minor injuries the event and any treatment given can be reported to the child's parent or carer at the end of the session using the appropriate form, or as soon as reasonably practicable after. Examples of minor events include bruising, cuts, scratches, and grazes, which are not located on the head or the neck area. Following a more serious or significant injury parents should be informed by telephone as soon as possible after the event. Examples of more serious events are:

- Head injury (however minor)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for child with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the child is generally unwell
- Bite

The purpose of contacting the parent is to report the accident or injury as early as possible and to give the parent an opportunity to seek further medical advice or to immediately collect their child.

## Seeking medical advice

Sometimes we may ask parents to seek medical advice for their child if they present or develop specific symptoms. This can involve visiting a GP, pharmacy or calling 111 for advice. Examples of events when parents should seek medical advice are:

- unexplained rashes
- discharge from the ears or eyes
- significant sunburn
- severe sore throat and difficulty with swallowing or talking
- croup
- bite injury where the skin has been broken (people and animals have harmful bacteria in their mouths which can get into the bloodstream and cause infection)

## **Contacting the Emergency Services**

An ambulance should always be called for the following occasions:

- In the event of a serious injury and/or any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment.
- Where there are open wounds requiring further medical attention

An ambulance should be called for any condition listed above or for any injury or incident that requires emergency treatment. Any child taken to hospital by ambulance must be accompanied by a member of staff until a parent/carer arrives. All cases of a child becoming unconscious, or following the administration of an Epi-pen, must be taken to hospital.

## **Accident reporting**

An accident form must be completed for any accident or injury occurring at pre-school or whilst out on a trip. This includes any accident involving staff or visitors. The accident folder/records will be monitored and reviewed by the person in charge.

Fatal and specified injuries should be reported by telephone (RIDDOR requirements) by the responsible person. All other incidents that require reporting can be done online. For guidance go to <a href="http://www.hse.gov.uk/pubns/edis1.pdf">http://www.hse.gov.uk/pubns/edis1.pdf</a>

Any significant injury should also be reported to OFSTED as soon as is reasonably practical but within 14 days of the incident occurring. Local child protection agencies should also be informed of any serious accident or injury to, or the death of, any child whilst in the care of the Pre-School.

## Children with limited mobility

Parents must inform the pre-school of the nature of any injury that causes limited mobility and the anticipated duration of immobility. Information about the condition will be discussed to ensure all educators are fully aware of the child's needs. Parents must inform the pre-school of any difficulties.

#### Health care plans

Some children may have needs that relate to specific medical conditions, for example diabetes, epilepsy, or allergies. These children should have a health care plan written in consultation with the parents and any other professionals involved to identify how we will make special provision for them to manage their condition within our setting. The health care plan will make it clear to all staff what actions need to be taken to help the child remain as healthy as possible or how to deal with an emergency. All staff need to be aware of health care plans and they must read and comply with the plan. The parent/carers should be supported to complete a health care plan before the child starts. A copy will be kept with the child's registration form as well as in the health care plans folder.

#### Medication for children

Parents/carers will be asked by the pre-school during the registration process if their child has any specific medical needs and/or requires medication. The following rules are adhered to when giving medicine:

- Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor)
- Medicines should be stored in their original containers, clearly labelled with a pharmacy sticker and with the child's name
- Where possible care must be taken to ensure that medication is kept at required temperature and in a safe place
- Medication is only administered on the written authority of the child's parent/carer
- Medication is administered and the dose is recorded, witnessed, and countersigned by another member of staff on the medication form
- The parent/carer will be asked to check and sign the record when collecting their child
- If the child requires an asthma inhaler or an EPI pen, the family are asked to provide an additional inhaler or EPI pen for exclusive use whilst at the pre-school
- If the administration of medicines requires technical/medical knowledge then individual training will be provided for staff from a qualified health professional
- It is the parent/carer's responsibility to ensure the medical information on their child is up to date
- There may be some extreme medical circumstances/conditions that the provision cannot accept due to medical /Health and Safety and insurance reasons
- All medication should be administered in accordance with the prescription or the medication instructions. Staff should never make changes to dosages on parental instruction

We will only administer Calpol in an emergency to bring a child's temperature down or Pirton to control an allergic reaction after we have consulted with the parent or carer via the telephone, and we have gained consent.

#### **Medication for staff**

- Staff who require medication during working hours should inform the Pre-School Manager in confidence.
- Staff who begin taking new medication should make management aware and provide a list of common side effects.
- Staff may be asked to complete a Health Care Plan for long term health conditions (e.g. asthma, epilepsy, chronic fatigue)
- Staff medication must be always stored securely and out of reach of children.

- Staff are responsible for ensuring their medication is properly labelled and stored according to manufacturer's instructions.
- Staff must not leave medication in bags, coat pockets, or other accessible places within the pre-school.
- If a staff member's medication may affect their ability to care for children safely, they must discuss this with management before beginning their duties.
- In case of emergency (e.g., asthma inhaler, EpiPen), individual arrangements can be made with management to ensure medication is accessible yet secure.

#### **Self-administration**

- Staff may self-administer their own medication, provided it is done discreetly and never in the presence of children.
- Staff must ensure their medication routines do not interfere with their professional responsibilities or the safety of children.
- If assistance is needed in an emergency, arrangements should be made with management in advance.

Policy reviewed on: 8<sup>th</sup> October 2025

Reviewed by: Sandra Butler, Manager

Next Review Due: 8<sup>th</sup> October 2026