

First Aid & Medication

Category: Early Years

Risk Management and Legal Implications

Failure to manage risk may impact on the delivery of Service objectives and the outcomes achieved by Service users. Education and Children's Services aim to mitigate the implications by ongoing management and review of risk in all elements of work activity.

The production of this document is one way in which we aim to reduce our exposure to risk. By providing staff with information on good practice, making reference to other guidance that is available across the Council and providing clarity on how we should do things, we can ensure that the management of risk is intrinsic to what we do.

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Clark Graham	1.0	26/06/2020	26/06/2022
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First Aid

First Aid Materials

There is a First Aid Box in each of the nursery rooms including the kitchen area and parents' room. In addition, there Medical Cupboard where supplies for the first aid boxes are kept. Staff should always make themselves familiar with where the nearest First Aid box is situated.

The nursery has trained first aiders and there names are displayed clearly throughout the building. The first aiders are responsible for dealing with first aid incidences, keeping the first aid boxes and the medical cupboard well stocked and recording when the first aid boxes are checked. Please note the process for checking first aid boxes and supplies is within the first aid folder.

Accidents/Incidents

All accidents or incidents must be reported to a senior member of staff and if, in the case of a child, the parent/carer must be notified, and counter sign the accident or incident report. The nursery will explain that we keep a copy of all accidents/incidents and parents will be asked if they would like a copy of the report. The forms should be completed in ink **NOT PENCIL** and details of the injury logged. The details should be precise and accurate e.g. above the right elbow, on the left upper forearm. Accidents and treatments must be logged in the Accident/Incident Log and will be monitored monthly by a senior member of staff. If a child is injured by another child, then both parents need to be informed.

The filing cabinet in the office contains all the children's records on which essential information is noted e.g. parent's emergency contacts, names, addresses and telephone numbers, the child's doctor and telephone number should this be required.

If an accident/incident occurs, the member of staff who is first on the scene must ascertain the extent of any injury and the cause or possible cause of the accident/incident which **MUST BE REPORTED**. A First Aider should be called to the scene of any accident to give first aid if required.

Any significant injury must be reported to a senior member of staff as soon as possible.

In the case of an accident/incident the following procedures should be adopted:

- Take basic first aid measures
- Send for first aider (if not available send for senior member of staff)
- One member of the team should take the other children away from the scene.
- A file containing names, address, phone numbers and doctor and the nearest contact is to be found in the main office.
- Phone for the doctor and notify parent. It may be necessary to take immediate action to get the patient to the hospital – in which case dial 9-999 and ask for an ambulance.
- In the event of further action being required, accidents/incidents must be recorded on First Contact within 48 hours.



- Some children may have their own medical protocol which will have been compiled and signed with the parent/carer and medical professionals (where appropriate). Staff/key workers and PSAs (where appropriate) must be made aware of the protocol and the guidance on the protocol must be followed.
- If medical advice is sought for an injured child at the GP or hospital, then the Care Inspectorate must be informed within 24 hours of the accident using the eforms system.

Any accidents/incidents involving the spillage of blood or body fluids must be dealt with promptly.

- Avoid the trailing of 'spillage' around the nursery.
- Staff should ensure that they are protected by using disposable aprons and gloves.
- Spillage on floors and furniture should be cleaned using a solution as described by the COSH Equipment for this is distributed in appropriately labelled bottles by the janitor. A 'spillages kit' is stored in each room's cupboard with additional kits available in the janitor's room, the kitchen and the main office.
- Newspaper or paper towels should be placed over the spill and left if it is practical before wiping up. Dispose of the paper towels as 'infected waste' in the special bins.
- Any soiled clothing which has been removed from a child should be double sealed in plastic bags and given to the parents for cleaning at home.
- Although the caretaker/janitor cleans the toilets and wash basins at lunchtime, staff should be ready to mop up spillages which may occur at other times throughout the day.
- Toys and equipment should be cleaned as part of the ongoing housekeeping duties of the nursery in line with the agreed cleaning schedule.

Any bump to the head must be reported to parents. Parents will then be responsible for further decisions on any follow up treatment.

Trips out of the Nursery

When children are taken out of the nursery on trips whether that be walking or in the minibus, a First Aid Kit must always be carried. This kit will also contain any children's inhalers or medication as required. A list of names of children taking part in the trip must be left in the nursery and the required risk assessments must be completed. All staff must be trained in the nursery's trips and outings guidance and procedures. On return, the accident/incident must be recorded in the accident or incident log as previously described and protocols as described above must be followed.

Medication

All medication must be kept in locked cabinets/cupboards. Any medication requiring refrigeration can be kept in a plastic labelled container in a fridge outwith the playrooms. However, it may not be appropriate to keep emergency medicines like inhalers or adrenaline injections in a locked cupboard as these need to be readily available and accessible to staff. It is important that all staff (including supply staff) know which children require medication, where the medication is stored, and how to access it. Medication can only be given if the nursery is in receipt of a completed parental permission form. These



forms, when completed, will be filed in the pupil's individual medication boxes and a copy placed in their progress record file (PPR). Parents will have also received a copy for their information. The storage and recording of administration of medication should comply with the current Care Inspectorate guidance;

[Management of medication in daycare of children and childminding services Dec 2024.pdf](#)

Some children may have an individual health care plan. These plans will have been created with the support of parents and medical professionals where appropriate.

If a child is suspected as having a fever, then the parents/carer should be contacted to collect their child as soon as possible as they will probably be more comfortable at home. Staff will find the guidance below helpful in managing a fever until the child can be collected;

[High temperature \(fever\) in children | NHS Fife](#)

Minor ailments or allergies:

Nurseries should not purchase and keep stocks of medicines for communal use just in case a child displays symptoms of a minor ailment or allergy. Such medicines may include paracetamol (Calpol), ibuprofen and chlorphenamine. The nursery must make sure that parents and carers provide written consent for their child to be given such medicine for a minor ailment or allergy. This would also include the application of nappy rash cream, for example. Parents should supply the medication to be used. This should be unopened and will have been administered to the child previously by the parent. Staff should obtain time-limited consent for its use, administer the medicine as directed and keep appropriate records as they would with any other medicine. Administering medicines to children should always be at the parent's request for a specific illness or incident. Parents should not be asked to give general permission for staff to administer at any other time.

If medication has to be given on a 'when required' basis, it is important that staff ask if any medication has been given to the child prior to arriving at nursery. It may be useful for parents to seek guidance from the minor ailments service at their local pharmacy if children continue to require medication on a 'when required' basis. Staff should inform the parent of any such medicine given to the child by the nursery. This could be done by phone, text or email at the time, or verbally when the child is picked up.

Consent to administer medication from the parent should be checked at least every three months or at the start of a new term to ensure that the medication is still required, is in date and that the dose has not changed

A PEEP (Personal Emergency Evacuation Plan) may be put in place for some children who have an additional support need and may require additional support to evacuate the premises. All medication administered to children must be witnessed and recorded.



Health & Social Care Standards My Support, My life:

1.4, 1.8, 3.11, 3.25, 4.11, 4.14, 4.27, 5.4, 5.17