



## **Forfar Education First Aid & Medicines Policy**

### **1. Introduction**

This policy outlines Forfar Education's procedures for administering first aid and medication to children within our EYFS and school settings. We are committed to safeguarding the welfare of all children and ensuring that staff are trained, confident, and well-resourced to respond to medical needs and emergencies.

We aim to support children with medical conditions and, as reasonably practicable, ensure they enjoy the same opportunities as others. All staff responsible for first aid or administering medicines will adhere to this policy and relevant legislation.

### **2. Training and Qualifications**

All EYFS staff are Paediatric First Aid trained, which includes: - Epipen/Auto-Injector administration - Asthma inhaler usage.

For any child requiring specific medical support (e.g., diabetes, epilepsy), additional training is arranged with paediatric healthcare professionals.

Defibrillator training and the use of emergency medication (such as adrenaline auto-injectors and emergency inhalers) is also delivered where applicable.

All training is recorded and reviewed regularly. Emergency folders include a list of qualified First Aiders.

When a child joins Little Crickets Forest School requiring more specific medical intervention (e.g., Diabetes or epilepsy), training is sought and provided by paediatric experts.

### **3. First Aid Provision**

First aid boxes are located in key areas of the setting Staff Room, Wooden Hut and Yurt. These are stocked in accordance with Health & Safety (First Aid) Regulations 1981 and are checked termly. They only contain sterile dressings, bandages, eye pads, and gloves.

An emergency defibrillator is available on-site located in the Wooden Hut and staff are trained in its use.

Any accident or injury will be recorded on Blossom , and parents/carers will be notified on the same day. Serious injuries must be reported to the Head of Setting.

## 4. Individual Health Care Plans (IHCP)

For children with ongoing or complex medical needs (e.g., asthma, diabetes, epilepsy, anaphylaxis), an Individual Health Care Plan will be drawn up in consultation with parents and health professionals.

Plans will outline: - Medical condition and emergency actions - Medication requirements and dosage - Possible side effects - Emergency contacts - Staff responsibilities

Plans will be reviewed annually or when a child's needs change. Copies are stored securely and included in emergency folders.

## 5. Administering Medicines

### 5.1 General Principles

Medicines will only be administered by trained staff, and wherever possible, by two adults. Medication Record Forms must be completed and signed by the parent/carer for all medications (prescribed or non-prescribed). These are documented on Blossom. Medicines will only be accepted in their original containers with pharmacy labels (for prescribed medication) or manufacturer guidance (for non-prescribed) written in English. Medication refusal will be documented, and parents informed. Children will not be forced to take medication.

### **Administering Medications: The Five Rs**

Always administer any medication with another colleague within hearing AND SIGHT to confirm you have followed the Five Rs:

- **Right person** (Identity check)
- **Right medication** (Label, allergies, and current medications)
- **Right time** (Timing of last dose)
- **Right dose** (e.g., paracetamol preparations)
- **Right route** (e.g., oral, topical, eye, ear)

5.2 All prescription medication provided for administration within the setting must be clearly labelled in English and issued by a UK-registered GP, dentist, or other licensed prescriber. This is to ensure that staff can accurately read and follow dosage instructions, identify the medication, and administer it safely. Medication labels must include the child's full name, the name of the medication, dosage, method of administration, and expiry date. Any medication not meeting these requirements will not be accepted or administered by the setting. It will be stored securely in a locked cabinet or medicines fridge in the Wooden Hunt. All doses administered must be recorded and counter-signed.

### 5.3 Non-prescribed Medication (with prior consent) include:

Paracetamol  
Ibuprofen  
Cetirizine (or equivalent)  
Anthisan (bites/stings)  
Vaseline  
Sun cream

These medications must not be given for more than 3 consecutive days without GP review. And consent to administer must be documented on ISAMS or equivalent.

### 5.4 Administering Medications:

All medication administration must occur in the presence of a second adult to confirm the Five Rs.

- If any child is brought to school or nursery in a condition in which they may require medication sometime during the day, we will decide if the child is fit to be left at school/nursery. If the child is staying, the parent/carer must be asked if any kind of medication has already been given, at what time, and in what dosage. If paracetamol or ibuprofen has been given for a temperature, staff may deem the child to be unfit for school in some circumstances.

Staff must ensure that the parent/carer is informed of any non-prescribed medicines given to the child whilst at school/nursery, together with times and dosage given, either via the Blossom diary.

### **Non-prescribed Medication**

Home remedy medications may be administered without a prescription. The home remedy medications listed below are in current use and are the only medicines that staff shall administer without a prescription. They will only be administered to those children whose parents have previously consented (such consents can be found on ISAMS and must be checked before administering any home remedy to any child). The home remedies list shall be reviewed and updated as necessary.

- Paracetamol
- Ibuprofen
- Cetirizine (or equivalent antihistamine)
- Anthisan (bite and sting) cream (or equivalent)
- Vaseline
- Sun cream

### **Paracetamol or Ibuprofen**

Current medical advice is not to give paracetamol or ibuprofen for a temperature up to 38°C; however, we will closely monitor children if they develop a temperature whilst at school/nursery. We will be more concerned about a child who has a temperature and is grizzly, unhappy, and sleepy rather than one who is generally well in themselves. Above all else, we use our knowledge of individual children to guide us.

Children should not attend school/nursery if they have been given paracetamol or ibuprofen for a temperature and a poor night's sleep and if they continue to present with symptoms such as sleepiness and general discomfort. If a child develops a temperature during the day and requires paracetamol or ibuprofen, their parents will be informed, and paracetamol or ibuprofen will be given on the understanding that they will be collected and taken home as soon as possible.

### **Dosage of Non-prescribed Paracetamol or Ibuprofen**

Staff will only give children the stated dose of paracetamol or ibuprofen as shown below. If parents wish staff to administer a higher dose, then a GP letter or prescription label dated within six months must be supplied to us.

#### **Child's Age Dose – Up to 4 times a day**

3-6 months One 2.5ml spoonful

6-24 months One 5ml spoonful

2-4 years One 5ml spoonful AND one 2.5ml spoonful

This medication should not be given to a child for more than three days without speaking to their GP.

### **Injections, Pessaries, Suppositories**

As the administration of injections, pessaries, and suppositories represents intrusive nursing, they do not have to be administered by any member of staff.

## **6. Medical Conditions**

**6.1 Asthma** - Children must have access to their labelled inhaler at all times. Spare inhalers are stored for emergency use with parental permission and inhalers are checked each term for expiry. All asthma care must follow the child's IHCP.

**6.2 Anaphylaxis** - Emergency Auto Injectors must be clearly labelled and accessible. Two Auto Injectors must be provided by parents and Emergency Allergy Action plans created and stored for each child. Training is refreshed annually.

**6.3 Diabetes** - Children will have an IHCP and Diabetes Management Plan. Blood sugar testing and insulin administration will only be overseen by trained staff. All data is

recorded with double sign-off. Snacks, drinks, and emergency kits must accompany children off-site.

**6.4 Epilepsy and Other Conditions** - Specific procedures and training will be established where needed, and detailed in the IHCP.

## 7. Storage and Disposal of Medicines

- Medication must be labelled with the child's name and stored in designated locked cabinets or fridges.
- Controlled drugs are stored in a locked, non-portable container and recorded in the controlled drugs register.
- Expired or unused medication will be returned to parents.

## 8. Off-site Visits

- A qualified First Aider must accompany all trips.
- Emergency medication and first aid kits must be carried.
- IHCPs are reviewed prior to the visit to ensure risk assessments are updated.
- Emergency procedures must be briefed to all staff attending.

## 9. Reporting Serious Incidents

- **Accidents requiring hospital treatment**, causing unconsciousness, or involving infectious outbreaks will be reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and, where appropriate, to OFSTED and UKHSA.
- The Head of Setting, Head of School (where relevant) and of Early Years must be informed immediately.

## 10. Infectious Diseases & Exclusion Periods

Children must not return to school/nursery until the minimum exclusion period has passed, in line with NHS/UKHSA guidance. Examples include: -

**Chickenpox:** Until vesicles crusted (min. 5 days)

**Diarrhoea/Vomiting:** 48 hours from last episode

**Fever:** Must be fever-free 24 hours without medication

**Conjunctivitis:** No exclusion unless severe

**Impetigo:** 48 hours post-antibiotics or until healed

## 11. Responsibilities

**Parents/Carers** must: - Provide accurate medical information - Complete and sign Medication Request Slips - Supply in-date medication

**Staff** must: - Be trained and confident in first aid/medicine administration - Follow the Five Rs and maintain accurate records - Be aware of medical needs in their care group.

**Leadership** must: - Ensure appropriate staffing, training, and policy implementation - Oversee compliance with statutory guidance and insurance.

## 12. Related Guidance

- Supporting Pupils with Medical Conditions (DfE)
- EYFS Statutory Framework
- RIDDOR (HSE)
- UKHSA Infectious Disease Guidelines
- Diabetes UK, Anaphylaxis UK, Asthma UK

**Policy Owner:** Group Head of Early Years

**Last Reviewed:** November 2025

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