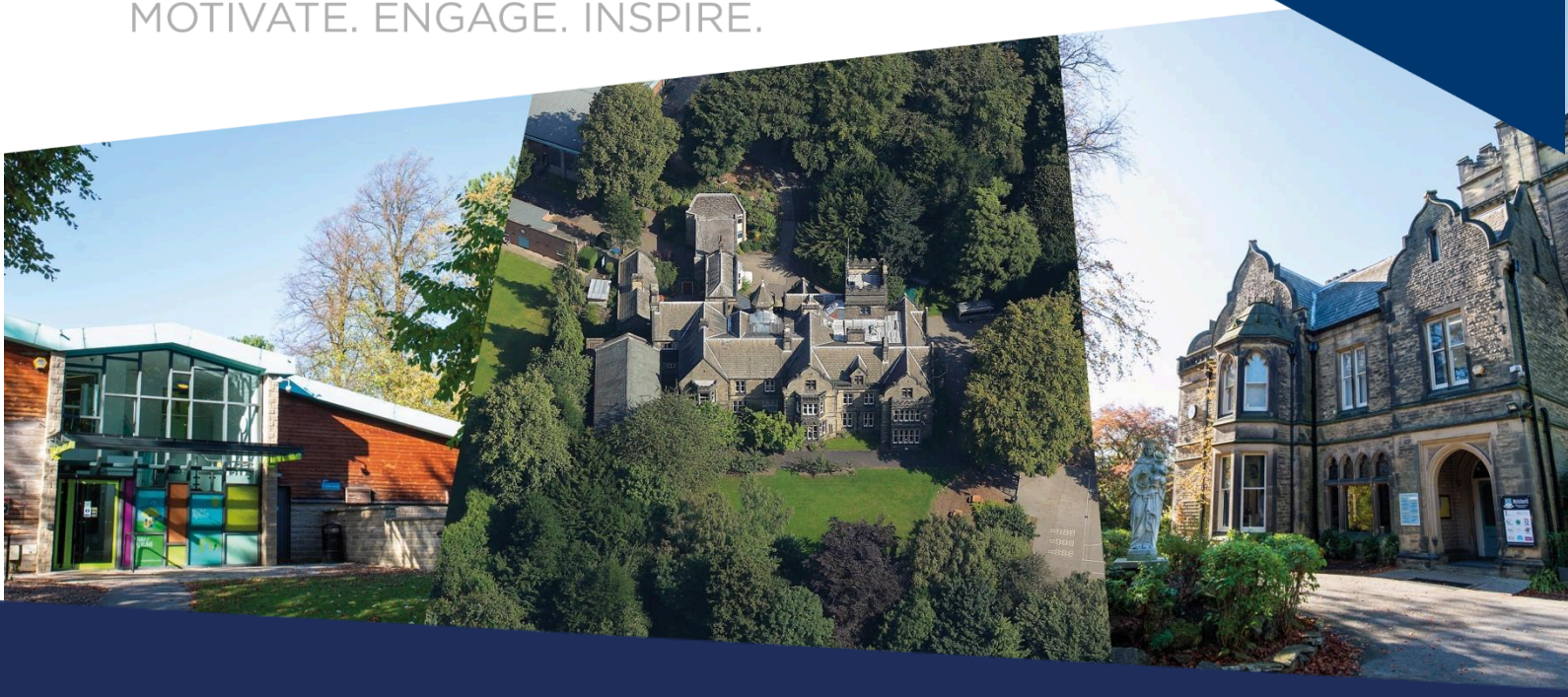
Mylnhurst
Preparatory School and Nursery

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Policy Document

Mylnhurst School & EYFS

First Aid Policy

Review Date: September 2027

Mylnhurst
Preparatory School and Nursery

Mylnhurst
Campus Group

First Aid Policy
(Including the Administration of Medication)

Contents

1. Introduction
2. Statement of Commitment
3. Aims and Objectives
4. Statutory and Regulatory Framework
5. Related Policies
6. Scope and Responsibilities
7. Definitions
8. First aiders
9. First aid kits
10. Information on pupils
11. Pupils with medical conditions such as asthma, epilepsy, diabetes etc.
12. Automatic External Defibrillators (AED), Salbutamol Inhalers, Emergency Allergy Response Kits and Trauma Kits
13. Review process
14. Monitoring and review

Appendix A: Qualified First Aiders
Appendix B: Procedure in the event of an illness
Appendix C: Procedure in the event of an accident or injury
Appendix D: Procedure in the event of contact with blood or other bodily fluids
Appendix E: Infectious Diseases
Appendix F: Administration of Medication
Appendix G: Allergic Reactions

1. Introduction

All staff at Mylnhurst Preparatory School and Nursery (the School) will use their best endeavours, at all times, to secure the welfare of its pupils, staff and visitors.

All staff should read and familiarise themselves with this Policy, and ensure this Policy is followed in relation to the administration of first aid.

Nothing in this Policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

This Policy applies to the whole School from the Early Years Foundation Stage (EYFS) to Prep 6.

This Policy is available on the School website.

Copies of the above are available from the office for consultation by parents. You may also email the School at enquiries@mylnhurst.co.uk to request hard copies which can be made available in large print or other accessible formats if required.

2. Statement of Commitment

We confirm our adherence to the following standards at all times:

2.1 To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits. Be at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment. Newly qualified EYFS staff will have been trained in paediatric first aid.

2.2 To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.

2.3 To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).

2.4 To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.

2.5 To record and make arrangements for pupils and staff with specific medical conditions.

2.6 To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.

2.7 To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.

2.8 To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.

2.9 To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid, or the administration of medicine for pupils in EYFS.

2.10 To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.

2.11 To have a minimum of 2 trained First Aiders on site.

3 Aims and objectives

3.1 This Policy aims to ensure that the School has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

3.2 To ensure that all staff and pupils are aware of who to contact, and the applicable procedures, in the event of illness, accident or injury.

4. Statutory and regulatory framework

This Policy is drafted in accordance with:

4.1 Paragraph 3(13) of the schedule to the Education (Independent School Standards) Regulations 2014

4.2 The Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917)
4.3 The First Aid at work: Health and Safety (First Aid) Regulations 1981 Approved Code of Practice and Guidance.
4.4 Statutory framework for the Early Years Foundation Stage (September 2025)
4.5 Outdoor Education Advisers' Panel (OEAP) national guidance (May 2026)

5. Related Policies

This Policy should be read in conjunction with the following Policies:

5.1 Safeguarding and Child Protection Policy
5.2 Health and Safety Policy
5.3 Early Years Foundation Stage Policy

6. Scope and responsibilities

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members. Daniel Smith is the nominated director for Health and Safety (to include First Aid).

6.1 The School, as the employer, has overall responsibility for ensuring that there is adequate and appropriate first aid equipment, facilities and first aid personnel and for ensuring that the correct first aid procedures are followed.

6.2 The Designated Safeguarding Lead (DSL) has day to day responsibility for ensuring that there are adequate and appropriate first aid equipment, facilities and appropriately qualified first aid personnel available to the School.

6.3 The DSL is responsible for ensuring that all staff (including those with reading and language difficulties) are aware of, and have access to, this Policy. Staff can access this Policy in the Key Documents Drive and via the School website.

6.4 The Headteacher delegates to the administration team responsibility for collating medical consent forms and important medical information for each pupil, and ensuring the forms and information are accessible to staff as necessary. This information is put on ISAMS by the school's admissions officer. Capturing pupil medical information occurs at each entry point to the School and is updated as and when parents advise the School. All staff are informed of pupils with severe allergies, asthma, and serious medical conditions at the start of each term. Less significant medical information is shared on a need to know basis with select staff

as appropriate e.g. annually, before trips and when advised by parents of concerns that might impact on the ability of the pupil to participate in daily School life.

6.5 The Headteacher and the DSL are responsible for ensuring the School has an appropriate number of first aiders for the School including EYFS. As required by the Health and Safety Executive, the School will take into account relevant factors, including but not limited to, the number of children, staff and visitors, and the layout of the School when assessing the School's first aid needs.

6.6 The Headteacher and DSL are responsible for coordinating the School's first aid training needs. The DSL is also responsible for ensuring that staff have the appropriate and necessary first aid training and sufficient understanding, confidence and expertise in relation to first aid.

6.7 The Senior Leadership Team (SLT) will define the number of first aiders required to support PE activities, trips and enrichment activities. The appropriate first aid provision will take into account factors set out in the Outdoor Education Advisers' 4 Panel (OEAP) national guidance, namely, the nature of the activity, the nature of the group, the likely injuries associated with the activity and the extent to which the group will be isolated from the support of the emergency services (both in terms of distance and response time), to ensure a basic level of first aid support will be available at all times.

6.8 Section 3.25 of the Statutory framework for the Early Years Foundation Stage (September 2025), sets out the minimum first aid requirements for the EYFS setting i.e., at least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, and on outings including children from the EYFS there must be at least one person who has a current paediatric first aid certificate. The DSL 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. A list of staff who have a current paediatric first aid certificate can be seen at Appendix A.

6.9 The Headteacher will review the list of first aiders (Appendix A) against requirements noted in paragraphs 4.7 and 4.8 to ensure the School has adequate coverage and will report compliance to the Health & Safety Committee.

6.10 Anyone on School premises is expected to take reasonable care for their own and others' safety.

7. Definitions

First Aid: The treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, first aid does not include giving any tablets or medicines, the only exception is giving aspirin in accordance with accepted first aid practice to treat a suspected heart attack.

First Aiders: Members of staff who have completed an approved first aid course and hold a valid certificate of competence.

First Aid Guidance: First Aid at work: Health and Safety (First Aid) Regulations 1981: Approved Code of Practice and Guidance (Health and Safety Executive, L74, 3rd edition, 2013).

Staff: Any person employed by the School, volunteers at the School and self-employed people working on the premises.

8. Responsibilities for the Trained First Aiders

8.1 Provide appropriate care for pupils, staff or visitors who are ill or sustain an injury.

8.2 Complete an accident form for all injuries and send home to parents/guardians at the end of the school day

8.3 In the event of any injury to the head, however minor, ensure that a head bump form is completed and sent home to parents/guardians. Please refer to Appendix C regarding Head Injuries.

8.4 In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that a record is signed by the parents/guardians, as soon as is reasonably practicable.

8.5 Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.

9. First Aid Kits

9.1 First aid kits are marked with a white cross on a green background. The content of the first aid bags will be determined by the School's first aid needs assessment and stocked in accordance with Workplace first aid kits. Specification for the contents of workplace first aid kits, BS8599-1:2019, January 2019.

9.2 First aid kits are located at these positions around the School site and are as near to hand washing facilities as is practicable:

Location	**Person responsible for ensuring it is stocked**
Main School Reception	Alison Nubbert/ Sarah Goddard
Playground (stored at front Reception desk)	Alison Nubbert/ Sarah Goddard
Nursery	Valerie Clarke/Louise Hunt
Reception	Evie O'Dwyer
Design and Technology	Bernadette Pathe
McAuley Building (excluding MSEL) Gym Store	R Holmes/C Buchanan
PE Office x 2 travelling kits for fixtures	R Holmes/C Buchanan
The Pavilion (changing room 1)	R Holmes/C Buchanan
Dining Room	Andy Brooks
Swimming Pool Office	Heather Swift
Mylnhurst Children's Club	Libby Harrison
Minibuses x2	Alison Nubbert/ Sarah Goddard
Education Visits (stored in PA's office when not in use)	Alison Nubbert/ Sarah Goddard
P1 - P6 classrooms	Class Teacher/TA

Location of First Aid Facilities

- The medical/sick room is located on the first floor between the Headteacher's office and the SLT room. This is for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes; a bed, first aid supplies, a water supply and sink, a toilet and hygiene supplies such as gloves and paper towels.

10. Information on pupils

10.1 Parents are requested to provide written consent for the administration of first aid and medical treatment before pupils are admitted to the School.

10.2 The Designated Safeguarding Lead (DSL) with responsibility for the administration of medicines will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Headteacher, SLT, class teachers and first aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

11. Pupils with medical conditions such as asthma, epilepsy, diabetes etc.

11.1 The DSL will hold a record of pupils who need to have access to asthma inhalers, Epipens, injections or similar and this information should be circulated to teachers and first aiders. Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, in the medical room First Aid cabinet.

For pupils with asthma, staff should follow the Asthma Management Plan outlined here:

ASTHMA MANAGEMENT PLAN

GREEN ZONE

Asthma under control
Breathing feels good
No cough or wheeze
Can take part in normal activities and sports

ACTION IF NECESSARY

IF WHEEZING, AND NO IMPROVEMENT FROM RELIEVER INHALER (BLUE) MOVE TO **AMBER ZONE**

Take 2-4 puffs of reliever inhaler as required, if cold symptoms present or before exercise

AMBER ZONE – MILD ASTHMA ATTACK

Cough, wheeze or tight chest
Can talk in sentences
Not distressed

ACTION

GIVE 4 TO 6 PUFFS OF RELIEVER INHALER (BLUE) VIA A SPACER, ONE PUFF AT A TIME, SHAKE THE INHALER BETWEEN PUFFS
Reassure and stay with the child
Call for help from a First Aider
Help child to sit up or lean forward
Loosen tight clothing

Inform the parent/guardian
IF NO IMPROVEMENT contact parent to collect child and parent to take them to GP
IF CONDITION WORSENS MOVE TO RED ZONE
RED ZONE – SEVERE ASTHMA ATTACK
Breathing hard and fast
Can't talk in sentences
Distressed
Becoming exhausted

Pale/grey/blue in colour
Feel frightened
ACTION
DIAL 999 FOR AN AMBULANCE
GIVE ONE PUFF OF RELIEVER INHALER (BLUE) EVERY 30 SECONDS (VIA SPACER), ENCOURAGE 4 BREATHS THROUGH SPACER, SHAKE THE INHALER BETWEEN PUFFS
If the child does not have a spacer, encourage them to hold their breath after each puff of inhaler
Call for help from a First Aider
Contact parent/guardian
DO NOT move the child or make them lie back
Reassure and stay with the child
Loosen tight clothing
Keep calm

12. Automatic External Defibrillators (AED), Salbutamol Inhalers and Emergency Allergy Response Kits

12.1 In line with government legislation and in accordance with our Terms and Conditions, the school is permitted to obtain and use in an emergency the Automatic External Defibrillators (AED), Auto Adrenaline Injectors (Epipen) and Salbutamol Inhalers. The School has the following items for use in emergencies only and they are located as follows:

Equipment	Location
One Automatic External Defibrillator	• In the sports hall office
Three Emergency Allergy Response Kits	• Main School hallway at the entrance to Prep 3. • Stable Block kitchen on the left-hand side when entering through the door from the Dining Room.

	• Mylnhurst Children's Club (MCC) in the Early Years Centre next to the first aid cabinet.
Two Emergency Salbutamol Inhalers	• PE First Aid Kits (Travelling Kits Only) • In the three Emergency Allergy Response Kits
Three Trauma Kits	• Main School hallway at the entrance to Prep 3. • Mylnhurst Children's Club (MCC) in the Early Years Centre next to the first aid cabinet. • In the sports hall office

13 Review process

13.1 The application/implementation of this Policy will be reviewed annually in accordance with the Health & Safety Policy.

13.2 A summary of all accidents will be provided at each SLT meeting. The information may help identify training or other needs and be useful for investigative or insurance purposes.

13.3 The Senior team will undertake a review of all procedures following any major accident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

13.4 The DSL will provide an update on training delivered against requirements to each SLT meeting.

13.5 The DSL will provide a termly update to the SLT on trends with medical/welfare issues.

14. Monitoring and review process

14.1 The Headteacher and Senior Team will regularly monitor and evaluate the effectiveness of this Policy.

14.2 This Policy will be subject to review at least annually (or more frequently if changes to legislation, regulation or statutory guidance so require

14.3 The date of the next review is shown on the front page.

Appendix A: Qualified First Aiders

Name	Qualification	Renewal Date
Francesca Bray	Emergency First Aid at Work	10.02.2028
Naomi Baynes	Emergency First Aid at Work	10.02.2028
Kathryn Coppard	Emergency First Aid at Work	10.02.2028
Ryan Holmes	Emergency First Aid at Work	10.02.2028
Crystal Buchanan	Emergency First Aid at Work	10.02.2028
Melanie Jackson	Emergency First Aid at Work	10.02.2028
Jessica Bird	Emergency First Aid at Work	10.02.2028
Laura Hirst	Paediatric First Aid (2day)	16.04.2027
Evie O'Dwyer	Paediatric First Aid (2day)	16.04.2027
Rebecca Haworth	Paediatric First Aid (2day)	16.04.2027
Fiona Newton	Paediatric First Aid (2day)	16.04.2027
Kirsty Holland	Paediatric First Aid (2day)	16.04.2027
Catherine Madin	Emergency First Aid at Work	14.04.2027
Lindsey Hudson	Emergency First Aid at Work	14.04.2027
Bernadette Pathe	Emergency First Aid at Work	14.04.2027
Madeleine Akers	Emergency First Aid at Work	14.04.2027
Sarah Smith	Emergency First Aid at Work	14.04.2027
Gillian Bird	Emergency First Aid at Work	14.04.2027
Ros Wallace	Emergency First Aid at Work	14.04.2027
Libby Harrison	Paediatric First Aid (2day)	01.09.2028
Louise Hunt	Paediatric First Aid (2day)	01.09.2028
Georgia Glew	Paediatric First Aid (2day)	01.09.2028
Sally Hunter	Paediatric First Aid (2day)	01.09.2028
Valerie Clarke	Paediatric First Aid (2day)	01.09.2028
Polly Jaram	Paediatric First Aid (2day)	01.09.2028
Katie Tilley	Paediatric First Aid (2day)	01.09.2028
Amy Wild	Paediatric First Aid (2day)	01.10.2029
Alison Nubbert	Emergency First Aid at Work	01.09.2028

Appendix B: Procedure in the event of an illness

Pupils should inform a member of staff on duty if they feel unwell during break or lunch. If a pupil is unwell during lessons, then they should consult the member of staff in charge. In both instances, the member of staff will assess the situation and decide on the next course of action.

If appropriate, the pupil will be accompanied as necessary, or told to go to see a first aider. The first aider will decide on the next course of action and provide the first aid as required.

The pupil should not be left unattended.

The first aider will organise an injured pupil's transfer to the medical room if possible and appropriate, and to hospital in the case of an emergency.

The School will discuss with parents the procedure for children who may become ill or infectious and will take appropriate action if pupils are ill and take all reasonable steps to prevent the spread of infection.

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury or sudden illness, using facilities or materials available at the time. It is the approved method of treating a casualty until placed, if necessary, in the care of a doctor or removed to hospital. First Aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery.

Appendix C: Procedure in the event of an accident or injury at school

If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve immediately calling for an ambulance.

If necessary, a first aider will be called. At break or lunchtime, the child will be sent to the School Reception desk, where first aid will be administered. The first aider will:

- assess the situation where there is an injured or ill person, taking note of any danger to themselves.
- give immediate, appropriate treatment bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention.
- arrange, without delay, for the casualty to be transported to a doctor, hospital, or home, according to the seriousness of the condition.
- maintain responsibility until the casualty is handed to the care of the doctor, nurse or other appropriate person.
- not leave the incident scene until he/she has reported to whoever takes charge and has ascertained whether he/she could be of any further assistance.
- ensure that the appropriate Accident Form is completed immediately afterwards

This Accident Form should be uploaded to the School's database, CPOMS. The form will be given to the child's class teacher, who will ensure that it goes home with the child.

Contacting parents
Parents should be informed by telephone as soon as possible after an emergency or following a ***serious/significant*** injury including:

- Head injury (a head injury form should be given to any pupil who sustains a head injury)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury

- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the class teacher. In EYFS, **ALL** incidents must be communicated to the parents in writing. A parent should sign the school form, agreeing that they have been notified on the same day or as soon as is reasonably practicable.

Head Injuries

In the event of a head injury, the first aider will also complete the Head Injury Form. The Office will call parents to inform them of the head injury. The form will be uploaded onto CPOMS and then returned to the child's class teacher, who will ensure that it goes home with the child.

In the event that the first aider does not consider they can adequately deal with the presenting condition by the administration of first aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or arranging to transport the injured person to A&E, or access other appropriate medical services.

Ambulances: If an ambulance is called then the first aider in charge should arrange for the ambulance to have access to the accident site. For the avoidance of doubt, the address and/or GPS coordinates should be provided, and arrangements should be made for the ambulance to be met. Staff should always call an ambulance when there is a medical emergency and/or serious injury, and then notify the Headteacher.

Examples of medical emergencies include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture

Arrangements should be made to ensure that a pupil is accompanied in the ambulance or followed to hospital, by a member of staff, if it is not possible to contact the parents in time. If a spillage of blood or other bodily fluids occurs, the Site Manager must be informed. The

Site Manager will then arrange for the proper containment, clear up and cleansing of the spillage site.

Appendix D: Procedure in the event of contact with blood or other bodily fluids

The first aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- use suitable eye protection and a disposable apron where splashing may occur
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- put any materials that have been used to clean/treat the injury into a yellow plastic bag and then place this bag into the nearest yellow bodily spillages bin (yellow bins are located in the main school medical room, sports hall office, EYFS nursery shower room/toilet)
- wash hands after every procedure.

If the first aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination
- report the incident to a first aider and take medical advice if appropriate.

Appendix E: Infectious Diseases

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the Senior team who will follow the Public Health England guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	Until 5 days after the rash first appears	Pregnant women should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
Rubella	Until 5 days after the rash first started	Pregnant women should inform their midwife that they have been in contact with German Measles (Rubella)
Impetigo	Until all the blisters have formed scabs or 2 days after taking antibiotics	Antibiotic treatment by mouth may speed healing
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment).	Household and close contacts require treatment at the same time.

	Under 5 years or those with special educational needs 24 hours after the first dose of chosen treatment)	
Scarlet Fever	24 hours after starting antibiotic treatment	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms.
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours after vomiting or diarrhoea have stopped	Exclusion from swimming may be needed
Hepatitis A	Until 7 days after the symptoms started	Consult Public Health England if 2 or more people are infected
Meningococcal Meningitis	Until there are no symptoms	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Ringworm	Until treatment has started	
Mumps	5 days from onset of swollen glands	Preventable by vaccination with 2 doses of MMR.
Head Lice	None once treated	Treatment is recommended for the pupil

		and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis then they should stay off school until they feel better. In EYFS, it is good practice for children to stay off until redness and discharge has gone
Influenza	Until fully recovered or no longer have a temperature	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Whooping Cough	2 days from starting antibiotic treatment or 21 days from onset of coughing if no antibiotics and feel well enough to return	Preventable by vaccination. After infection, non-infectious coughing may continue for many weeks.

Appendix F: Administration of Medication

Administration of Medication in School
The school aims 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 should be given any medication without their parent's written consent.
- No Aspirin products are to be given to any pupil at school, unless prescribed by a doctor. Parents must be given written confirmation of any medication administered at school on the same day or as soon as reasonably practicable, a copy of which will be given to the parent. Proformas for this are available from the school office.
- Medicines must be stored out of reach of children. Special care must be taken with young children, for example, not to leave medicines in a handbag on the floor or on a desk. Instead, keep them on a high shelf, out of reach. Medicines may be stored in the First Aid cabinet or fridge in the medical room, if necessary.

Children will need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

Non-Prescription Medication
These are only to be administered by a First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained.

Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course.

The school will accept medication from parents only if it is in its original container with the original dosage instructions.

A teacher may administer non-prescription medication provided that written consent has been obtained in advance. This may include pain relief.

All medication administered must be documented, signed for and parents informed in writing.

A form for the administration of medicines in school is available from the school and EYFS offices. Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines when deemed necessary by a school First Aider. Under changes to EYFS guidance (September 2021), this is now also acceptable in the case for EYFS pupils, provided that parents are contacted immediately before the administration of the medication. In all cases which rely on such on-going consent, parents must, nevertheless, be informed in writing that the administration of medication has taken place.

Prescription-Only Medication

Prescribed medicines may be given to a pupil by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained.

Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course.

The school will accept medication from parents only if it is in its original container with the original dosage instructions. Prescription medicines will not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin will be given only if prescribed by a doctor.

A form for the administration of medicines in school is available from the school and EYFS offices.

Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epipens.

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
- Ensure that the medication is correctly stored in a named ziplock bag and placed in a First Aid cabinet, out of the reach of pupils.
- Any medication which requires refrigeration should be stored in the fridge in the SLT room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- All medication should be returned to parents.

- Any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be taken to a GP surgery for safe disposal.

Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents, and where relevant, the child's GP.

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency pack.
3. Reassure the pupil that help is on the way.
4. Remove the Epipen from the carton and pull off the safety cap.
5. Place the orange tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epipen from the thigh and note the time.

8. Massage the injection area for several seconds.
9. If the pupil has collapsed, lay him/her on their side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 may be repeated if there is no improvement in 5 minutes with a second Epipen if you have been instructed to do so by a doctor.

REMEMBER Epipens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epipen, the pupil must be taken to hospital for further checks. Epipen treatment must only be undertaken by staff who have received specific training.