First Aid and Medicines Policy

1. Introduction

This policy outlines Park School and Nursery's procedures for administering first aid and medication to children within our EYFS and school settings. It reflects the Early Years Foundation Stage statutory framework effective from September 2026, including expectations linked to safer eating, choking prevention, allergy management and paediatric first aid cover during mealtimes. 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.

2. Training and Qualifications

All EYFS staff are Paediatric First Aid trained, which includes:
- Emergency response and basic life support
- Choking response for babies and young children
- Epipen/adrenaline auto-injector administration
- Asthma inhaler usage
- Recognition of allergic reaction and anaphylaxis

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. Training records must identify staff with current full paediatric first aid certificates and must support deployment so that a qualified member of staff is present when children are eating.

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

3. 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 on-site, 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, and where relevant, the Head of School.

3.1 Safer Eating, Choking and Mealtime First Aid

Whenever children are eating, there must be a member of staff in the room with a valid full paediatric first aid certificate. Staff supervising meals and snacks must remain alert to choking risk, recognising that choking can be silent. Babies and young children must be seated safely while eating and must remain within sight and hearing of staff. Staff must follow the setting's Food Safety, Safer Eating and Allergies Policy and any Individual Health Care Plan or allergy action plan.

If a child experiences a choking incident that requires intervention, including back blows or other first aid, staff must record where and how the child choked, the food involved, the action taken and the outcome. Parents/carers must be informed. Choking incident records will be reviewed periodically by the Nursery Management team to identify patterns or further risk reduction measures.

4. Individual Health Care Plans (IHCP)

For children with ongoing or complex medical needs, allergies, intolerances or conditions that may affect food, drink or medication (e.g., asthma, diabetes, epilepsy, anaphylaxis), an Individual Health Care Plan will be drawn up in consultation with parents and health professionals where appropriate.

Plans will outline:
- Medical condition, allergy or dietary risk and emergency actions
- Medication requirements, dose, timing and route
- Possible side effects and symptoms requiring escalation
- Emergency contacts
- Staff responsibilities
- Where medication is stored and who is trained to administer it
- Any mealtime, snack, trip or food-related activity arrangements

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

5. Administering Medicines

5.1 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.

Administering Medications: The Five Rs

Staff will always administer any medication with another colleague within hearing and sight to confirm they 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)

5.2 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 the ground floor kitchen) or medicines fridges. All doses administered must be recorded and counter-signed.

5.3 Non-prescribed Medication (with prior consent) include:

Paracetamol
Ibuprofen
Cetirizine (or equivalent)
Anthisan (bites/stings)
Vaseline
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 ISAMS or equivalent.

5.4 Administering Medications:

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:
- Be trained and confident in first aid/medicine administration appropriate to their role
- Follow the Five Rs and maintain accurate records
- Be aware of medical, allergy and dietary needs in their care group
- Ensure emergency medication is accessible when needed
- Follow safer eating and choking-response procedures during meals and snacks

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
- Sun cream

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 below. 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 – Up to 4 times a day**
3-6 months	One 2.5ml spoonful
6-24 months	One 5ml spoonful
2-4 years	One 5ml spoonful AND one 2.5ml spoonful

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.

6. Medical Conditions

6.1 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 individual health care plan.

6.2 Anaphylaxis - Emergency adrenaline auto-injectors must be clearly labelled and accessible at all times, including during meals, snacks, trips and food-related activities. Two auto-injectors must be provided by parents where prescribed. Emergency Allergy Action Plans must be created and stored for each child. Training is refreshed annually and must cover recognition of allergic reactions, anaphylaxis and the immediate response required.

6.3 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.

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

7. 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 controlled drugs register.
- Expired or unused medication will be returned to parents.

8. Off-site Visits

- A qualified First Aider must accompany all trips. Emergency medication, first aid kits, relevant Individual Health Care Plans and allergy action plans must be carried. Safer eating, food sharing, choking risk, allergy controls and emergency medication access must be considered as part of visit planning and risk assessment. Emergency procedures must be briefed to all staff attending.
- 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 to all staff attending.

9. 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 and where relevant, head of school must be informed immediately.

10. 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

Hand Foot & Mouth: No statutory exclusion period but a child must not attend whilst they are experiencing symptoms of fever.

11. Responsibilities

Parents/Carers must:
- Provide accurate and current medical, allergy and dietary information
- Complete and sign Medication Request Slips
- Supply in-date medication, including emergency medication where prescribed
- Keep emergency contact details up to date
- Inform the setting of any change in medical advice, medication, allergy status or dietary need

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, paediatric first aid cover, training and policy implementation
- Oversee compliance with statutory guidance and insurance
- Monitor records of accidents, choking incidents, medicine administration and emergency responses
- Ensure learning from incidents is reviewed and acted upon

12. Related Guidance

- Supporting Pupils with Medical Conditions (DfE)
  - Early Years Foundation Stage statutory framework effective from September 2026
  - DfE Help for Early Years Providers: Food safety
  - RIDDOR (HSE)
  - UKHSA Infectious Disease Guidelines
  - Diabetes UK, Anaphylaxis UK, Asthma UK
- EYFS Statutory Framework
- RIDDOR (HSE)
- UKHSA Infectious Disease Guidelines
- Diabetes UK, Anaphylaxis UK, Asthma UK

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