



Medicines and First Aid Policy

September 2025

Signed (Chair of Trust Board):	
Date:	September 2025
Review:	September 2026

Arbor Academy Trust reviews this policy annually. The Trustees may, however, review the policy earlier than this, if the Government introduces new regulations, or if the Trust receives recommendations on how the policy might be improved. This document is also available in other formats e.g. e-mail and enlarged print version, on request to the School Offices and is displayed on the schools' websites.

POLICY STATEMENT

At Arbor Academy Trust we believe that every child in our care deserves the best start in life. All our staff are committed to ensuring that every child is healthy, happy and safe.

Whilst it is not our policy to care for sick children who should be at home until they are well-enough to return to the setting, we will agree to administer medication as part of maintaining their care and good health, or when they are recovering from an illness.

We look to develop strong relationships with parents/carers to ensure the needs of children are met.

If parents are unsure about any aspect of this policy, then we encourage them to speak to the school leadership for clarification.

LEADERSHIP

The Headteacher/ Head of School has lead responsibility for the implementation of this policy. All staff in Early Years complete certificated Paediatric First Aid training within three months of joining us. Staff working in Key Stages 1 and 2 will complete Basic First Aid Training.

Their roles and responsibilities in relation to the administration of medication are listed in their job descriptions. During induction, staff are made aware of the need to comply in full with the requirements of the EYFS Statutory Framework, and to be alert to the potential safeguarding risks involved with the administration of medication.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given to them whilst they are attending the school. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our welfare officer is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the welfare officer, the office manager or other trained staff are responsible for administering of medication.

PROCEDURES

- Children taking prescribed medication must be well enough to attend the school.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature.
- Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- The administering of un-prescribed medication is recorded in the same way as any other medication.
- Medications are only accepted if they are supplied in their original containers, dispensed by the pharmacist in accordance with the providers instructions.
- They must be clearly labelled with the name of the child and medication dosage, and frequency (timing where appropriate) of administration.
- Under no circumstances will any medication be accepted if they do not comply with these requirements.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to children.

- On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the information below. No medication may be given without these details being provided:
 - the full name of child and date of birth
 - the name of medication
 - who prescribed it
 - the dosage and times to be given in the setting
 - the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date

The administration of medicine is recorded accurately in our medication record sheet each time it is given and is signed by the person administering the medication and a witness. Parents/carers are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:

- name of the child
 - name of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- Any incidents of allergic reactions are immediately reported to parents/carers.
 - Any unusual observed effects after a medication has been administered by staff are also recorded and reported to parents/carers.
 - If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
 - If rectal diazepam is given, another member of staff must be present and co-signs the record book.
 - No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their teacher/ key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
 - The Headteacher/ Head of School monitors the medication record book on a weekly basis. This is done for; quality assurance purposes (to ensure that procedures are being implemented consistently by all staff and parents). Any lack of consistency may reveal a shortcoming in induction or training; safeguarding purposes in case of intentional malpractice; accident and infection control purposes. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.
 - A 'buddy' system is in place which requires a dual sign off from staff when administering a medication.
 - If a child refuses to take their medication, staff do not force a child to take medication. A written record is made of the child refusal, and parents are informed as normal. If the refusal involves a long-term complex needs, or where the refusal may be the cause for immediate concern, we contact parents/carers immediately.

Storage & Disposal of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The welfare officer is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept at the setting to be administered on a regular, or as-and-when-required basis.

- The welfare officer will always check that any medication held in the setting is in date, and return any out-of-date medication back to parents/carers.
- Parents/carers are responsible for ensuring date-expired medicines are returned to a pharmacy for safe disposal, and for collecting medicines held at the setting at end of term.

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

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our Head of School/ Headteacher alongside the welfare officer. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents/carers will also contribute to a risk assessment. They should be shown around the school, 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 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 will form part of the risk assessment.
- The risk assessment may include activities that give cause for concern regarding an individual child's health needs.
- An individual health care plan for the child is drawn up with the parents/carers; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health care plan should include the measures to be taken in an emergency.
- We review the individual health care plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents/carers receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, a risk assessment will be completed with medical need for relevant children considered.
- A key person for the child will accompany them, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the name of the medication. Inside the box, there will be a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- On returning to the school the card is attached to the medicine record, and the parents/carers asked to sign it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box will be a copy of the consent form signed by the parents/carers.

RESPONDING TO EMERGENCIES

If a child has a previously undiagnosed anaphylactic or asthmatic response whilst at our school, we will refer to our major incident procedures. Procedures for responding to (major) accident, illness and disease emergencies, and subsequent reporting requirements to Ofsted et al, are described in our Child and Infectious Disease Policy.

INSURANCE

We notify our insurance provider of all required conditions, as laid out in our insurance policy.

POLICY REVIEW UPDATE

The policy is reviewed annually by the school, with any updates made to the policy made available to all staff and parents.