



Senior Manager & Nominated Individual: Miss C Bates

Initial Policy date	September 2025	Next scheduled review	September 2026
Governor approved		Key person/people	Senior Site & Facilities Strategic Lead, NI & Rotherly Manager
Model Policy		Model localised	Yes

Administration of Medication, First Aid and Accidents

1. Principles

The aims of our first aid policy are to:

- Provide adequate and appropriate equipment, facilities, and personnel to enable first aid to be given to our children and employees if they are injured or become ill at work.
- Rotherly Nursery will inform Ofsted and the local child protection agencies of any serious accidents or injury to, or serious illness of, or the death of, any child whilst in our care, and act on any advice given.
- Ensure that employees and governors are aware of their responsibilities with regards to health and safety
All practitioners will hold a current paediatric first aid certificate and will be on the premises at all times when the children are here. On all outings, there will be at least one person who holds a current paediatric first aid certificate. We will endeavour to exceed this requirement by having as many of our practitioners qualified in paediatric first aid.
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records

3. Administration of Medicines

Overview

The Senior Site & Facilities Strategic Lead and Rotherly Nursery Manager have delegated responsibility for ensuring all employees and children are supported with their medical needs whilst on site or off-site activities led by Rotherly Nursery colleagues. This may include managing medicines where appropriate and agreed with parents.

3.1 Administration prescribed medication.

Requirements will be achieved by establishing principles for safe practice in the management and administration of:

- Prescription medicine will only be given when medically prescribed and for the child who is named on the medication. for the dosage stated.
 - Medicines must be in their original containers with their instructions printed in English.
 - Medication must not be administered if the expiry date has passed, unless under the advice of a medical professional.
 - Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate nursery colleague who will then note the details of the administration on the appropriate form or via the Famly app and another nursery colleague will check these details.
 - Those with parental responsibility must give prior written or electronic (via Famly app) permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
 1. The written/electronic permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed.
 2. The dosage on the written/electronic permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.
 3. Parents must notify us IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.
 - The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written/electronic instructions from a relevant health professional such as a letter from a doctor or dentist
 - The parent must be asked when the child has last been given the medication before coming to nursery; and the nursery colleague must record this information on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times. This can also be communicated and acknowledged by a parent/carer via Famly app.
 - At the time of administering the medicine, a senior nursery colleague will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. It is important to note that nursery colleagues working with children are not legally obliged to administer medication.
 - If the child refuses to take the appropriate medication, then a note will be made on the form or on the Famly app.
 - Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate response.
 - Parents are responsible for ensuring that all medication is in date and replaced as needed. The nursery will not accept expired medication
- If the child is given a new prescribed medication the child must stay at home for 24 hours from starting the medication, to monitor for any reaction.

3.2 Non-prescription medication.

- Rotherly nursery will not administer any non-prescription medication containing aspirin.
- The nursery will only administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought.

- If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we may reserve the right to refuse nursery care until the child is seen by a medical practitioner.
- On registration, parents will be asked if they would like to fill out a medication form to consent to their child being given a specific type of liquid paracetamol or anti-histamine in particular circumstances such as an increase in the child's temperature or a wasp or bee sting. This form will state the dose to be given, the circumstances in which this can be given e.g. the temperature increase of their child, the specific brand name or type of non-prescription medication and a signed statement to say that this may be administered in an emergency if the nursery CANNOT contact the parent.
- An emergency nursery supply of fever relief (e.g. Calpol) which is provided by the nursery will be stored on site. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date.
- If a child does exhibit the symptoms for which consent has been given to give non-prescription medication during the day, the nursery will make every attempt to contact the child's parents. Where parents cannot be contacted then the nursery manager or Senior in Charge will take the decision as to whether the child is safe to have this medication based on the time the child has been in the nursery, the circumstances surrounding the need for this medication and the medical history of the child on their registration form.
- Giving non-prescription medication will be a last resort and nursery colleagues will use other methods first to try and alleviate the symptoms (where appropriate). The child will be closely monitored until the parents collect the child.
- For any non-prescription cream for skin conditions e.g. Sudocrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child's name.
- If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager or senior in charge will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form.
- As with any kind of medication, nursery colleagues will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
- Rotherly Nursery employees is not able to administer any medication unless prior written consent is given for each and every medicine.

3.3 Storage

The storage of medicines is the overall responsibility of the Rotherly Nursery Manager, who will ensure that arrangements are in place to store medicines safely, including refrigerated storage when required.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of parents to ensure that the medicine container is clearly labelled and enclosed with a signed and fully completed **Administration of Medicines & Treatment Consent Form**.

Containers must be clearly marked as follows:

- The child's name
- The product name
- The expiry date
- The dosage
- The name of the issuing pharmacist or doctor
- Storage details

It is the responsibility of the parents to provide medicine that is in date.

Emergency medication, such as inhalers and EpiPens, will be within easy reach of colleagues in case of an immediate need, but will remain out of children's reach. The nursery will provide a medical bag for medication that is required to travel with a child at all times eg auto-injectors. Any antibiotics requiring refrigeration must be kept in a fridge inaccessible to children.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before nursery colleagues agree to administer medication.

3.4 Disposal

It is not the responsibility of Rotherly Nursery to dispose of medicines. Expired medication will be returned to parents in a sealed envelope for safe disposal with the exception of Epi-pens where parents will be notified and asked to exchange for an updated pen..

3.5 Colleague medication.

All nursery colleagues have a responsibility to work with children only where they are fit to do so. Colleagues must not work with children where they are infectious or too unwell to meet children's needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy.

If any colleague believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice. The nursery manager or Nursery Strategic Lead will decide if a nursery colleague is fit to work, including circumstances where other colleagues notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment. Each nursery colleague completes a medication and substance declaration annually and must inform the nursery manager of any permanent or temporary medication.

Where colleagues may occasionally or regularly need medication, any such medication must be kept in the colleague room, medical cabinet in the nursery office, alongside the base room first aid box or on an unreachable high shelf in a cupboard from children where colleagues may need easy access to the medication such as an asthma inhaler. In all cases it must be stored out of reach of the children. It must not be kept in the first aid box and should be labelled with the name of the colleague.

3.6 Individual Care Plans

When the Nursery is notified that a child has a medical condition, the process outlined below will be followed to decide whether the child requires an Individual Care Plans (ICP).

The Nursery Manager has responsibility for the development of ICPs for children with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the child's needs have change

Plans will be developed with the child's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all children with a medical condition will require an ICP. It will be agreed with a healthcare professional and the parents when an ICP would be inappropriate or disproportionate.

Plans will be drawn up in partnership with the nursery, parents and a relevant healthcare professional, specialist or paediatrician, who can best advise on the child's specific needs. The child will be involved wherever appropriate. ICPs should be reviewed every 6 months. It is parents responsibility to make the setting aware of any changes to their child's medical needs and if there are any changes to their medication

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on ICPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The child's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the child's social and emotional needs.
- The level of support needed, including in emergencies.
- Who in within our nursery needs to be aware of the child's condition and the support required
- Where a child is returning following a period of being in hospital or alternative provision the nursery will follow its 'return to learn procedure'
- Arrangements for written permission from parents and the Nursery Manager for medication to be administered by an employee,
- Where confidentiality issues are raised by the parent, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency Arrangements (e.g. call 999, administer AAI, inform parents)

4. First Aid Facilities

4.1 Medical Accommodation

The Senior Site & Facilities Strategic Lead has overall responsibility for ensuring the following facilities:

- Hot and cold running water
- Yellow soft clinical waste bin and clinical waste bags
- Fully stocked, locked cabinet and accessible cupboard

4.2 First Aid Kits

Suitably stocked first aid boxes are provided, the contents of which will be determined in the first aid training course and are checked frequently and replaced as necessary. These are to be checked monthly and restocked where necessary. There are several first aid boxes located in the baby change, the kitchen and the office.

The nursery's first aid kit is accessible at all times and contains the following items:

- Triangular bandages (ideally at least one should be sterile) x 4.
- Small x 3 Sterile dressings
- Medium x 3.
- Large x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition, the following equipment is kept near to the first aid box:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.
- A supply of cold compresses kept in the fridge

The first aid box is easily accessible to adults and is kept out of the reach of children.

Information about who has completed first aid training is located on our medical tracker system. Many of our practitioners are trained in 'Appointed person and paediatric first aid' having completed the minimum of an Ofsted approved First Aid course. This training is renewed every three years.

4.3 Defibrillator

A defibrillator is situated on the wall in Secondary School Reception and contains packs clearly marked for Infant/Childs (0-8yrs) or adults (8yrs +). At least 8 members of staff are trained in the use of this device including

the Child Welfare Officer. There is also a defibrillator accessible out of hour located centrally on our village. The code for the box is C159X.

5. Trained Persons

5.1 Training

Where colleagues are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional advice and guidance from a competent source will be sought before commitment to such administration is accepted.

First Aid certificates will be held by the colleagues required to dispense medicines. Refresher training will be scheduled as legislation requires.

Rotherly Nursery will carry out a First Aid Needs Assessment to determine the first aid provision requirements for our premises.

It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision.

The Children's Services First Aid Needs Assessment Form (CSA-002) will be used to produce the First Aid Needs Assessment for our Nursery. This review ensures that there are sufficient numbers of trained first aiders on duty and available for the numbers and risks on the premises and that suitable and sufficient facilities and equipment are available to administer first aid.

This also includes specific administration of medication requirements e.g employees receiving anaphylactic training.

5.2 Basic Advice on First Aid at Work

All colleagues are to review the Basic Advice on First Aid at Work leaflet – this is circulated in the Welcome Back Pack on an annual basis. This ensures that they can assess the situation, make the area safe, assess casualties and send for help from Qualified First Aiders, without delay.

Appointed Persons (AP)

An Appointed Person is someone who has attended a 1 day Emergency First Aid at Work Course (renewed every 3 years). These colleagues are identified on all noticeboards

Qualified First Aiders (QFA)

A Qualified First Aider is someone who has attended a 2/3 day First Aid at Work Certificate (renewed every 3 years). These colleagues are identified on all noticeboards.

They will be responsible for administering first aid in accordance with their training when the Medical Room is unattended, on trips, or when presented with a situation where child or colleague become injured or fall ill whilst at work or on the premises.

Paediatric Qualified First Aiders (PQFA)

ALL our Nursery colleagues have undertaken this training.

*The Early Years Foundation Stage statutory instrument and Ofsted require organisations to have adequately trained paediatric first aid trained staff.

6. Emergency Arrangements

6.1 Emergency Arrangements – Medical Condition

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then colleagues will follow the procedure outlined in the child's ICP which will clearly set out what constitutes an emergency and will explain what to do. If required then an ambulance will be summoned at the earliest opportunity.

6.2 Emergency Arrangements - Accident

Upon being summoned in the event of an accident, the QFA/PQFA/AP is to take charge of the first aid administration/emergency treatment. Following their assessment of the injured person, they are to administer appropriate first aid. They must then make a speedy and balanced judgement as to whether there is a requirement to call an ambulance. (If calling the Site & Facilities Manager results in a delay, the person taking charge of the situation must not delay the decision – based on their judgement, they should ask for an ambulance to be called.)

The QFA/PQFA/AP is always to call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of a significant head injury
- In the event of a period of unconsciousness
- Whenever there is a possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- In the event of a first time seizure, anaphylactic shock or severe asthma attack
- Where repeated seizures last longer than 5 minutes

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if:

- It is considered to be a serious (or more than minor) injury. Telephone numbers will be used to contact parents and a message will be left should the parents not be contactable. Messages will also be sent via contact details for parent. In the event that parents cannot be contacted, and a message has been left, our policy will be to continue to attempt to make contact with parents every hour. In the interim, we will ensure that the QFA/PQFA/AP or another colleague remains with the child until the parents can be contacted and arrive.
- Requires attendance at hospital or external agency. Telephone numbers will be used to contact parents and a message will be left should the parents not be contactable. Messages will also be sent via contact details email and/or text).

In the event the child requires hospital treatment and the parents cannot be contacted prior to attendance, the QFA/PQFA/AP or another colleague will accompany the child to the hospital and remain with them until the parents can be contacted and arrive at the hospital.

- Head Injury – a major head injury will require attendance at hospital or external agency and will be dealt with as above. For minor head bumps in our Nursery, all colleagues are to be made aware and able to observe the child throughout the remainder of the day. In addition, an email or text will be sent to the parent as soon as possible after the bump – to include a follow up phone call for a head Injury

7.Records

All incidents requiring first aid is to be recorded on medical tracker (in accordance with our Data Protection policy) at the earliest opportunity with the following information as a minimum:

- Name of injured person
- Date and time of accident
- Type of accident (bump to the head etc)
- Treatment provided and action taken
- Persons informed

This must be completed by the employee administering first aid which will then automatically notify the registered Parent/Carer. Injury that requires the child to leave the school must be immediately reported the Parent/Carer.

As a HCC maintained Schools we have adopted corporate procedure for recording and investigating all incidents (excludes minor child accidents – recorded on the Family medical tracker system – confidentially maintained in accordance with our Data Protection Policy) which is now an on-line reporting system. This reporting will be overseen by the Senior Site & Facilities Strategic Lead, who will consult with the Rotherly Nursery Manager

The Nursery Manager should immediately make the Senior Site & Facilities Strategic Lead aware of any incident that has required emergency services/A&E attendance (for colleagues or adults) so that remedial actions can be identified and swiftly taken.

Any emergencies involving Nursery children, or colleagues must be dealt with immediately and then reported to the Senior Site & Facilities Strategic Lead, the following morning to ensure that all records are completed appropriately, and necessary colleagues informed.

The Nominated Individual/Strategic Lead will notify Ofsted of any serious accident, illness, or injury to, or death of, a EYFS child while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Designated Safeguarding Leading will also notify the local child protection agencies of any serious accident or injury to, or the death of, a child while in the school's care.

8. Asthma

Rotherly Nursery acknowledges the advice and guidance of the National Asthma Campaign and the guidance on the user of emergency salbutamol inhalers in a Nursery.

Rotherly Nursery recognises that asthma is a widespread, serious but controllable condition affecting many children. We welcome all children with asthma and they will be able to achieve their full potential. All relevant colleagues will be given training on asthma management and will be expected to update this.

- All children with asthma will have an Individual Care Plan which highlights all the child's medication requirements and individual triggers.
- Spare inhalers for individual children will be stored in a labelled container in Nursery Rooms
- Colleagues will receive regular training and updates to ensure that they have a clear understanding of asthma and what to do in the event of an asthma attack.
- A list of children with asthma is produced annually and made available to colleagues, confidentially
- Emergency procedures will be followed in accordance with Individual Healthcare Plans

Minor attacks should not interrupt the child's involvement and they should return to activities when fully recovered.

9. Anaphylaxis

Rotherly Nursery acknowledges the advice and guidance of the Anaphylaxis Society. It is recognised that allergic shock (anaphylaxis) is a serious condition that may affect a number of children within our setting and recognise the responsibility we have in dealing with children allergies appropriately.

- All children with potential anaphylaxis will have an Individual Health Care Plan. This will specify the emergency protocol.
- There is a list with up to date photographs of children who carry epi pens located in the Nursery
- All First Aiders will have an understanding of what it means to be allergic, whether it be a reaction of the skin, airborne, contact ingestion or injection. They will be able to recognise and respond to a child who may be having an anaphylactic reaction including the administering of emergency adrenaline pen.
- Colleagues will receive regular training and updates to ensure that they have a clear understanding of what to do in the event of an allergic shock.
- Rotherly Nursery will hold an epipen for those children who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.

- Spare medication will be labelled and stored appropriately in a container in Nursery,
- All colleagues will be informed of those children who have this condition.
- Emergency procedures will be followed in accordance with Individual Healthcare Plans
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10. Epilepsy

Rotherly Nursery recognises that epilepsy is a condition which affects children at our Nursery and welcomes children with epilepsy, ensuring through this policy that children will be able to achieve their full potential in all aspects of life. All QFAs and PQFAs will be given training on epilepsy management.

All APs should have a clear understanding of what to do in the event of a seizure.

Colleagues are kept informed of children within our Nursery who have epilepsy.

Emergency procedures will be followed in accordance with Individual Healthcare Plans

11. Unacceptable Practice

We will not:

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of Nursery life.

12. Accidents

We aim to always protect children. We recognise that accidents or incidents may sometimes occur. We follow this procedure to ensure all parties are supported and cared for when accidents or incidents happen; and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks.

- The person responsible for reporting accidents, incidents or near misses is the colleague who saw the incident or was first to find the child where there are no witnesses. They must record it on an Accident Form and report it to the nursery manager or Senior in Charge. Other colleagues who have witnessed the accident may also countersign the form and, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. Parents must be shown the Accident Report, informed of any first aid treatment given and asked to sign it on the same day, or as soon as reasonably practicable after.
- The nursery manager reviews the accident forms at least monthly for patterns, e.g. one child having a repeated number of accidents, a particular area in the nursery or a particular time of the day when most accidents happen. Any patterns will be investigated by the nursery manager and all necessary steps to reduce risks are put in place.
- The nursery manager will report serious, reportable accidents and near misses to Senior Site & Facilities Strategic Lead (or Site Manager in their absence) for investigation for further action to be taken (i.e. a full risk assessment or report in accordance with the procedure of reporting to HCC Children Services in accordance with our Health and Safety Policy).

- 12.1 Head Injuries.** If a child has a head injury in the setting, then we will follow the following procedure:

- 12.2** **4. Transporting children to hospital procedure. The nursery manager/senior colleague must:**

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- Redeploy colleagues if necessary to ensure there is adequate colleagues' deployment to care for the remaining children. This may mean temporarily grouping the children together
- Inform a member of the management team immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Colleagues may also require additional support following the accident.
- If an ambulance is not required and the child requires to attend A&E the Parent/Carer is to be called.

Organisation	Contact
Ofsted	0300 123 4666
Local authority children's social care team	Winchester County Council: 0300 555 1384
Local authority environmental health department	Winchester City Council: 01962 840 222
Health and Safety Executive	Via Site Manager or HSE: 0300 790 6787
RIDDOR report form	https://notifications.hse.gov.uk/riddorforms/Default