Springboard Sunderland Trust

Springboard Nursery

First Aid including Medication and Allergies

Medicines, Allergies, Sickness diseases and Infections

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First Aid including Medication and Allergies	
Category:	Springboard Nursery
Responsible Person:	Gemma Dunn
Accountable Person:	Jane Waggott
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Policy statement

At Springboard Nursery, it is not our policy to care for children who are unwell. Children who are sick should remain at home until they are well enough to return to the setting. However, we recognise that there may be occasions when administering medication is necessary to support a child's ongoing health and wellbeing or as part of their recovery from an illness.

Where possible, parents and carers are encouraged to discuss with their child's GP whether medication can be prescribed to be given at home, for example in the morning and evening. Medication will only be administered at the nursery where it is necessary and where not giving the medication during the child's time at the setting would be detrimental to their health or wellbeing.

If a child has not previously taken a particular medication, particularly babies and children under two years of age, parents are advised to keep their child at home for the first 48 hours after starting the medication. This allows time to monitor for any adverse reactions and ensures the medication has had an opportunity to take effect.

Springboard Nursery promotes children's health and wellbeing by identifying allergies, reducing the risk of contact with known allergens, and implementing effective measures to prevent the spread of viruses and bacterial infections.

Our trained staff are equipped to provide appropriate first aid treatment in the event of an accident or injury involving a child or adult within the setting. We are committed to maintaining a safe, healthy, and supportive environment for all children in our care.

Procedures:

Children with Allergies

At Springboard Nursery, we recognise that some children may have allergies or intolerances that require careful management to ensure their health, safety, and wellbeing while attending the setting. We work closely with parents/carers to identify, assess, and minimise any risks associated with allergies.

Identification of Allergies

When a child joins Springboard Nursery, parents/carers are asked to provide information regarding any known allergies, medical conditions, or dietary requirements as part of the registration process. This information is recorded on the child's registration form and shared with relevant staff members to ensure appropriate care is provided.

Where a child has a diagnosed allergy, a specific allergy risk assessment will be completed in partnership with the child's parents/carers. The risk assessment will include:

- Identification of the allergen(s), including any food, substance, material, medication, or environmental trigger that may cause an allergic reaction (for example nuts, eggs, insect stings, or animal allergens).
- Details of the potential allergic reaction, including symptoms such as rash, redness of the skin, swelling, breathing difficulties, or anaphylaxis.

- Guidance on the appropriate action to take in the event of an allergic reaction, including details of any prescribed emergency medication and how it should be administered (for example, an adrenaline auto-injector such as an EpiPen).
- Control measures required to reduce the risk of exposure to the allergen.
- Arrangements for regular review and updating of the risk assessment to reflect any changes in the child's needs.

If the identified allergen relates to a nursery animal or pet, appropriate steps will be taken to remove or reduce the child's exposure to the allergen wherever possible.

Allergy Management and Care Plans

The completed allergy risk assessment will be stored securely within the child's personal file. A care plan will also be developed in consultation with parents/carers and will be reviewed regularly to ensure that it remains accurate and effective.

Information relating to the child's allergy, including the allergen, possible reactions, preventative measures, and emergency treatment requirements, will be shared sensitively with appropriate staff members. Relevant information will be displayed in suitable areas accessible to staff while maintaining the child's privacy and confidentiality.

Staff will work closely with parents/carers to ensure they understand the child's individual needs and are confident in administering any prescribed medication required in the event of an allergic reaction.

Prevention and Control Measures

Springboard Nursery takes all reasonable steps to prevent children from coming into contact with known allergens. This includes:

- Implementing agreed control measures identified within the child's allergy risk assessment.
- Ensuring staff are aware of children's allergy needs and the procedures to follow in an emergency.
- Maintaining clear communication with parents/carers regarding changes to a child's allergy status or treatment.
- Ensuring food preparation and activities are carefully managed to reduce the risk of accidental exposure.

Nut-Free Approach

Springboard Nursery does not routinely use nuts or nut-containing products within the setting. Parents/carers are informed of this approach and are requested not to bring nut products into nursery, including items brought in for celebrations, parties, or special occasions, as these may pose a risk to children with severe allergies.

Insurance requirements for children with allergies and disabilities

The insurance policy will automatically provide cover for children with disabilities or allergies. However, specific procedures must be followed to ensure appropriate arrangements are in place.

For children with life-threatening medical conditions or those requiring invasive treatments, written confirmation must be obtained from the insurance provider to extend the insurance cover where necessary.

At all times, the administration of medication must comply with the requirements of the Early Years Foundation Stage (EYFS) Welfare Requirements and follow procedures based on the guidance provided in:

- *Supporting Pupils at School with Medical Conditions* (DfE, 2015)
- *Managing Medicines in Schools and Early Years Settings* (DfES, 2005)
- *The Administration of Medication in Schools and Settings* (NHS, 2015)

All medication procedures must be carried out safely, consistently, and in accordance with current statutory guidance and professional advice.

Children who are sick or infectious

Managing Children Who Become Unwell at the Setting

If a child becomes unwell during their time at the setting, displaying symptoms such as a high temperature, sickness, diarrhoea, unusual tiredness, or complaints of pain (particularly headaches or stomach aches), the Manager or Deputy Manager will assess the child's condition and contact the parent/carer to arrange collection. If the parent/carer is unable to attend, they may nominate a known and authorised person to collect the child on their behalf.

An Infection Control Form will be completed where required, detailing the child's symptoms, actions taken, and any relevant information.

Where a child has a temperature, staff will ensure the child is kept comfortable by:

- Removing excess clothing where appropriate.
- Offering fluids and encouraging rest.
- Using cool water to sponge the child's head if necessary.
- Ensuring the child is kept away from draughts and maintained at a comfortable temperature.

The child's temperature will be monitored using a digital thermometer, which is stored securely within the nursery medical cabinet.

In the event of a medical emergency, where a child requires urgent medical attention, emergency services will be contacted, and the child will be taken to the nearest appropriate hospital or medical facility where necessary. Parents/carers will be informed as soon as possible.

Exclusion Due to Illness

Parents/carers are advised to seek medical advice where appropriate before their child returns to the setting. The nursery reserves the right to refuse admission to any child who is displaying symptoms of illness that may affect their wellbeing or pose a risk of infection to others, including:

- A high temperature.
- Sickness and/or diarrhoea.
- Symptoms of a contagious illness or infectious disease, including COVID-19.

Please refer to the setting's COVID-19 Risk Assessment and Infection Control procedures for further guidance.

Where a child has been prescribed antibiotics, parents/carers are requested to keep their child at home for the first 48 hours after starting treatment, unless alternative medical advice has been provided.

Following an episode of diarrhoea, children must remain at home for 48 hours after the last episode, or until a normal formed stool has been passed.

The setting follows current guidance regarding exclusion periods for childhood illnesses and infectious diseases. A list of excludable diseases and recommended exclusion periods is maintained and can be accessed through recognised health protection guidance sources.

Reporting of Notifiable Diseases

If a child or member of staff is diagnosed with a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the appropriate medical professional is responsible for notifying the relevant health protection authorities.

If the setting becomes aware of a confirmed or suspected case of a notifiable disease, the Manager will notify Ofsted and the Local Authority where required and follow any advice or instructions provided by the relevant health protection authority.

The setting will maintain confidentiality while ensuring all necessary infection control measures are implemented to protect children, families, and staff.

Blood-Borne Viruses (HIV and Hepatitis) Procedure

HIV and hepatitis (A, B and C) are viruses that can be transmitted through contact with infected bodily fluids. The setting follows universal hygiene precautions, meaning that all bodily fluids are treated with the same level of care and appropriate infection control measures are followed for every child and adult.

Staff must:

- Wear single-use disposable gloves and aprons when changing nappies, assisting with toileting, or handling clothing contaminated with blood, urine, faeces, or vomit.
- Use appropriate protective gloves when cleaning or handling contaminated items.
- Ensure that any soiled clothing is placed in a sealed double bag and returned to parents/carers for cleaning.

- Clean spillages of blood, urine, faeces, or vomit promptly using an appropriate disinfectant solution and suitable cleaning equipment.
- Dispose of cleaning materials used for bodily fluid spills safely in accordance with the setting's waste disposal procedures.
- Clean and disinfect any affected surfaces, furniture, furnishings, or toys to reduce the risk of cross-infection.

The setting promotes respect, confidentiality, and inclusion for all children and families. No child or adult will be treated differently due to a medical condition such as HIV or hepatitis.

Head Lice (Nits) Procedure

Head lice are a common childhood condition and are not a reason for exclusion from the setting. Staff will work in partnership with parents/carers to reduce the risk of transmission and support effective treatment.

If a case of head lice is identified:

- Parents/carers will be informed confidentially and advised to check and treat their child as appropriate.
- Families will be encouraged to check other household members and treat if necessary.
- Staff will provide appropriate advice and support to help minimise the spread of head lice.
- Confidentiality will be maintained when discussing cases with families.

The setting will continue to promote good hygiene practices and encourage children not to share personal items such as hats, brushes, or hair accessories.

Administration of Medication

Medication (both prescription and non-prescription) will only be administered to a child where written permission has been obtained from the child's parent and/or carer.

Medication may include:

- **Prescribed medication** – medication prescribed for an individual child by a doctor, dentist, nurse prescriber or pharmacist.
- **Non-prescribed medication** – medication purchased from a pharmacy without a prescription.

The nursery will not administer medication that has not been appropriately provided, labelled, or authorised.

Prescribed Medication

Prescribed medication will only be administered when:

- It has been prescribed specifically for the child.
- It is in the original container supplied by the pharmacy.
- The pharmacy label is attached to the container (not only the outer box).
- The label clearly states the child's name, dosage instructions and a valid expiry date.
- The medication is in date and being used for the current condition.

Prescription medicines must not be administered unless they have been prescribed for the individual child by an appropriate healthcare professional.

Medicines containing aspirin will only be administered where they have been prescribed by a doctor.

Children receiving prescribed medication must be well enough to attend the nursery. If a child is too unwell to participate safely in the nursery routine, parents/carers will be contacted and appropriate arrangements made.

Non-Prescribed Medication

Non-prescribed medication may only be administered when:

- Written permission has been obtained from the child's parent and/or carer for that specific medication.
- The medication has been purchased from a pharmacy.
- It remains in its original container.
- Clear dosage instructions are available.
- It is within the expiry date.
- It is administered for a maximum of three consecutive days on a day-by-day basis.

Non-prescription medication does not require GP authorisation before administration, in line with EYFS 2023 guidance and current advice. However, the nursery will always ensure that medication is appropriate, necessary and administered safely.

Paracetamol and High Temperatures

The nursery recognises the importance of responding appropriately when a young child develops a high temperature.

For children under one year of age, if a high temperature develops while attending nursery, staff will take appropriate measures to help cool the child and will contact parents/carers for collection as soon as possible. Parents/carers should seek appropriate medical advice where necessary.

Paediatric paracetamol will only be administered with written parental/carer consent and in accordance with the medication instructions and dosage guidance.

Parental Consent Requirements

Before any medication can be administered, the parent/carer must complete and sign a medication consent form.

The consent form must include:

- Child's full name and date of birth.
- Name and strength of medication.
- Name of the person who prescribed the medication (where applicable).
- Dosage to be administered.
- Method of administration.
- Any additional instructions, such as whether it should be given before or after food.

- Storage requirements.
- Expiry date.
- Any possible side effects that may occur.
- Parent/carer's printed name, signature and date.

Medication will not be administered if the required information or consent has not been provided.

Receiving and Storing Medication

Medication will be received by a senior member of staff who will ensure that:

- The required consent form has been completed.
- The medication is correctly labelled.
- The medication is stored safely and according to manufacturer instructions.
- Medication is inaccessible to children.

Children's medicines will remain in their original containers and will be clearly labelled.

All staff will be informed when a child is receiving medication, while maintaining confidentiality.

Responsibility of Staff

The administration of medication is the responsibility of designated first aiders and appropriately trained staff.

The Nursery Managers, **Jane Waggott and Marie Hunter**, and Deputy Manager and Senior Practitioner, **Gemma Dunn** and **Paige Pemberton** are responsible for ensuring that:

- Staff understand and follow this medication procedure.
- Medication is administered safely.
- Appropriate records are maintained.
- Staff are aware of children who require medication.
- Procedures remain in line with current EYFS requirements.

Administration and Recording of Medication

Medication administration must be recorded every time medication is given.

The medication record must include:

- Child's name.
- Name and strength of medication.
- Date and time medication was administered.
- Dose given.
- Method of administration.
- Name and signature of the member of staff administering the medication.
- Signature of the Manager/Deputy Manager as verification/witness.

Parents/carers must sign the medication record at the end of the day to acknowledge that the medication has been administered.

The nursery uses a medication form and record book to ensure accurate recording and compliance with these procedures.

Storage of medicines

- All medication is stored safely and securely in the locked kitchen, designated medication cabinet, or refrigerated where required. Where the refrigerator is not used solely for storing medicines, medication is kept in a clearly labelled and separate compartment.
- Medicines that do not require refrigeration are stored securely in the locked kitchen, either at a height that is inaccessible to children or within the designated first aid/medication cabinet. Refrigerated medication is stored in a separate, clearly marked compartment within the fridge located in the locked kitchen.
- The allocated First Aider, Manager, Deputy Manager or Senior Practitioner is responsible for ensuring that medication is returned to parents or carers at the end of the day, unless an agreed arrangement is in place for medication to remain at the setting.
- Some children may require medication to be kept at the setting due to ongoing medical needs. First Aiders are responsible for checking that any medication held on site, whether administered regularly or on an 'as and when required' basis, remains within its expiry date. Any out-of-date medication is returned to the parent or carer.
- All staff are informed at the beginning of their shift of any relevant information regarding children's medication, including any changes to requirements or administration procedures.
- Where the administration of prescribed medication requires specific medical knowledge or skills, appropriate individual training will be provided to the relevant staff member by a qualified health professional.
- If rectal diazepam is required to be administered, a second member of staff must be present and must co-sign the medication administration record.
- Children are not permitted to self-administer medication. Where children are able to understand when they require medication, such as children with asthma who recognise their symptoms, they should be encouraged to inform their key person. However, this does not replace staff responsibility for maintaining awareness of children's medical needs and responding appropriately when medication is required.

Children who have long term medical conditions and who may require on ongoing medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Manager alongside the Key Person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff and all first aiders will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.

- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought, if necessary, where there are concerns.
- A Care Plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The Care Plan should include the measures to be taken in an emergency.
- The Care Plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the Care Plan and each contributor, including the parent, signs it.

Oral Medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to our insurance provider.

- Oral medications **must** be prescribed by a GP and have manufacturer's instructions clearly written on them.
- Parents or guardians must provide clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- Parents or guardians must give us prior written consent. This consent will be kept on file. It is not necessary to forward copy documents to our insurance provider.

Life-Saving Medication and Invasive Treatments

Some children may require life-saving medication, such as adrenaline auto-injectors (EpiPens) for anaphylaxis caused by severe allergies, or invasive treatments such as the rectal administration of Diazepam for epilepsy.

Before staff administer any life-saving medication or carry out invasive treatment, the setting must have:

- A letter from the child's GP or consultant confirming the child's medical condition and detailing the medication or treatment required.
- Written consent from the child's parent or legal guardian authorising staff to administer the prescribed medication or treatment.
- Evidence that the designated staff member has received appropriate training in administering the medication or treatment. Training must be provided by the child's GP, district nurse, children's nurse specialist, community paediatric nurse, or another suitably qualified healthcare professional.

Copies of all relevant documentation must be submitted to the setting's insurance broker for assessment before care is provided. Written confirmation that insurance cover has been extended must be received and retained on file.

Key Person for Children with Medical Needs

Children who require ongoing medical support, such as assistance with feeding tubes, breathing equipment, colostomy bags or other medical devices, will have a designated key person responsible for supporting their care.

The setting will ensure that:

- Written consent is obtained from the child's parent or legal guardian before any prescribed treatment or medication is administered.
- The designated key person has received appropriate training and is competent to carry out the required procedures. This may include training provided by healthcare professionals or appropriate instruction from the child's parent or guardian where suitable.
- Individual healthcare plans are followed at all times.
- Copies of all relevant medical documentation are submitted to the insurance broker for approval, and written confirmation of extended insurance cover is received before the support is provided.

Managing Medicines on Trips and Outings

Children who require medication during outings will continue to receive their medication safely and in accordance with their individual healthcare plan.

The setting will ensure that:

- The child is accompanied by their key person wherever possible or by another member of staff who is fully informed about the child's medical needs, medication requirements and emergency procedures.
- A suitable risk assessment is completed before the outing.
- The child's medication is transported in a sealed container clearly labelled with:
    - the child's full name;
    - the name of the medication; and
    - any essential administration instructions.
- The container will also include:
    - a copy of the parental consent form; and
    - a medication administration record to document the date, time, dosage and name of the person administering the medication.
- On returning to the setting, the medication administration record will be attached to the child's medication records and signed by the parent or legal guardian to acknowledge that the medication has been administered.
- If a child requires hospital treatment while on an outing, staff will take the child's medication in its labelled container together with a copy of the signed parental consent form to accompany the child.
- As a precaution, children should not eat while travelling in vehicles unless this forms part of an agreed medical care plan or a specific risk assessment.
- This procedure must be read alongside the setting's Outings Policy and Emergency Procedures.

First Aid

At Springboard Nursery, staff are trained to provide immediate first aid treatment in the event of an accident or medical emergency involving a child, member of staff, or visitor.

At least one member of staff who holds a current Paediatric First Aid qualification is present on the premises at all times and accompanies children on all outings. Paediatric First Aid training is specifically designed to meet the first aid needs of infants and young children.

All first aid qualifications are kept up to date through accredited training providers, and staff receive regular refresher training to maintain their knowledge and confidence in responding to emergencies.

The First Aid Kit

Our first aid kit complies with the **Health and Safety (First Aid) Regulations 2013**. While there is no mandatory list of items that must be included, our first aid kit is appropriately stocked to meet the needs of the setting and contains:

- A first aid guidance booklet
- Protective face mask
- Individually wrapped sterile plasters (assorted sizes)
- Sterile eye pads
- Sterile gauze swabs
- Individually wrapped triangular bandages (preferably sterile)
- Large sterile individually wrapped unmedicated wound dressings
- Medium sterile individually wrapped unmedicated wound dressings
- Hypoallergenic adhesive tape
- Disposable gloves
- A pair of scissors
- Finger dressings
- A children's forehead strip thermometer

The first aid kit is stored in a secure location that is easily accessible to adults but out of the reach of children. It is kept on the top shelf in the locked kitchen.

No unprescribed medication will be administered to children, parents, visitors, or staff.

Parental Consent for Emergency Medical Treatment

When a child is admitted to the setting, parents or carers are asked to provide written consent for staff to seek emergency medical advice or treatment if required. This consent is signed and dated as part of the registration process.

Parents or carers also provide written consent authorising staff to take their child to the nearest Accident and Emergency (A&E) department for examination, treatment, or admission if necessary. Every reasonable effort will be made to contact parents immediately, and they will be informed and asked to attend the hospital as soon as possible.

Legal Framework

- **Health and Safety (First-Aid) Regulations 1981**
- **UK Resuscitation Council Guidelines** and **European Resuscitation Council Guidelines**
- **Medicines Act 1968**

Further Guidance

- **First Aid at Work: Your Questions Answered (HSE)**
  - https://www.hse.gov.uk/pubns/indg214.pdf
- **Basic Advice on First Aid at Work (HSE)**
  - https://www.hse.gov.uk/pubns/indg347.pdf
- **Guidance on First Aid for Schools**
  - The original DfEE guidance has been superseded. Current guidance is available from the UK Government:
  - Supporting pupils at school with medical conditions
- **Supporting Pupils at School with Medical Conditions**

This policy was adopted at	Springboard Nursery
Date:	29/07/2026
Date to be reviewed	09/08/2027
Signed by the manager	JWaggott
Signed by the signatory	SReay
Name of signatory	Steve Reay
Role of signatory	Chief Executive

Addendum – Covid19

HSE - Guidance for first aiders -

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

- Preserve life: CPR
- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
    - a fluid-repellent surgical mask
    - disposable gloves
    - eye protection
    - apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – don't do rescue breaths

Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible
- Fill in accident form / photo copy then hand to parent / guardian upon pick up – No signature from parent is required at this time as long as you have wrote on the form who it has been passed on to.