



Start children off on the way they should go, and even when they are old they will not turn from it.”

Proverbs 22:6

MEDICAL POLICY (including Asthma & First Aid)

Adopted	September 2026
Committee	Standards
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We are a Christian school where quality and opportunities make a difference. We value all children as unique ‘Children of God’ and nurture each other to show **LOVE** in our relationships and a **RESPECT** for all. We foster **HOPE** within our community and encourage children to find **PEACE** by creating times and places for stillness and reflection. We strive for excellence, inspiring dreams both now and in the future. We promote **POSITIVITY**, celebrate **COURAGE**, demonstrate **RESPONSIBILITY** and share **JOY** through...

‘Learning, loving, laughing in the light of Jesus’.

Supporting Children with Medical Conditions Policy

This policy has been written in line with the DFE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100), which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

Rationale

Forsbrook C of E Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

The purpose of this policy is to

- Ensure that pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- Ensure that there is clarity around the holding and administering of medication at school
- Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils
- To develop staff knowledge and training in all areas necessary for our pupils

Definition of the term Medical Condition used in this context

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case, the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs and disability (SEND) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the school's Local Offer.

Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes, asthma) all have Individual health care plans (IHCP), usually written in conjunction with the school nurse and parents.

The school will:

- Ensure that students with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and a member of the Senior Leadership Team for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate (e.g. including individual children on risk assessments)
- Designate individuals to be entrusted with information about a student's condition where confidentiality issues are raised by the parent/child

- Have an identified key worker trained to specifically meet the needs of students with a statement of SEND linked to a medical condition
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan
- Make all staff working directly with students aware of the students in the school with medical conditions
- Provide sufficient training for staff to meet the needs of students at the school with medical conditions

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but, if necessary, before they commence their education at Forsbrook. First aid training will continue to be under the guidance of the Health and Safety Policy. The school nurse liaises with the school and is available by email and phone for support through the Hub. Pupils requiring continuous support for a medical condition will be given a Care Plan (CP).

Care Plans

The main purpose of a Care Plan (CP) is to identify the level of support that is needed at school for an individual child. The CP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required. A CP will:

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professional and key staff
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. With parent's consent, the care plan and a photo of the child are displayed in the school office. A copy is kept with the medication in both the child's class room and the school office
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.

Expectations

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and the parent/carer must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that:

- Parents/carers will inform the school of any medical condition which affects their child and provide evidence where requested
- Parents/carers will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container
- Parents/carers will ensure that medicines to be given in school are in date and clearly labelled
- Parents/carers will co-operate in training their children to self-administer medicine if this is appropriate

Management of medication

Pupils will not be able to carry any medication with the exception of AAI's, inhalers for asthma control, or care plan specified medication. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

Managing medicines during the school day

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions re administration, dosage and storage.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or provide two prescriptions – one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

Prescription Medication

A named member of staff may administer such a drug to whom it has been prescribed, according to the instructions

- If agreed with the parents, the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration

- Parents are responsible for the disposal of any remaining prescription drugs (should be taken to pharmacist)

AAI – See Separate Policy

AAI's are stored in clear plastic boxes with the picture of the child on the outside and the care plan enclosed. Children are required to have 2 AAI's in school, one in class and one in the school office. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class. School has a separate supply of AAI (see Allergy and Anaphylaxis Policy).

Ritalin and related drugs

Ritalin is a controlled drug. It needs to be kept in a more secure environment than suggested above. Generally children are prescribed slow-release Ritalin and do not need to take at school. However if this is not the case the drug will be locked in the school safe. The adult taking it out of the safe will need to do so with an observer who will check the number of tablets going out and back in again and ensure that the child takes the tablet.

Non-prescription

Unless there is written confirmation from a GP that this has been agreed, no non-prescription drug will be administered on a regular basis.

Recording

When a parent requests administration of medication, a care plan needs to be completed. When the administration of non-emergency medication is required, staff may exercise their voluntary right to not administer, this right may be selective on the grounds of the type of medication in question. The members of staff willing to administer the medication to a pupil should be recorded in the individual care plan and this voluntary responsibility can be withdrawn at any time.

Medication (other than AAI and asthma inhalers) are stored in the office and generally dispensed by office staff. When a child takes medication, the dose and time are recorded. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Managing medicines on trips and outings

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The responsible member of staff will carry out a specific and additional risk assessment.

Where children without care plans have been prescribed medication, parents should include these details in the form provided for school journeys. Medication should be in the original packaging.

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Some children may need to take precautionary measures before or during exercise, and may need to be allowed immediate access to their medicines such as asthma inhalers.

Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions, any preventative medicine that may need to be taken, and emergency procedures.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take some personal responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school, we strive to ensure that children with medical conditions fully participate in school life.

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the Head teacher and Governing Body. The Head teacher will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Complaints

Should any parent or carer be unhappy with any aspect of their child's care at Forsbrook C of E Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem then it should be taken to a member of the senior leadership team. In the unlikely event of this not resolving the issue, the parent/carers can make a formal complaint using the school complaints procedure.

This policy will be monitored yearly and updated when necessary ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. We will ask parents for annual

Parental agreement for the administration of medicines

The school will not give your child medicine unless you complete and sign a medical form.

REASONABLE ADJUSTMENTS

The 'reasonable adjustments' Duty

The school is expected to make 'reasonable adjustments' to enable disabled pupils as far as is reasonably practicable to overcome any disadvantage felt by a disabled pupil.

The 'reasonable adjustments' duty was first introduced under the Disability Discrimination Act 1995. The 'reasonable adjustments' duty under the Equality Act 2010 operates slightly differently and has been extended to cover the provision by a school of auxiliary aids and services. The object of the duty is the same - to avoid as far as possible by reasonable means, the disadvantage which a disabled person experiences because of his/her disability.

This duty towards pupils sits alongside the school's duties towards special educational needs and those of local authorities under Part 4 of the Education Act 1996. In some cases, the support a disabled pupil may receive under the special educational needs framework may mean that they do not suffer a substantial disadvantage, and so there is no need for additional reasonable adjustments to be made for them. In other

cases, disabled pupils may require reasonable adjustments in addition to the special educational provision they are receiving.

There are also disabled pupils who do not have special educational needs but still require reasonable adjustments to be made for them. The level of support a pupil is receiving under Part 4 of the Education Act 1996 is one of the factors to be taken into account when a school considers what it would be reasonable for the school to have to do.

Reasonable Adjustments made:

- Wheelchair access
- Sign language implemented across the school
- A teacher always addresses the class facing forward to ensure that a pupil with hearing difficulties is able to lip-read.
- The school introduces a playground buddy system, which creates support for pupils during breaks.
- The school provides appropriate training for the disabled pupil and his/her colleagues.
- The school provides suitable equipment, or adapts equipment for the disabled pupil. e.g. chairs, desks, computers.
- The school will ensure that teachers are trained to modify instructions or procedures e.g. by providing larger print, or material in Braille, or hearing loops if and when necessary.

ASTHMA

Managing Asthma in school

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something, that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life.

We endeavour to do this by ensuring we have:

- ✓ An asthma register
- ✓ Up-to-date medical policy
- ✓ An asthma lead
- ✓ All pupils with access to their reliever inhaler at all times – care plans to be kept in the red folder within the classroom medical bag
- ✓ All pupils have an up-to-date asthma care plan
- ✓ An emergency salbutamol inhaler on site
- ✓ Ensure all staff have regular asthma training
- ✓ Promote asthma awareness to pupils, parents and staff

All pupils with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the person to breathe.

Some pupils will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Pupils should not bring their preventer inhaler to school, as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

Pupils are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. However, we will discuss this with each pupil's parent/carer and teacher. We recognise that all pupils may still need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to pupils except in an emergency, however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation. Staff who have had asthma training, and are happy to support pupils as they use their inhaler, can be essential for the well-being of the pupil. School staff who agree to administer medicines are insured by the RPA when acting in agreement with this policy. If we have any concerns over a pupils ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse.

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupils asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which pupils in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a red bag at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. Having two inhalers for a child in school may be subject to prescription regulations so if only one is allowed, this will be carried by the child with the schools emergency inhaler to be used if the child's is not available.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

As a school, we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March 2015).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Managing Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur. All staff will be provided with information on the pupils in their care who suffer from asthma as they progress through the year groups.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the pupil is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure immediately if the pupil:

- Appears exhausted
- Is going blue
- Has a blue/white tinge around lips
- Has collapsed

It goes on to explain that in the event of an asthma attack:

- ✓ Keep calm and reassure the child
- ✓ Encourage the child to sit up and slightly forward
- ✓ Use the child's own inhaler – if not available, use the emergency inhaler
- ✓ Remain with the child while the inhaler and spacer are brought to them. Shake the inhaler and remove the cap
- ✓ Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- ✓ Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.
(1 puff to 5 breaths)
- ✓ If there is no improvement, repeat these steps up to a maximum of 10 puffs
- ✓ Stay calm and reassure the child
- ✓ Stay with the child until they feel better
- ✓ The child can return to school activities when they feel better
- ✓ If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with a GP
- ✓ If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse
- ✓ If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers
- ✓ If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- ✓ A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

Asthma UK website (2015)

- <https://www.asthma.org.uk>

Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools

- <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

FIRST AID

First aid provision is provided during working hours. The designated area for First Aid is the front office.

First aiders undertake first aid treatment in accordance with their training, ensuring that any incident and treatment given is recorded in the appropriate records.

In the event that basic First Aid is required:

- All staff may administer basic first aid such as cleaning bumps, grazes and applying simple dressings, using the class first aid kits or communal boxes.
- For head injuries and/or where there are potential broken bones, a first aider must be called to attend via tannoy system.
- If the child has a minor injury, then a message can be sent via text.

- If the child has sustained a head injury or there is concern of a more serious nature, then a phone call home will be made by the class teacher or office.
- Consider whether emergency first aid procedures need to be followed (as below).
- Ensure that all spillages of body fluids are cleaned up promptly and by appropriate means, including the use of PPE.
- Complete documentation.
- Ensure first aid box and spillage supplies are restocked following an incident.

In the event that emergency First Aid is required:

- Members of staff in attendance must use dynamic risk assessing to manage emergency situations.
- A first aider must be called to the scene immediately.
- The first aider will request that an ambulance is called where necessary. If an ambulance has been called, the first aider to remain with the unwell/injured person until assistance arrives. It is preferable that the person calling 999 is the same area as the injured person as the call handler will ask questions that will need require assessment of them.
- The first aider will delegate someone to call the parents if an ambulance has been called. Report immediately to the Headteacher all incidents requiring the attendance of a pupil, member of staff or any person to hospital
- If a child needs to go to hospital and the parent/carer hasn't arrived, then a member of staff will accompany them.

Accident Reporting:

- Ensure that appropriate documents are completed and that accidents are reported as soon as possible (after dealing with the immediate effects) to ensure that accident / incident investigations can be undertaken and risk assessments reviewed accordingly.
- The Health & Safety Manager (Headteacher) must be notified where the accident / incident requires investigation, where there is a potential that risk assessments require revising, and where this is reportable via the My Health and Safety System. The appropriate member of office staff (Mrs S. Dawson) will ensure that this is undertaken in a timely manner to ensure that the accident / incident is managed suitably under RIDDOR 2013 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). The relevant documentation will be compiled and updated following this (e.g. accident investigation reports, accident trend analysis, risk assessments).

Educational Visits:

- The provision of first aid during off-site visits and activities must be considered as part of the risk assessment and planning process.
- A Qualified First-Aider must always be present during all off-site activities and visits and a first aid kit must be taken.
- For children in the Early Years Foundation Stage (EYFS), there is a statutory requirement that at least one person who has a current paediatric first aid certificate and sufficient understanding and use of English to summon help in an emergency must accompany children on outings.
- It is a legal requirement that all public service vehicles, including minibuses, must carry a first aid kit.

First-Aid Materials and Equipment:

- Each class has a first aid kit and they are also located in key areas throughout school, e.g. hall, office, corridors.
- Mrs. Minor and Mrs Dawson are responsible for the ordering of first aid equipment and ensuring first aid kits are replenished routinely. Support Staff will ensure that first aid kits are replenished if stocks are getting low between routine refills.

There is no mandatory list of items to be included in a first-aid kit. The decision on what to provide is influenced by the findings of the first aid needs assessment.

A minimum stock is as follows:

- Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- Sterile eye pads;
- Individually wrapped triangular bandages, preferably sterile;
- Safety pins;
- Large, sterile, individually wrapped un-medicated wound dressings;
- Medium-sized sterile individually wrapped un-medicated wound dressings;
- Disposable gloves (hypoallergenic – latex free)
- Tweezers for the removal of splinters if the child consents

Illness:

In accordance with Public Health England guidance and our Infection Control Policy, parents should keep their children at home if they are acutely unwell or infectious. If it is thought that a child is ill and needs to go home, Mrs Minor or Mrs Dawson will be consulted.

Dealing with Blood and Body Fluid Spills:

- Spillage kits are available in each classroom.
- Spillages of bodily fluids such as blood, vomit, urine and excreta should be cleaned up promptly.

The following actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances;
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn. Eye protection will be worn should there be a risk of splashing;
- Any spilt blood or other body fluids should be cleaned up, either with disposable absorbent materials and an appropriate sanitising product, or using the body fluid spillage kit held in the relevant area;
- All disposable items such as paper towels and sanitising powder used to mop up any substances must be disposed of in yellow plastic bags in line with the Infection Control Policy's arrangements.

Those disposing of such items should wear disposable gloves. Depending on the circumstances, professional deep cleaning may be required.

Infection Control:

Whenever possible, to minimise the risk of infection whilst administering first aid, personnel must cover all exposed cuts/abrasions on their own bodies with a waterproof dressing, before administering treatment.

- Whenever possible, wash hands before and after applying dressings.
- Wear PPE.
- All disposable items such as paper towels and sanitising powder used to mop up any substances must be disposed of in yellow plastic bags in line with the Infection Control Policy's arrangements. Those disposing of such items should wear disposable gloves.
- Contaminated work areas must be suitably disinfected and soiled clothing should be sent home.
- If contact is made with any other person's body fluids the area should be washed immediately and medical advice sought from Occupational Health via the appropriate member of staff.

Qualifications:

Newly qualified staff with a level 2 or level 3 Early Years' qualification, awarded after 30 June 2016, must have either a full paediatric first aid (PFA) or an emergency PFA certificate within 3 months of starting work. If they do not have this, they cannot be counted in the EYFS staff: child ratios at level 2 or level 3.

Additional First Aid Requirements:

Early Years

The Statutory Framework for the Early Years Foundation Stage requires that at least one person who has a current Paediatric First Aid Certificate must be on the premises at all times when children are present. In addition, there must be at least one person on Educational Visits who has a current paediatric first aid certificate.