

First Aid Policy and Administration of Medicine Policy

This policy also applies to EYFS pupils and children in our Nursery Provision

GENERAL POLICY STATEMENT

The Governors and Principal of Bedford Greenacre Independent School accept their responsibility under the Health and Safety (First Aid) Regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the School.

The Governors are committed to the procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

STATEMENT OF FIRST AID ORGANISATION

The Schools arrangements for carrying out the policy include nine key principles.

- Places a duty on the Governing Body to approve, implement and review the policy.
- Place individual duties on all employees:
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require first aid treatment.
- Provide information for employees on the arrangements for first aid.
- Undertake a risk assessment of the requirements of the School.

ARRANGEMENTS FOR FIRST AID

Materials, equipment and facilities

The School will provide the necessary materials, equipment and facilities. There will always be at least one first aider on site when pupils are present (EYFS must have paediatric first aider).

The contents of the first aid box(es) will be checked on a regular basis by the Appointed Person. The Appointed Person will be responsible for all record keeping on first aid.

In compliance with The Education (School Premises) Regulations 1996, the Governing Body will ensure that a room is available for medical treatment. This facility will contain the following and be readily available for use:

- sink with running hot and cold water;
- drinking water (if not available on mains tap) and disposable cups;
- paper towels;
- smooth-topped working surfaces;
- a range of First Aid equipment (at least to the standard required in First Aid boxes) and proper storage;

- chair;
- a couch or bed (with waterproof cover), pillow and blankets;
- soap;
- clean protective garments for First Aiders;
- suitable refuse container (foot operated).
- an appropriate record-keeping facility, a means of communication, e.g. telephone.
- a toilet that is used for medical use only.

APPOINTMENT OF FIRST AIDERS

First Aiders are trained to cover medical needs. An Appointed Person is also required to:

- take charge when someone is injured or becomes ill;
- look after the first aid equipment e.g. restocking the first aid container;
- ensure that an ambulance or other professional medical help is summoned when appropriate.

The Governing Body recognise that the Appointed Person need not be a First Aider, however they will support any member of staff who is, to undertake emergency first aid training and refresher training. **All registered First Aiders will receive updated training every three years.**

In implementing the outcome of the risk assessment, the Governing Body acknowledge that unless first aid cover is part of a member of staff's contract of employment, those who agree to become First Aiders do so on a **voluntary basis**.

In determining who should be trained in first aid. The Principal will consider each individual against the following criteria:

- reliability and communication skills
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures;
- must be able to leave normal duties to go immediately to an emergency.

All members of staff will be made aware of the School's First Aid Policy.

PROVISION AWAY FROM THE SCHOOL

Provision for first aid on school visits and journeys will be determined by risk assessment in accordance with Guidance on First Aid.

EYFS

In accordance with the Statutory Framework for the Early Years Foundation Stage, at least one person who has a current paediatric first aid (PFA) certificate is on the premises and available at all times when EYFS children are present, and accompanies children on outings. All newly qualified staff who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3. Any accident or injury to a child and the first aid given is reported to parents the same day or as soon as reasonably practicable. Parents must keep their child at home for 48 hours after the symptoms of vomiting or diarrhoea have ceased, and that they must alert the school should their child contract a notifiable disease.

SERIOUS INJURIES

The first person on the scene must assess the situation for **DANGER** i.e. debris, traffic, violence, fumes/gases, electricity, fire.



- Check for **RESPONSE** checking for the level of consciousness.
- **SHOUT** for help if alone, sending someone else to call 999 (112 in Europe) if appropriate.
- Open the **AIRWAY**. Lift the chin by tilting the head back and check the mouth for foreign objects / obstruction of the tongue.
- Check **BREATHING**. If breathing turn into the Recovery Position. If not breathing give 2 breaths and access Circulation.
- Assess for signs of **CIRCULATION**.
- Check for a carotid pulse. Absence of pulse and ventilation initiate CPR

MINOR INJURIES

Minor injuries should be assessed as soon as possible by the designated First Aider.

- Treatment given should be according to the individual's capabilities and training.
- Any person administering First Aid **MUST** use protective gloves treating open wounds.
- Cuts grazes etc. should be cleaned with water or saline only. Dressings applied minimally. Elastoplast should not be used for individuals with known sensitivities.

Burns must be treated by immersing the affected area in cold water for a minimum of 10 minutes. Burn lotion can be applied minimally. Sterile non-adhesive coverings should be used.

Waste soiled dressing material should be disposed of in sanitary disposal units located in toilets.

Ice or Ice packs must never be applied directly to the skin.

Medication:

The procedures to be followed are laid down in the School's Policy – Administering of Medicines (see below in this document).

Contacting Parents / Persons with Parental Authority:

Parents should be contacted if accidents or illness prevent a pupil from resuming normal activities immediately following treatment. Where contact cannot be made from the office, the School Office Staff should be advised to make arrangements for further follow-up. The patient may be taken to the Medical Room where they can be monitored.

Significant injuries sustained in school will be notified to parents either verbally or by proforma. Administration of pain-relief will also be notified by pro-forma.

Medicines will not be administered to pupils unless parents have given written permission. Medicine administered will be reported to parents (particularly the timing) the same day or as soon as reasonably practicable.

School Medical Records:

Parents are requested annually to update the school records. Pupils with serious medical conditions are 'flagged' up on the Medical Boards. Staff are invited to discuss areas of medical concern.

Anaphylaxis training for all staff should be annually reviewed.



ACCIDENT REPORTING

This section of the First Aid Policy is to comply with the School's Health and Safety Policy. The Governing Body will implement the Council's Procedures for reporting:

- all accidents to employees;
- all incidents of violence and aggression.
- Accident or injury or first aid administered will be reported to parents the same day or as soon as reasonably practicable.

The Governing Body is aware of its statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees. An accident that involves an employee being incapacitated from work for more than 7 consecutive days (excluding the day of the accident but including non-working days). □

- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury; or
- it is an accident in school which requires immediate emergency medical treatment at hospital.

All records of accidents (where an accident form has been completed) are kept confidentially in a folder and entered in a spread sheet.

PUPIL ACCIDENTS INVOLVING THEIR HEAD

The Governing Body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time.

- In accordance with Guidance on First Aid, where a pupil receives a blow to the head as a result of an accident. A letter informing the parent with 'Head injury advice' will be issued.
- Where emergency treatment is not required the 'Head Injury' letter will be sent home with the child for the parents informing them of the accident to their child. In some cases the parent will be telephoned.

TRANSPORT TO HOSPITAL OR HOME

- The First Aider will determine what is a reasonable and sensible action to take in the circumstances of each case.
- Where the injury is an emergency an ambulance will be called following which the parent will be called.
- Where hospital treatment is required but it is not an emergency, then the School will contact the parents for them to take over the responsibility of the child.
- If the parents cannot be contacted then the School may decide to transport the pupil to hospital. Where the School makes arrangements for transporting a child then a second member of staff will be present to provide supervision for the injured pupil;

ASTHMA

Asthma is a common condition affecting many schoolchildren. The Bedford Greenacre Independent School Asthma Policy is intended to help children with asthma to participate fully in all aspects of school life.

- we will do all we can to make sure that the school environment is suitable for children with asthma;
- we will try to ensure that other children understand asthma;
- we will work in partnership with parents and carers, school governors, health professionals, school staff, and children to ensure the successful implementation of this policy.

Understanding and dealing with asthma:

- guidance on how to deal with an asthma attack will be displayed in the staff rooms and medical room, and a copy given to every teacher.
- each class teacher will keep a list of children in their class with asthma. This can be found in the medical list.

Rapid access to inhalers is essential at all times:

- children in Years 3, 4 and above will be encouraged to carry their own inhalers, providing that the form teacher believes that they are sufficiently mature.
- the First Aider will keep a spare inhaler for any child for emergency use.
- it is the responsibility of all staff involved in school trips, games and PE to ensure that children who use inhalers have them available.
- *all* inhalers must be clearly marked by parents with the child's name.

EPILEPSY

All members of staff are required to know how to deal with a child having an epileptic fit. To that effect, a school training day is provided on epilepsy and the administration of the drug Buccal Midazolam. The PE

staff are responsible for taking the medication with them for games and swimming lessons. Medication is easily accessible to teachers:-

In the medical room near reception

DIABETES

Should a child with diabetes attend the school, we will follow this procedure:

- Staff will attend training on diabetes.
- The pupil will provide any necessary medication.
- This medication will be stored in the main reception.
- Full communication will be ensured at all times with the parents, to ensure all information is transferred between home and school and that we are fully informed of any development.

GAMES AND PE

- everyone involved in physical education must be aware of the needs of children with asthma.
- children with exercise-induced asthma will be encouraged to use their relief inhalers before they start exercise of any nature.
- inhalers will be kept in a box at the site of all games and PE sessions so that they are readily available if needed.

- children who are too wheezy to continue will use their relief inhalers and rest until they feel able to continue.

ALLERGIES

A number of schoolchildren show allergic reactions (e.g. to nuts, eggs or dairy products). Our policy is intended to help children with identified allergies to participate fully in school life. It will also ensure that emergencies resulting from previously unidentified allergies (e.g. bee or wasp stings), are managed appropriately and safely.

An allergic reaction can vary from mild to very severe. A severe reaction can result in anaphylactic shock and must be treated with the utmost urgency.

Parents of children with identified allergies are urged to provide the school with the recommended management procedure, and appropriate medication for use in an emergency.

PROCEDURE FOR MODERATE OR SEVERE (ANAPHYLACTIC) REACTION

Rapid identification of an anaphylactic reaction is vital, particularly in respect of bee and wasp stings. Anaphylactic shock may also result from other allergies, especially nuts. If the child has any of the following symptoms:

- severe swelling of eyes/face
- choking or breathing difficulty
- dizziness
- faint feeling
- unconsciousness or collapse

Procedure

- Comfort the child and keep him /her calm.
- Call for help
- Dial 999, say that a child has a suspected anaphylactic reaction, and ask for a paramedic ambulance (these are the only ambulances which carry the necessary auto-injectors).
- Telephone the parents.

N.B. Children with known allergies are identified on specifically produced sheets and distributed in the staffrooms and in kitchen.

PERSONNEL

This section contains the names of employees at the schools with a qualification in firstaid or who have a first aid responsibility.

Appointed Persons at BGIS Manton Lane

- Gina Ciuro First aid at work **expires 04/11/2028**. Paediatric First Aider **expires 17/11/2028**
- Anna Silvestre – First aider **exp 02/2027** Paediatric First Aider **expires 30/01/2028**
- A registered First Aider on site until the last pupil leaves the school in the evening and is located at the junior after school care room.

Emergency First Aiders

- Katie Glennon – Paediatric Infant & Child First aid **exp 17/03/2028**
- Simon Thomas First aid **exp 4/9/2026**
- Tom Short First aid at work **exp 04/11/2028** Paediatric first aider **exp 02/09/2028**
- Chris Pugh Paediatric – **exp 30/01/2028**
- James Farnsworth – First Aider **exp 30/01/2028**
- Helen Exton – Paediatric First Aider **exp 3/08/2027**



- Emma Brewer – First Aid at work exp 4/9/2026
- Aneeta Chambers – Paediatric First Aid exp 06/01/2028
- Emily Hayman – First Aid at work exp 4/9/2026
- Clare Allen – First Aid at work exp 4/9/2026
- John Wallwork – First Aid at work exp 4/9/2026
- Gemma Kirkham – First Aid at work exp 4/9/2026
- Pauline Kaur – Paediatric First Aid exp 06/2026
- Joe Clarke – First aid at work exp 18/05/2026
- Clare Buddle – Paediatric First Aid exp 06/2027
- Emily Soul – Emergency First Aid exp 09/2026
- Tom Saunders – Emergency First Aid exp 27/08/2027
- Suzanne Ryall – Emergency First Aid 17/03/2028
- Ashley Jones – first aider exp 4/9/2026
- Charlotte Ralph – first aider exp 04/11/2028 Paediatric first aider exp 02/09/28
- Alex Robinson-Walsh – Emergency First Aid exp July 2026
- Holly White – Paediatric First Aid exp 6/1/2028
- Stephen Guest – Emergency First Aid exp 06/05/2028
- Mel Tarlton – First Aid at work exp 09/02/2028
- Tommy Stott – Paediatric First Aid – exp 01/09/2028
- Lucy Piper – Level 3 out door first aid – exp 26/11/2027
- Urszula Pawlowska – Paediatric First Aid – exp 24/1/27

- **PROCEDURES FOR FIRST AID INCIDENTS**

- The child should be accompanied to Reception by another child in the case of a minor illness or injury.
- In all serious cases, the pupil should be accompanied by a member of staff.
- If a child is required to remain in the first aid room the first aider will remain with them at all times until the child is collected.
- A registered First Aider will be contacted immediately and attend to the pupil regardless of other responsibility at the time.
- In the event of a registered First Aider not being available the other named qualified First Aiders at school will be contacted to attend immediately.
- Should there be an injury off site a qualified First Aider will be transported or transport themselves to attend to the pupil.
- If the pupil requires hospital treatment, a First Aider will accompany them until the parents arrive at the hospital.
- All contact information for the pupil should be taken with the First Aider.
- In the event of a serious injury, the emergency services should be contacted immediately. This will be coordinated by the office staff.
- Children must not return to school for 48 hours after the symptoms of vomiting or diarrhoea have ceased and parents must alert the school to any notifiable disease that their child contracts.

The location of first aid containers on site are:

Main office	Kitchen
DT Workshop	Reception classroom
Medical room	Food Technology
Games pavilion	Mini buses

- There is a defibrillator located in the medical room near Reception
- All Children's Auto injectors are held in the medical room near Reception.
- All School inhalers are held in the medical room near Reception.
- All children's spare inhalers are held in the medical room near Reception.
- All medication are held in the medical room near Reception.

All the medication are held in a locked cupboard.

Emergency First Aiders

WALMSLEY HOUSE FOUNDATION & NURSERY/TODDLERS WH ANNEX

Emma Niro – Paediatric First Aider **exp 17/02/2027**

Louise Dempsey – Paediatric First Aider **expired 30/01/2028**

Tenisha Rodd – Paediatric First Aider **expired Jan 2028**

Helen Boland – Paediatric First Aider **expired Jan 2028**

Jo Mills – First Aider **exp 01/09/2028**

Tara Stevens – Paediatric first aider **exp 3/8/2027**

Elise Stevens – Paediatric first aider **exp 3/8/2027**

Laura Giancotti – Paediatric first aider **exp 3/8/2027**

Tracey Rasbary – Paediatric first aider **exp 17/02/2027**

Bev Harper – First aid at work **exp 01/09/2028**

Rebecca De Fortuna – Paediatric first aid **exp 17/02/2027**

Michelle Del Rio – Paediatric first aid **exp 17/02/2027**

Kate Gaylor – Paediatric first aid **exp 17/02/2027**

Charlotte Glover – Paediatric first aid **exp 17/02/2027**

Kayleigh Moore – Paediatric first aid **exp 17/02/2027**

Kayleigh Fletcher – **Paediatric first aid exp 01/09/2028**

Margherita Cimmino – Paediatric first aid **exp 17/02/2027**

Sarah Ward – Paediatric first aid **exp 17/02/2027**

Niamh Cook – Paediatric first aid **exp 03/08/2027**

Rebecca Burnett – Paediatric first aid **exp 17/02/2027**

Emily Homles – Paediatric first aid **exp 03/08/2027**

Juliette Bromley – Paediatric first aid **exp 01/2028**

Henal Peshavaria – Paediatric first aid **exp 20/06/2027**

Shaun Rylance – Paediatric first aid **exp 03/08/2027**

C Surrichio – paediatric first aid **exp 01/09/2028**

WALMSLEY HOUSE

The following each have a first aid box:

First Aid Room
Foundation 2 Room
Staff Room
Kitchen Store

Emergency Boxes held for all known Junior pupils with a history of Anaphylaxis.

NURSERY MANAGERS OFFICE

The following each have a first aid box:

Toddlers Room
Baby Room 1
Baby Room 2

Administration of Medicines policy

This policy also applies to EYFS pupils and children in our Nursery Provision

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from:

- Managing Medicines in School and Early Years Settings, DFES March 2005
- Statutory Framework for the EYFS, DfE September 2023

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. In line with government guidelines, we would ask that children do not come into school when they are clearly unwell or infectious.

Parental Responsibility

Parents/Carers have the prime responsibility for their child's health and should provide Bedford Greenacre Independent School with information about their child's medical condition. This should be provided upon admission, or when their child first develops a medical need.

Parents/Carers and school first aider.

No medicine will be administered unless the parent/carer has given prior written permission and at regular intervals thereafter. At this stage, parents will also give written permission for any non-prescription medicine e.g. Calpol or Piriton, to be given to their child in the event they cannot be contacted at the time the Nursery Manager/Deputy Nursery Manager feels it is necessary for this medicine to be administered.

Prescribed Drugs

- **Short term prescription medication** – In principle medicines prescribed by GPs or Consultants i.e. antibiotics should not be administered to pupils during school time. The timing of dosages can generally be adjusted to allow the course of drugs to be taken outside school hours. Where in exceptional circumstances this is not possible, the School will administer the medication but only if accompanied on the first day of illness by appropriate parental consent.
- Medicines can only be administered to pupils where the express consent of the parents or persons with parental responsibility has been obtained. All medicines and tablets must be clearly labelled with the child's name and class for their own personal use. Without these details medicines will not be given.
- Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day.
- Bedford Greenacre Independent School can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Medicines will be stored in a locked cabinet during the day or a fridge where necessary. The medicine should not be on the same shelf as food.
- A record will be made of when the medicine was dispensed.



- The parent/carer should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. Medicines will not be handed to a child to bring home unless agreed as in Self Management below.
- Medication prescribed for **chronic medical conditions** can only be given under the guidance of the pupil's GP or Consultant. A letter from the Medical Advisor, giving clear instructions as to the method of treatment and dosage, accompanied by a consent letter from the parents will be required before medication will be administered.
- For children with **allergies that require the use of an epi-pen**, a care plan will be agreed with the parents. Within this plan, clear instructions will be agreed on where the epi-pen will be stored for easy access (children from Year 3 upwards carry their own epi-pen).

Inhalers for asthma

These are easy to use and are safe. The prescribed dosage and treatment should be recorded on the pupil's health form. Inhalers should be clearly labelled with the pupil's name and kept with the pupil at all times (except for Nursery and Reception to Year 2 children, inhalers should be kept in these departments). Spare inhalers should be kept in the designated medical areas for individual pupils and returned to parents before the expiry date for replacement.

Non Prescribed drugs

We will only administer non-prescribed drugs (e.g. Calpol) where parents have brought in the medicine and signed a consent form. The school is unable to administer any medicines that contain Ibuprofen or Aspirin. However, Ibuprofen may be administered to EYFS children if prescribed by a doctor - refer to Appendix 1).

Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

Self-Management

Older children with a long-term illness should whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be born in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition. The School will work with parents and conduct a risk assessment for the child to manage their own medication.

Parents/Carers will be required to complete a Pupil Self-Management form (Appendix 5) which will detail where the medicines are to be stored during the school day.

Educational Visits

In line with Bedford Greenacre Independent School's SEN policy we will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Any risk assessments undertaken will allow for such children.

Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency.



If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the school or the child's GP.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. The school is aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Known medical conditions

A list of all children within a class with any known medical condition will be distributed to staff. A central register will be placed in the in reception and medical room to ensure that all teaching staff, lunchtime supervisors and support staff have access to the information.

Training

Any staff required to administer prescribed medicines will receive training to do so. All staff dealing with medical care will receive annual refresher training on the common conditions of Asthma, Epilepsy, Diabetes and Anaphylaxis.



Appendix 1 – Additional procedure for EYFS children

Parents/carers are asked to keep their children at home if they have any infection, and to inform staff of the nature of the infection. This is so we can alert other parents, and make careful observations of any child who seems unwell.

We will follow these procedures to ensure the welfare of all children in our care:

- Children who arrive unwell will be assessed within a short time of arriving at Nursery/Reception and parents may be asked to collect their child
- If a child becomes ill during the day, their parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for as appropriate
- Should a child have an infectious disease, such as sickness and diarrhoea, they should not return to school until they have been clear for at least 48 hours
- If a contagious infection is identified, all equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection
- We have the right to refuse admission to a child who is unwell

Raised temperature:

- Calpol will only be administered to a child with a raised temperature (A high temperature or fever is when your body temperature is 38 degrees Celsius or higher) on each occasion the parents will be contacted beforehand for verbal permission (further to the written permission already given). As a setting, Calpol will be given once to aid the temperature but if this does not improve the situation, parents will be contacted and asked to seek further medical advice and collect their child. **We will not follow requests for a higher dose from parents than stated by the manufacturers.**
- In the instance that a child requires Calpol due to extreme high temperature and at risk of convulsions and the nursery are unable to reach either the parents or any emergency contacts, the child will be taken to hospital immediately, to safeguard the child's immediate wellbeing. Nursery Manager/Deputy Nursery Manager/First Aider will then continue to try to contact parents to inform them. *Our Nursery does not permit the administration of over the counter medication except Calpol and Piriton.*
- Bedford Greenacre Independent School is unable to administer any medicines that contain Ibuprofen unless this is specifically prescribed by a doctor and has directed usage instructions.

Administration of non-prescribed medicines

Our Nursery does not permit the administration of over the counter medication apart from Piriton when clear symptoms are shown which affect the child's wellbeing and safety. A full list of symptoms and required dose must be given to the Nursery Manager prior to arrival.

Appendix 2 – Exclusion Periods for EYFS children

If a child becomes ill outside of operational hours, they should notify the schools as soon as possible. The minimum exclusion periods outlined in this document will then come into operation.

Illness	Exclusion Required
Chicken Pox	5 days from when the rash first appeared
Conjunctivitis	After medication administered
Diarrhoea/Sickness	48 hours since the last occurrence
Gastro-enteritis, food poisoning	48 hours or until advised by the doctor
Glandular Fever	Until certified well by a doctor
Hand, Foot and Mouth disease	During acute phase and while rash and ulcers are present
Impetigo	Until the skin has healed
Measles	7 days from when the rash first appeared
Meningitis	Until certified well by a doctor
Mumps	5 days minimum or until the swelling has subsided
Pediculosis (lice)	Until treatment has been given
Pertussis (Whooping cough)	5 days from first dose of antibiotics
Rubella (German Measles)	5 days from onset of rash
Scarlet fever and streptococcal	5 days from the start of the treatment
Warts (including Verrucae)	Exclusion not necessary, should keep feet covered
Norovirus	48 hours since the last occurrence
E. coli	Excluded minimum of 48 hours – under 5s until evidence of microbiological clearance
Whooping cough	5 Days from antibiotic treatment or 21 days from onset of illness if no antibiotic treatment
Covid-19	Please refer to our Covid-19 Policy, available on request.

This list is not exhaustive please contact health professionals if in any doubt



Appendix 3 – EYFS verbal confirmation of administering Calpol

Name of child.....

Temperature at time of call.....

Who did you contact?.....

Telephone number.....

Time of call.....

Please note: No phone call for medication should be made without either the knowledge of the nursery manager or deputy manager

Name of staff member.....

Are you the same person who administered the Calpol, if not please state who it was.....

Dear parent/carer

As part of our policies and procedures, this form is intended to form a medical audit trail. Please sign the section below.

I confirm that I was contacted today and did give verbal permission on this one occasion for the administering of Calpol.

Signed..... Date.....

When completed, please attach with any relevant illness log or medication sheet.



Staff section: Please note that we can only administer one dose of Calpol in the event of a raised temperature-complete the form and ensure that parents sign when the child is collected.

Date	Time	Dosage of Calpol given	Any reaction	Given by (2 nd staff member to witness)	Parent/carer signature



Appendix 4 – EYFS Parental request for medication to be administered. (Each medicine requires a separate sheet)

Child's name.....Age.....

Medical condition.....

Is your child fit to attend nursery?

Medicine	Form (tablet/syrup)	Dose
Please photocopy pharmacy label if available and stick here		To be taken..... times a day Atampm

Length of time that current supply will cover.....

Children under 16 will not be given Aspirin or medicine containing IBUPROFEN unless prescribed by a doctor.

Organise for the collection and disposal of any unused or expired medicine.

Signature.....Date.....

(parent/guardian)

The school agrees the above named pupil may receive the medication as listed above at the specified times and dosage.

Signature.....position.....Date.....



Appendix 5 – Pupil Self-management Form (Each medicine requires a separate sheet)

Child's name.....		Age.....
Date of birth.....		
Name of Medication.....		
Dose of Medication.....		
Frequency/timings of medication.....		
Start date of treatment.....		
Review / end date of treatment.....		
Where will the medication be stored?.....		
Pupil understands never to give their medication to another pupil		YES / NO
Pupil has proven themselves to be reliable		YES / NO
Pupil has full understanding of reasons for medicine		YES / NO
Pupil has awareness of potential side effects		YES / NO
Pupil knows how and when to take medication		YES / NO
Important: If a pupil is not keeping medication locked away the right to self-medication will be removed.		
Pupil signature:		Date:
Parent signature:		Date:
Staff signature:		Date:

