



First Aid Policy and Medicines Procedure

Date	Review Date	Headmistress	Proprietor
September 2024	September 2025	Miss Danica Belzer	Mr Brian Berkery

This policy forms part of a set of documents and policies which relate to the safeguarding and educational responsibilities of the school with due adherence to the IRRS 2019, EYFS 2023 and DfE Guidance on First Aid in School, Early Years and Colleges 2022.

AIMS

Broadhurst School aims to develop an ethos in which children feel secure and cared for. The school wishes to ensure that every child and member of staff who has a medical condition or need, has their individual health and welfare requirements met. We recognize that this should not limit a child's access to their education.

This policy aims to ensure that the management systems put in place for these individuals are understood by the staff and are put into action. Thus, allowing individuals with a medical condition or need to maintain a successful and fulfilling contribution to school.

GENERAL PROCEDURES

- Confidential medical information will be required from all parents/carers of all children at Broadhurst School.
- Confidential medical records will be kept on all children at the school.
- It is the responsibility of the parents to supply information of their child's medical needs, whether this is short or long term. This will enable the school to complete an Individual Health Care Plan to support individual children. All children and staff with potentially life threatening and other conditions will require an Individual Health Care Plan.
- It is the responsibility of the parents to inform the school of any change in their child's medical status.
- First Aid treatment will be given to children and staff, as necessary, during the school day. Treatment details will be recorded on an Accident/Incident form by the Paediatric First Aider who administers the treatment and recorded/filed appropriately.
- Parents will be informed of both treatment and care given.

- Prescribed or non-prescribed medications will only be administered at school by a Paediatric First Aider with the written consent of the parents or carer.
- A record will be kept of all medication administered by the school.
- Certain medical conditions will require exclusion from school; this follows government guidance through Public Health England. (Appendix 2)
- After vomiting or diarrhea, children are required to wait 48 hours once symptoms/condition has ceased, before returning to school.
- Letters of absence (if a phone call has been made or an email sent, this is acceptable) must be supplied by the parents when a child at Reception age is absent from school due to illness, on their return to school.
- Information concerning infectious diseases and other health matters will be circulated by the school to parents, as necessary.
- A School Risk Assessment on the management of medical conditions, medications and treatment is completed annually.

Administration of First Aid

A Paediatric First Aider will attend to any child who has an accident at school and will administer First Aid with the following procedure:

- locate the First Aid Box in the labeled cupboard
- wear PPE as appropriate
- administer first aid as appropriate
- call for help if appropriate
- call the office to request emergency services if required
- call the parents if appropriate immediately after the incident
- ensure everyone is safe and the injured party cared for and accompanied
- record the incident / accident
- ensure that everyone relevant is informed
- take any further action as required

First Aiders

At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. Paediatric First Aid training and certificate will comply with the EYFS statutory Framework. (Appendix 1)

PFA training will be renewed every three years and be relevant for workers caring for young children. The school will take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

All newly qualified entrants to the early years workforce 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 in an early years setting.

First Aid Boxes

The school ensures there is a first aid box accessible at all times, with appropriate content for use with children. They can be found in:

- each classroom
- the outdoor playground shed
- staff room

Additional supplies are kept in the school office. Regular checks of First Aid Box contents are conducted and forms part of the weekly risk assessments completed.

Reporting to Parents

Staff will inform parents and/or carers of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable after, and of any first aid treatment given. Head bumps are always reported to parents by a Head Bump Letter which includes information regarding symptoms of concussion.

Medical Information

When a child has been offered a place at the school, parents will complete a child's medical form to be returned to the school prior to the child's start date. The school follows a strict professional code of conduct on confidentiality. The medical form seeks information on the child's medical history, including ongoing medical conditions and treatments; any medical needs, including dietary requirements.

The child's medical information will be stored by the school and it is the child's parent or carer's responsibility to update their child's medical information by informing the school. An update form is also sent to parents at the beginning of each academic year. This will include any new medical diagnosis, change in dietary restrictions etc. The school should be contacted if a child is to return to school on crutches or in a cast so that a risk assessment can be undertaken and measures put in place to ensure the safety of the child in school.

Medical Records

It is the responsibility of the parents to supply information of their child's medical needs. This will include potentially life-threatening conditions and complex medical needs. This will help to ensure that the school has all the information about a child to enable the school community to care for them appropriately.

Confidential information passed to the school on the medical form is held securely by the school's office, on the school database ISAMS. Relevant details are shared with staff. Children with medical conditions are made known to all the teaching staff who will come into contact with that child.

Education & Health Care Plans

Information given on the child's medical form will enable the school to generate an Individual Health Care Plan, when needed. The main purpose of an Individual Health Care Plan is for a child's medical condition to be named and the level of support identified. Individual Health Care Plans are stored by the school office and SENDCo and will be supplied to the class teacher and assistant teacher as necessary and when a child is attending a school trip. The Individual

Health Care Plan also contains parental contact details, name and contact details of GP and any other Health Care Professional supporting the named child/member of staff. The Individual Health Care Plan advises staff (including severe food allergy cases) of the daily care required, what constitutes an emergency for that child and how to deal with that emergency for the named child. The following medical conditions may require emergency responses:

- anaphylaxis – severe allergic reaction to a substance, either ingested or touched
- asthma
- diabetes
- epilepsy

Children with these conditions will have notices posted in their classroom. Staff conditions will be held by the school office.

Notices will give the following details:

- name
- condition
- emergency care to be given
- location of individual's emergency medications
- emergency telephone numbers

Prescription Medicine

The following procedure is to ensure that children receive any medication brought from home safely and appropriately. Parents should, wherever possible, administer medication before and after school. However, this might not be practicable and in such cases parents can request for medication to be administered at school. Administration of any medication at school will require the parent to complete a Medical Consent Form as provided by the school.

The school will ensure that all parents clearly label all medication brought from home with their child's name and class.

Parents should bring in the medication in its original packaging with the name of the medication and dosage information clearly legible.

All prescribed medication from home must:

- be in its original packaging
- be labeled with the child's name, for whom it was prescribed to
- include the pharmacists' details
- include the name and required dose of the medication and
- include the date it was prescribed

Parents/carers will be informed that the medication was administered upon collection at the end of the school day.

This information is given to parents in the Parent Handbook on joining the School.

Restriction

The School will only accept prescription medications that have been obtained from or prescribed in the UK.

Procedure for Prescription Medicines

The child's parent/guardian will bring medication into school and explain a reason for the administration of the medication to their child's teacher (Key Person.) The teacher/assistant teacher will ask the parent/carer to sign their consent for the administration of the medication, with the duration on the course clearly stated. The parent/carer must sign and date the form.

The medical consent form is required from parent/carers for administration of medical and dental treatment and first aid for each separate medicine to be administered.

Administration of Medication

Due to the age of the children at Broadhurst School, no child should have any medicines in his/her possession.

If a child is unwell, they should not be in school. However, there are times when a child is recovering/fit to be in school, but still taking prescription medicines or may have long-term medical needs. In these cases one of the school's Paediatric First Aiders will administer the dose of prescription medicines.

If a parent/carer requests non-prescription medicine to be administered, such as Calpol or cough medicine, these will be dealt with in the same way as prescription medicines and the form must be completed in the same way.

Any staff administering medicine must check:

- child's name
- written instructions
- dose
- expiry date

For children with long-term needs (such as asthma/anaphylaxis), the form only needs to be completed at the beginning of each academic year as part of the child's Individual Health Care Plan.

Children with asthma/anaphylaxis should keep a spare inhaler/EpiPen at School in a designated place in the child's classroom, where they will be labelled and readily available. They must be taken on trips. When given, the exact time and dosage must be recorded. The parent/carer must then be notified.

Storage of Medicines

Medicines will be kept in a secure place in the classroom, out of children's reach. Medicines requiring refrigeration, will be kept in the Office Fridge, on a designated and labelled shelf.

Staff Medication

Staff medication must be securely stored, and out of reach of children, at all times. If staff are taking medication which may affect their ability to care for children, they should seek medical advice and inform the Headmistress accordingly.

Return to School After Illness

If a child is returning to school with medication following a period of illness, the parent/guardian must be sure that the child is well enough to attend school before bringing them back. If there is any doubt, parents must consult their family GP or seek advice from the school before their return. The school staff are principally employed to provide medical care and first aid to those children and staff who become ill whilst at school, not those who become ill at home and are brought to school.

Hot Weather

During summer and periods of prolonged hot weather, we encourage all children to wear sun hats and to use a day-long protective sun-screen, which *parents* are asked to apply before coming to school. We also encourage children to drink more fluids.

Staff Medical Information

New staff are required to complete a medical form which is sent directly to the school. All information sent is confidential to the school and the member of staff. Staff with a medical condition that requires support within school will be supported with an Individual Health Care Plan.

Infectious Diseases

The school takes heed of the Government Guidance on Health Protection in children and young people settings, including education 2023. Parents are informed through the Parent Handbook, and in due course, of the protocol to follow.

APPENDIX 1:

Criteria for effective Paediatric First Aid (PFA) training

1. Training is designed for workers caring for young children in the absence of their parents and is appropriate to the age of the children being cared for.

2. Following training an assessment of competence leads to the award of a certificate.

3. The certificate must be renewed every three years.

4. Adequate resuscitation and other equipment including baby and junior models must be provided, so that all trainees are able to practice and demonstrate techniques.

5. The emergency PFA course should be undertaken face-to-face⁷¹ and last for a minimum of 6 hours (excluding breaks) and cover the following areas:

- Be able to assess an emergency situation and prioritise what action to take
- Help a baby or child who is unresponsive and breathing normally
- Help a baby or child who is unresponsive and not breathing normally
- Help a baby or child who is having a seizure • Help a baby or child who is choking
- Help a baby or child who is bleeding
- Help a baby or child who is suffering from shock caused by severe blood loss (hypovolemic shock)

6. The full PFA course should last for a minimum of 12 hours (excluding breaks) and cover the elements listed below in addition to the areas set out in paragraph 5 (the emergency PFA training elements outlined in paragraph 5 should be delivered face to face).

- Help a baby or child who is suffering from anaphylactic shock
- Help a baby or child who has had an electric shock
- Help a baby or child who has burns or scalds
- Help a baby or child who has a suspected fracture
- Help a baby or child with head, neck or back injuries
- Help a baby or child who is suspected of being poisoned
- Help a baby or child with a foreign body in eyes, ears or nose
- Help a baby or child with an eye injury
- Help a baby or child with a bite or sting
- Help a baby or child who is suffering from the effects of extreme heat or cold
- Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions
- Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and the need for recording accidents and incidents)

7. Providers should consider whether paediatric first aiders need to undertake annual refresher training, during any three year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures.

APPENDIX 2



What it's called	What it's like	Going to school	Getting treatment	More advice
Chicken Pox	Rash begins as small, red, flat spots that develop into itchy fluid-filled blisters	●	Pharmacy	Back to school 5 days after on-set of the rash
Common Cold	Runny nose, sneezing, sore throat	●	Pharmacy	Ensure good hand hygiene
Conjunctivitis	Teary, red, itchy, painful eye(s)	●	Pharmacy	Try not to touch eye to avoid spreading
Flu	Fever, cough, sneezing, runny nose, headache body aches and pain, exhaustion, sore throat	●	Pharmacy	Ensure good hand hygiene
German measles	Fever, tiredness. Raised, red, rash that starts on the face and spreads downwards.	●	G.P.	Back to school 6 days from on-set of rash
Glandular fever	high temperature, sore throat; usually more painful than any before and swollen glands	●	G.P.	Child needs to be physically able to concentrate
Hand, foot & mouth disease	Fever, sore throat, headache, small painful blisters inside the mouth on tongue and gums (may appear on hands and feet)	●	G.P.	Only need to stay off ill feeling too ill for school
Head lice	Itchy scalp (may be worse at night)	●	Pharmacy	
Impetigo	Clusters of red bumps or blisters surrounded by area of redness	●	G.P.	Back to school when lesions crust or 48 hours after start of antibiotics
Measles	Fever, cough, runny nose, and watery inflamed eyes. Small red spots with white or bluish white centres in the mouth, red, blotchy rash	●	G.P.	Back to school 4 days from on-set of rash
Ringworm	Red ring shaped rash, may be itchy rash may be dry and scaly or wet and crusty	●	G.P.	
Scabies	Intense itching, pimple-like rash Itching and rash may be all over the body but commonly between the fingers, wrists, elbows, arm	●	G.P.	Back to school after first treatment
Shingles	Pain, itching, or tingling along the affected nerve pathway. Blister-type rash	●	G.P.	Only stay off school if rash is weeping and cannot be covered
Sickness bug/ diarrhoea	Stomach cramps, nausea, vomiting and diarrhoea	●	Pharmacy	See GP if symptoms persist after 48 hours
Threadworms	Intense itchiness around anus	●	Pharmacy	Ensure good hand hygiene
Tonsilitis	Intense Sore throat	●	Pharmacy	See GP if temperature lasts more than 48 hours or cannot swallow
Whooping cough	Violent coughing, over and over, until child inhales with "whooping" sound to get air into lungs	●	G.P.	Back to school after 5 days of antibiotics or 21 days from onset of illness

See www.patient.co.uk for further information on each of these conditions

This leaflet has been produced in partnership between



This information is a guide and has been checked by health professionals however, if you are unsure about your child's wellbeing we recommend you contact your pharmacy or GP to check.

APPENDIX 3



**Qualified Paediatric First Aiders
Trained September 2024**

Danica Belzer
Hannah Roberts
Daria Fox
Chloe Ryan
Monika Janaockova
Luna Serratore
Samara Lennox
Amber Eisner
Magdalena Kaluzna
Sharon Allchild
Giorgia Mitrou
Daniella Fauche
Victoria Wigmore
Mina Safaei Manesh
Jane Mehra
Elsa Rieffel
Nitya Lalwani