



Lancing Prep Worthing

---

A Lancing College Preparatory School

# First Aid Policy

Including the EYFS

(Including the administration of medicines)

2024 - 2025

## Introduction

**This policy applies to the whole school, including the EYFS, Wraparound and Lancing Prep Holiday Club.**

**Reviewed September 2024 by Eleanor Trunfull**

**Next review: before the start of the Autumn Term 2025**

## AIMS

- To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1999.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

## OBJECTIVES

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate facilities and resources.
- To inform the staff and parents of the School's First Aid arrangements.
- To keep accident records.

## PERSONNEL

- **The Governors** are responsible for the health and safety of their employees and anyone else on the premises. This includes all teaching and non-teaching staff, pupils and visitors.
- They must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.
- They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

**The Head** is responsible for putting the policy into practice and for developing detailed procedures.

**Teachers** and other staff are expected to do all they can to secure the welfare of the pupils.

**Appointed First Aider(s)** must have completed and kept updated an approved training course.

They will:

- Give immediate help to casualties with common illnesses or injuries and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.
- Distribute medication where required. In the Pre-Prep and Prep School, parents or guardians sign a permission form to confirm that they agree to their child/children being administered with non-prescribed medicine (Calpol or paracetamol) should it be necessary, as well as prescribed medicine.

## First Aid Information

All information regarding First Aid should be treated as confidential. However, certain information is required for the safety of those concerned and is provided on a strictly need to know basis from the Appointed First Aiders.

## PROCEDURES

### **Risk Assessment**

Reviews should be carried out on a regular basis and recommendations needed to prevent risks forwarded to the Head and Governors.

### **Re-assessment of first-aid provision**

- Head to review the first aid needs following any changes to staffing, buildings etc.
- Deputy Head to monitor the number of trained first aiders and alert them of the need to attend refresher courses.
- Deputy Head also monitors the emergency first aid training received by other staff and organises appropriate training.
- Appointed first aiders check the contents of the first aid boxes on a regular basis.

### **Providing information**

The appointed first aiders will ensure that staff are informed about the School's first aid arrangements.

They will:

- Provide information for new staff as part of their induction programme.
- Ensure that any allergy information is available to all staff.
- Update the relevant Parents' Handbook section if changes occur.

## PROVISION

### **How many first-aid personnel are required?**

The Head will decide on the number of first-aid personnel required. The school is a low-risk environment, but the Head will consider the needs of specific times, places and activities in deciding on their provision.

In particular she should consider:

- Off-site PE
- Trips
- Science Labs
- DT/Art rooms
- Out-of-hour provision e.g. clubs

Arrangements should be made to ensure that the required level of first-aid cover is available at all times when people are on the premises.

Lancing Prep has 212 pupils.

From September 2024, there will be three appointed first-aid personnel:

Eleanor Trunfull, Emily Brown and Mark Phillips.

There is always at least one qualified person on site when children are present and at least one Paediatric First Aid trained member of staff in the EYFS, whether pupils are on site or travelling off-site.

All members of the EYFS staff hold paediatric First Aid qualifications: The Head of Nursery and Pre-School, two Early Years Practitioners, one Early Years Educator, the Reception Teacher and Reception Teaching Assistant.

The appointed first aiders are trained in the use of EpiPens and defibrillators.

### **Administration of medicines**

Training is provided for staff where the administration of medicine requires medical or technical knowledge.

Medicine can be administered if it has been prescribed for a child by a doctor, dentist, nurse or pharmacist (those containing aspirin should only be given if prescribed by a doctor). Written permission for the medicine must be obtained from the child's parent/carer.

Non-prescribed medicine can be administered to a child as part of maintaining their health and well-being or when they are recovering from an illness. Written permission for that particular medicine must be obtained from the child's parent/carer. The administration of medicine is detailed on the child's medication sheet each time it is given and is signed by the person dispensing the medication.

Only prescribed medicine can be administered in the EYFS (see Appendix 3).

### **Qualification and Training**

Appointed first aiders will hold a valid certificate of competence issued by an approved organisation. Lancing Prep at Worthing chooses to train all staff in first aid – this is arranged on a three-year cycle. The most recent training was undertaken in April 2021.

### **First-aid materials, equipment and facilities**

- First-aid containers are marked with a white cross on a green/red background.
- Each school bus should carry a First Aid box.
- First-aid containers should accompany PE teachers off-site.

Spare stock should be kept in school.

Responsibility for checking and restocking the first-aid containers:

- In school and for boxes which are taken off-site for games – Eleanor Trunfull, Emily Brown
- On buses, the Transport Manager

### **Accommodation**

Lancing Prep has a medical room situated on the ground floor of the school. It has a sink, lockable fridge and a seating area. Children are supervised at all times when in the medical room.

### **Arrangements for particular medical conditions**

Parents of pupils with particular medical conditions e.g. asthma, allergies, epileptic seizures etc. are required to provide the necessary personal medication which is stored securely by the appointed first aiders and, when off site, should provide additional medication to be held by a responsible person on the trip.

**When staff are taking children off site, the member of staff in charge must bring a pupil list to the school office prior to departure. The pupils/teacher in charge must not leave school under any**

**circumstances until the list has been checked by the appointed first aider. In the absence of the appointed first aider, the teacher in charge should report to the Head or Deputy Head.**

**The medicines for those children with medical conditions are handed to the member of staff in charge prior to departure. On return to school, any medicines must be returned to the school office.**

- The LPW Catering Manager holds an assortment of treats for those children who have allergies for match teas or when children go off site on trips/fixtures, etc.
- If the parent is present at an event, all decisions relating to food are deferred to him/her.
- Pupils who have serious food allergies, must not be permitted to eat anything that is not provided by the school or parent when off site. If we cannot guarantee the ingredients, we will not allow child to eat anything.
- The teacher in charge must report to the office on departure with a list of children attending so that the appointed first aider can hand over medication, EpiPen, inhaler etc.
- In some severe cases, parents may prefer to provide 'meals' for trips and visits.

Those pupils with particularly sensitive conditions or allergies have their photographs on display in the staff room and a description of their particular conditions.

Guidance on first aid incidents is at Appendix 2 to this leaflet.

### **Automated Defibrillator**

There is a defibrillator in the foyer outside the Head's Office. Instructions for use can be found inside the unit and it can be used by any adult regardless of whether they are first aid trained or not. Weekly checks are carried out by the Appointed First Aiders to ensure that the equipment is in good working order.

### **Spillage of Bodily Fluids Procedure**

Spillage kits are kept in the medical room and provided in areas where there is a risk of bodily fluid contact; written procedures are provided. Wear gloves provided, liberally sprinkle contents over spillage area, allow approximately 90 seconds before scooping debris with the dustpan and brush provided, before placing in yellow bag. Minibuses also carry small spillage kits but additional kits may be needed for extended journeys. Spillage kit replacements can be sourced from the appointed First Aiders.

### **Hygiene/Infection control**

As stated in the spillage procedure above, basic hygiene procedures must be followed by all staff, Single-use disposable gloves must be worn when treatment involves the spillage of blood or other body fluids. Disposable aprons are also available if required. Care should be taken when disposing of dressings or equipment and the school runs a "Yellow bag" system where contaminated FA materials and waste can be disposed of correctly and safely.

### **First Aid Boxes/Kits and equipment**

First aid boxes are provided by the Prep School and are distributed and restocked by the appointed first aiders as necessary. The location of the boxes and any suitable signage is the responsibility of the school's Health and Safety Committee.

Staff members using items from First Aid boxes/Kits should seek replacement stock from the appointed first aiders at the earliest opportunity. The appointed first aiders will periodically (at least annually) check all First Aid Boxes/kits around the school, maintain a list and any serious discrepancies in contents will be communicated to the school's Health and Safety Committee.

#### **First Aid box locations:**

- School office
- Kitchen
- Science Lab
- Art/DT room
- Nursery
- Gym
- Workshop
- Food Tech Room
- Drama Studio

#### **Vehicles used to transport students**

First aid boxes will be provided in all the vehicles used for transporting pupils. Drivers using any items from the first aid box should inform the appointed first aiders who will provide a replacement immediately the vehicle has returned to school. The actual contents of the first aid boxes within vehicles will be determined by Legislation (The Road Vehicles [C & U] Regulations 1986, schedule 7).

#### **When to call an ambulance**

- If an accident or incident occurs that is thought to be serious, telephone (9)999 and ask for the "Ambulance Service". If you are not near to a phone, send another person to the nearest phone to make the call and ask them to update you after the call. Examples of serious incidents could include allergic reactions which require the use of an EpiPen, fits and seizures, fractures and breaks and head injuries.
- If you are in any doubt about whether to call the ambulance, then do so anyway and allow them to decide whether to attend or not. They can advise you if it is not an emergency, but let them make that decision, **not** you.
- Inform the Head of the situation immediately. The First Aider will come and keep the pupil comfortable until the ambulance arrives. Send another person to direct the ambulance to the correct place. Please ensure the Ambulance service is given exact details of where they should go (front or rear of the school) and a guide is to be sent to meet the ambulance at the agreed point to direct it to the casualty by the shortest route
- If an ambulance does attend, arrange for somebody to accompany the injured person to hospital. The accompanying person should be a member of staff known to the child if possible or the pupil's parent.
- If an ambulance is not required then any minor injury or illness should be dealt with by the First Aider.
- Any pupil with a head injury must always be escorted by a member of staff. Parent/guardian must be informed.
- For any loss of consciousness, the child has to go to A&E, escorted by a member of staff and the parent must be informed.

## **Reporting Accidents**

Certain accidents and injuries are reportable under RIDDOR (Reporting of Injuries, Diseases, Dangerous Occurrences Regulations). RIDDOR reportable injuries include:

- injuries and ill health involving employees
- injuries involving pupils and other people not at work
- dangerous occurrences.

Further guidance can be found on <http://www.hse.gov.uk/pubns/edis1.pdf> (Incident Reporting in Schools Accidents, Diseases and Dangerous Occurrences - Guidance for Employers).

The School keeps a record of all accidents and incidents that occur and grades them on a severity of 1 to 5. Any accident of a severity of 3 or above on the College Accident/Incident (Near Miss) form, is reported to the Health and Safety Manager who will determine if the accident is reportable under RIDDOR.

All accidents/incidents/near misses are recorded electronically and reviewed on a regular basis including at the termly Health and Safety Committee meetings.

## **Staff Taking Medicines**

Teachers and teaching/nursery assistants must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If they are taking medication which may affect their ability to care for children, those teachers and teaching/nursery assistants should seek medical advice. We ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

Eleanor Trunfull  
September 2024

# Lancing College: Accident/Incident (or near miss) Record

Date Received
Report Number



**1. About the person who received the accident**

Name ..... Date of Birth .....

Address ..... Postcode .....

Pupil (Give name of House/School) .....

Member of Staff     Visitor     Contractor     Member of Public     Other

**2. About the person filling in this report if different from above**

Name .....

Address .....

..... Postcode .....

Position .....

**3. About the accident, incident or near miss**

When it happened. Date ...../...../..... Time ..... Sports injury

Where it happened. State which room or place. ....

.....

**a. How did the accident/incident happen? Please tick a box below and explain on reverse.**

- |   |  |
|---|--|
| <input type="checkbox"/> Slipped, tripped or fell                                 | <input type="checkbox"/> Hit by a moving vehicle                               |
| <input type="checkbox"/> Cuts   | <input type="checkbox"/> Contact with harmful substance                        |
| <input type="checkbox"/> Burns  | <input type="checkbox"/> Contact with electricity or electrical charge         |
| <input type="checkbox"/> Injured by handling, lifting or carrying                 | <input type="checkbox"/> Exposed to fire/explosion                             |
| <input type="checkbox"/> Hit something fixed or stationary                        | <input type="checkbox"/> Fell from height - how high was the fall? .....metres |
| <input type="checkbox"/> Hit by moving, flying or falling object                  | <input type="checkbox"/> physically assaulted by a person                      |
| <input type="checkbox"/> Contact with moving machinery or material being machined | <input type="checkbox"/> Injured by an animal                                  |
| <input type="checkbox"/> Trapped by something collapsing                          | <input type="checkbox"/> Other type of accident (please explain on reverse)    |
|   | <input type="checkbox"/> Incident (please specify)                             |
- .....

**a. If the person who had the accident/incident suffered an injury, say what it was. Please tick injured part of the body:**

Head	Eyes	Neck	Back and Spinal Cord	Leg	Ankle	Arms	Hands	Other
------	------	------	----------------------	-----	-------	------	-------	-------



## Level of Seriousness

Please indicate which of the following describes this accident/incident most accurately:

- 1. No injury or minor injury
- 2. First Aid/Medical Centre
- 3. Hospital – detained for ..... Hours
- 4. Admitted as an in-patient/ off work or school for three or more days

(Requires further investigation from the Health and Safety Office)

Please continue here

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Please sign the record and date it.**

Signature ..... Date ...../...../.....

### 4. For the pupil/employee/visitor/contractor/member of the public

I give consent to Lancing College to disclose my personal information and details of the accident which appear on this form to representatives of College safety forums, in order for them to be able to carry out their health and safety functions across the organisation. **Yes / No**

Signature..... Date ...../...../.....

### 5. For the employer only

Complete this section if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported?.....

Date reported ...../...../..... Signature .....

***Please return this form to the Health and Safety Office***

# Lancing College **EYFS** Accident/Incident (or near miss) Record

Date Received

Report Number  
LPW



**2. About the person who received the accident**

Name ..... Date of Birth .....

Pupil (Give name of School) .....

**2. About the person filling in this report if different from above**

Name .....

Position .....

Witness ..... to  
Accident/Incident.....

**3. About the accident, incident or near miss**

When it happened Date ...../...../..... Time .....  Sports injury

Where it happened .....

**b. How did the accident/incident happen? Please tick a box below and explain on reverse.**

- |   |   |
|---|---|
| <input type="checkbox"/> Slipped, tripped or fell                                 | <input type="checkbox"/> Hit by a moving vehicle                            |
| <input type="checkbox"/> Cuts   | <input type="checkbox"/> Contact with harmful substance                     |
| <input type="checkbox"/> Burns  | <input type="checkbox"/> Contact with electricity or electrical             |
| <input type="checkbox"/> Injured by handling, lifting or carrying                 | <input type="checkbox"/> charge Exposed to fire/explosion                   |
| <input type="checkbox"/> Hit something fixed or stationary                        | <input type="checkbox"/> Fell from height - how high was the fall?          |
| <input type="checkbox"/> Hit by moving, flying or falling object                  | <input type="checkbox"/> .....metres Physically assaulted by a person       |
| <input type="checkbox"/> Contact with moving machinery or material being machined | <input type="checkbox"/> Injured by an animal                               |
| <input type="checkbox"/> Trapped by something collapsing                          | <input type="checkbox"/> Other type of accident (please explain on reverse) |
|   | <input type="checkbox"/> Incident (please specify)                          |
|   | .....   |

**c. If the person who had the accident/incident suffered an injury, say what it was. Please tick injured part of the body:**

- Head  Eyes  Neck  Back and Spinal Cord  Leg  Ankle  Arms  Hands  Other

## Level of Seriousness

Please indicate which of the following describes this accident/incident most accurately:

- 5. No injury or minor injury
- 6. First Aid/Medical Centre
- 7. Hospital – detained for ..... Hours
- 8. Admitted as an in-patient/ off work or school for three or more days

(Requires further investigation from the Health and Safety Office)

Description of incident and place

.....  
.....  
.....  
.....

Treatment Given

.....  
.....  
.....  
.....

**Please sign the record and date it.**

Signature/p.p. .... Date ...../...../.....

Parent / guardian ..... Date ...../...../.....

**Seek medical assistance if symptoms worsen or if your child feels unwell.**

### 4. For the Health and Safety Office only

Complete this section if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? .....

Date reported ...../...../..... Signature .....

## APPENDIX 2

### Procedures for when a child becomes ill or has an accident:

#### Illness

- Child leaves lesson with permission from member of staff.
- Child goes to school office either alone or accompanied by another child.
- If the child has a temperature or has vomited, then the parents need to be informed and requested to take the child home. In the case of vomiting, the child must not attend school until 48 hours after the last sickness, or in rare cases, at the Head's discretion.
- The child will be signed out in the register.
- Fresh drinking water is freely available to pupils at all times.

#### Accident

- Child is brought to the school office by member of staff or another child.
- First aid is applied and, where necessary, the parents are informed on the same day or as soon as is reasonably possible by text, phone or email. In the case of a suspected fracture or head injury, parents are advised to take the child to casualty. An accident report form is completed and filed.
- A 'head injury' will be reported to the parent as soon as possible.
- For major incidents, complete the accident report form, contact the child's parents and advise the Head immediately.
- If required, the relevant HSE reportable paperwork will also be completed.  
(The process is that the Injured Person (or their representative) fills in the Accident Report Form. This is sent immediately to the Bursary, and the accident / incident is investigated by our Health & Safety Manager. All accidents/incidents are reported to the Health & Safety Committee for review. (We never use actual names in this report just whether it was a visitor, pupil or employee.)

If there is an injury or incident that should be reported to the Health & Safety Executive, this will be done by the Bursar's PA. We do not want anyone else submitting reports to the HSE. If certain serious injuries/accidents involving EYFS children falling under the Riddor Guidelines must also be reported to OFSTED or the West Sussex Safeguarding board within 14 days.

## Guidelines for administering of First Aid

If in doubt about any injury, refer to the appointed first-aid personnel

**All incidents must be reported to the appointed first aiders and recorded on the school Accident Form**

### MINOR INJURIES

Small cuts & abrasions, bumps and Bruises, nose bleeds, sprains, grass burns, pulled muscles, "dead leg", strained ligaments, tendon damage etc. Treated on site

### POTENTIALLY SERIOUS INJURIES

Fractures	Rest - keep warm - support the injured part.
Dislocations	Send for the appointed first aider.
Eye Injury	Minor/Major trauma - cover with clean cloth, refer to designated first-aider
Head Injury	Stop - <u>do not resume game/activity</u>
Suspect concussion?	Signs and symptoms of a concussion may include: Headache or a feeling of pressure in the head. Temporary loss of consciousness. Confusion or feeling as if in a fog. Amnesia surrounding the traumatic event. Dizziness or "seeing stars" Ringing in the ears. Nausea. Vomiting.

The majority (80 – 90%) of concussions resolve in a short (7 – 10 days) period. However, this may be longer in children and adolescents and a more conservative approach is therefore taken. Any pupil concussed may not play sports again for at least 14 days and then only with full clearance from a health professional. For more serious cases a graduated return to play is undertaken on a case-by-case basis with parents, school and health professionals working together in the best interests of the child.

Unconscious patient

The vital action is to ensure that patient is breathing easily. Best position - lying prone with head to one side with fingers holding jaw forward to keep airway clear. Send for appointed first aider. If breathing stops commence resuscitation.

**Serious injury**

should be considered if the casualty complains of severe pain at site of injury with loss of sensation below this and inability to move limbs below injury level.

**DO NOT MOVE.** Call for the emergency Spinal Injury to neck or back services (9.999). Then send for designated first aider and send guide for the ambulance.

Keep warm by covering with available clothes and 'space blanket'

**DO NOT GIVE DRINK OR FOOD**

Specific Medical conditions

Asthma

Calm and reassure the casualty and help them to adopt a comfortable breathing position, not lying.

Assist with administration of the casualty's own medication. If no improvement contact the parent/guardian.

Epilepsy

Protect the casualty from injury or harm.

Place in recovery position/treat any injuries if necessary

Monitor duration of seizure.

Allergy

Assess the casualty and ask whether they know if they suffer from an allergy.

**If yes,** assist them to take their medication. Help them to adopt a comfortable breathing position and send for the designated first aider or if not responding to medication call for the emergency services (9.999) first.

If no, appointed first aider to treat any symptoms and call the emergency services (9.999)

Diabetes

Assess the casualty and ask whether they know if they suffer from any medical condition or carry any medical information.

Assist with administration of the casualty's own medication if they have it. If no improvement or no medication contact the designated first aider or the emergency services (9.999) as appropriate.

## **FIRST AID ARRANGEMENTS FOR OFF-SITE VISITS AND ACTIVITIES**

Leaders or another adult member/s of the party should have adequate knowledge of first aid for the visit or activity being undertaken. The level of first aid cover deemed necessary for the activity or visit should be determined by risk assessment.

### **Categories of Visit and First Aid Requirements**

The level of knowledge, which may be required, will depend on many factors including:

- The result of the risk assessment conducted for the activity or visit to be undertaken.
- The nature of the visit, and whether it is residential – see below.
- Those involved, including experience, ability and training.
- The extent to which “outside” first aid assistance is available.
- The environment, and particularly the remoteness or otherwise of the location

After Risk Assessment the activity should be categorised into one of the following levels of risk:-

#### **Category A: Day trips, visits and sports in the local area**

These are activities and visits within the local area which present no special risks and can be safely supervised by a leader judged competent to lead educational visits and sporting fixtures generally and where medical assistance is readily available or can be accessed reasonably quickly. Examples will include:

- Walking in parks
- Field studies in non-hazardous environments
- Sporting fixtures

#### **Category B: Outside local area or Overnight but within UK**

These are activities and visits outside the local area, but within the UK mainland, which present no special risks and can be safely supervised by leaders who have had more experience of leading these types of activities and are judged competent to lead educational visits and sporting activities generally. Examples will include:

- Visits to museums and galleries in London
- Participation in a non-hazardous sporting event in another town or location away from Lancing
- Visits to theme parks
- Field studies in other towns or cities

### **Category C: Hazardous visits or activities and Overnight abroad**

These could include some of the following, but the Risk assessment will determine the level of First Aid cover required:

- Residential trips; and/or
- Any visit or activity deemed hazardous; and/or
- Visits abroad
- Activities or visits involving persons deemed to be vulnerable

On a Category C visit or activity, it is desirable that a fully certificated first aider be included in the party, unless provision is available at the location, and will be accessible to the party throughout their activities. In this case the journey must be covered by someone who is trained to EFAW (appointed person) level as a minimum.

In the 'wilderness', on Category C activities, when the normal emergency services will be more than 30 minutes travelling time by foot or 2.5 kilometres in distance at any time, in that terrain, the party must include a fully certificated first-aider trained for the relevant activity/terrain. The travelling time must take into account uphill sections and precipitous ground conditions, which would need to be traversed by the emergency services.

### **First Aid Equipment**

For all visits and associated journeys, an appropriate first aid kit must be readily available and its contents checked and replenished regularly.





## APPENDIX 3

### POLICY FOR THE ADMINISTRATION OF MEDICINE IN THE EYFS

Policy reviewed: September 2024

Policy to be reviewed: September 2025

This policy sits in conjunction with the whole school's First Aid Policy.

#### **Policy Statement**

We promote the good health of children in the Early Years Foundation Stage. All Early Years Staff (EY Staff) are paediatric first aid trained but it is not a compulsory part of their job to administer medicine, and we respect the agreement and decision made by each individual member of staff. There will, however, always be staff willing to administer medicine on site.

We have a procedure outlined below that is discussed with parents and guardians. EY Staff work in partnership with parents and information sharing in this area is vital so that staff respect and are aware of cultural, ethical, or religious reasons which may relate directly to the administration of medicine.

EY Staff aim to support, as far as possible, and maintain the safety of pupils who require medication during the school day. However, it should be noted that:

- No child will be given any medication without their parent's written consent.
- No Aspirin products will be given to any child in the Early Years.
- EY Staff will only administer medicine prescribed by a child's GP or other medical professional (see exclusion).

#### **Exclusion:**

- If a child has a high/rising temperature (child's temperature reaches or exceeds 40°), and parents are unavoidably held up, provided we have consent from parents, EY Staff may make the decision to administer a dose of liquid paracetamol in order to reduce fever and risk of convulsion. Parents will be contacted by phone and two staff members will be present to hear them agree to a dose to be given and inform us if the child has been given a dose in the previous 24 hours.
- If we are unable to contact the parents, in extreme cases, we may administer a dose of liquid paracetamol: this will only be carried out if we sought permission from a medical professional (111).
- Giving non-prescription medication will be a last resort and the EY Staff will use other methods first to try and alleviate the symptoms where appropriate (e.g., removing layers of clothing, applying a cold, wet flannel to the back of the neck). The child will be closely monitored until the parents collect the child.

#### **Procedures:**

- The exact dosage to be given for medicine prescribed by the child's GP must be clearly marked on the container with the date, the child's name, and DOB. These are the only instructions that EY Staff will follow.
- The medication must be in its original container, in date and must be accurate for the ailment.
- Parent/named guardian must complete a Pupil Medication request form to permit EY Staff to administer medication clearly stating the name of the medication, dose, frequency, and length of course and what it has been prescribed for.
- The form must be dated and signed by the EY Staff member giving the medicine and include the date, time, and dosage. This is in keeping with the School's Medical Conditions Policy.
- Parent/named guardian must countersign the medication record on collection of their child so that they are aware of when the last dose was given.

- Parent/named guardian must inform EY Staff if bringing medication into school, so that it may be stored safely out of reach of the children. (Reception medicines are stored in the lockable medicine cabinet/fridge, if necessary, in the School Office. Nursery/Pre School medicines are stored in the medical cupboard/fridge, if necessary, in the Nursery kitchen).
- Medication must not be left in the child's bag.
- If medication has NOT been prescribed for the child by a GP or medical professional or has expired its date, this includes Calpol, Nurofen or antihistamines. EY Staff **will not** administer it.
- If a child has been given any type of medication at home prior to attending school, (e.g. Calpol) EY Staff must be informed.
- In the case of prescribed medication, a period of 24 hours must pass between the first dose being given and the child's return to the Early Years. This is to ensure that there is no adverse reaction to the prescribed medicine and because EY Staff cannot cater for children who are unwell.
- Specialist training in the use of EpiPens will be provided for EY Staff and other specialised training will be sought if required.
- Once the prescription/course has finished any containers or remaining medication will be returned to the parent/named guardian to dispose of and signed for.

### **If a child becomes unwell during the day**

- EY Staff will assess the child and if deemed necessary, the parent/guardian will be telephoned.
- The child is kept away from the other children under the constant care of an adult wherever possible (within the medical room).
- The child will be made comfortable while awaiting collection by the parent/named guardian.
- Children and staff are not permitted to return to School for 48 hours after the last incidence of sickness or diarrhoea as per Public Health England guidelines on infectious diseases exclusion times. In the case of vomiting, the return to school may be at the Head's discretion, in rare cases.
- In cases of sickness and diarrhoea we follow infection control measures as advised by Public Health England, which include disinfecting surfaces and door handles and washing absorbent materials.

If your child is sick at school, we will ask you or your emergency contact to take your child home. They should not return for 48 hours after the last episode. We appreciate that this is inconvenient in many cases, and you may not believe your child is ill, but you will appreciate that we do this in all cases, and it should reduce the risk of infection for all the children in school. We thank you for your understanding with this. Further guidance on infection control can be found on the Public Health Protection Agency website.

For children with long-term medical requirements, an Individual Health Care Plan from the relevant health team will be in place to ensure that appropriate arrangements are made to meet the child's needs.

## **APPENDIX 4**

**Medication such as inhalers and EpiPens will be kept in the school office for all year groups.**

These types of medicines are rarely required, but when they are, it is an 'emergency' type event and so it is vital that we know where they are located and can gain access to them immediately.