💊🤒 Medication & Unwell Child / Infection Control Policy

1.Policy Statement

This is a policy and procedure for all staff caring for children aged 0–5 years and children attending the breakfast & after-school club from Reception to Year 6.

We are fully committed to promoting the health, safety, and wellbeing of all children. We recognise that safe medication administration and robust infection control procedures are essential to safeguarding children, staff, and visitors.

Medication is only administered when necessary and always in accordance with this policy, the EYFS Statutory Framework, Ofsted requirements, UKHSA guidance, and relevant legislation. We work in close partnership with parents/carers to ensure children receive appropriate care when unwell and to reduce the spread of infection.

We are committed to ensuring that:

- Medication is administered safely, correctly, and only when required
- Children who are unwell are cared for appropriately and excluded where necessary
- The spread of infection is minimised through strong hygiene and control measures
- Staff are trained, confident, and competent in medication procedures
- Accurate records are maintained at all times
- Emergency medication is available, in date, and accessible at all times
- Each child requiring emergency medication (e.g. EpiPen) has a named device stored securely on site in line with their Allergy Action Plan
- Parents/carers are responsible for ensuring emergency medication is provided, replaced, and always in date before expiry
- EYFS, Ofsted expectations, and Achieving for Children (AfC) guidance are fully met
- A strong safeguarding, health, and infection control culture is embedded across all Aston settings

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2. Scope

This policy applies to:

- All children attending Aston (birth to Year 6)
- All permanent and temporary staff
- Volunteers and students on placement
- Management and leadership staff

It covers:

- Prescribed and non-prescribed medication
- Storage, administration, and recording of medication
- Procedures for unwell children
- Infection control and exclusion periods
- Emergency medical situations
- Notifications to parents, Ofsted, and relevant agencies

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3. Medication Procedures

3.1 Staff Training and Authorisation

- Medication must only be administered by staff who hold a current Paediatric First Aid certificate and/or specific medical training relevant to a child's condition (e.g. asthma, epilepsy, anaphylaxis)
- Two members of staff must be present for all medication administration. Where only one suitably trained member of staff is available (for example during an outing or emergency), medication may be administered by that member with the administration witnessed or verified as soon as reasonably practicable.
- Both staff must check medication, dosage, and expiry before administration
- Both staff must sign medication records immediately after administration

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3.2 Prescribed Medication

- Must be prescribed by a doctor, dentist, nurse, or pharmacist
- Must be provided in its original container

Must clearly display:

- Child's full name
- Date of birth
- Dosage and instructions
- Expiry date
- Form must be completed by parents with reasoning to why it needs to be given and signed.

Medication will not be administered if any information is missing or unclear.

First-time medication:

- Wherever possible, the first dose of any newly prescribed medication must be given at home so parents can observe for any adverse reaction. Normally a 24 hour exclusion period applies.

Additional safeguards:

- Written parental consent is required

3.3 Non-Prescribed Medication

- Only administered with written parental consent
- Must clearly state reason for administration and dosage instructions
- Staff must ensure no double dosing occurs
- If medication is administered at home, parents must provide written confirmation of time and dosage on arrival.
- Nurofen is not permitted. Should a child arrive once given Nurofen, they will not be permitted to attend for that day.
- Calpol is allowed.

3.4 Storage and Record Keeping

- Medication is stored securely in a locked medicine cabinet or designated refrigerator where required
- All medication is stored out of children's reach at all times
- Records are completed using our medication forms with GDPR and safeguarding requirements
- Medication logs are regularly reviewed by management

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4. Unwell Child Procedures

If a child becomes unwell, staff must respond promptly and appropriately. Staff must start an unwell child observation record.

4.1 General Illness

- Staff will observe symptoms such as temperature, rash, vomiting, diarrhoea, lethargy, or distress.
- Parents/emergency contacts will be informed immediately if concerns arise.

4.2 Vomiting and Diarrhoea

- Parents must collect within 1 hour of being contacted
- Children must remain away for 48 hours after the last episode

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4.3 High Temperature

- 38°C or above:
- Parents contacted immediately
- Calpol may be given with parental permission
- If temperature does not reduce below 38°C, collection must occur within 60 minutes.

- Should the temperature go down, the child is permitted to remain at nursery. Should they require a second dose of Calpol, parents are asked to collect within 60 minutes, and the child must remain absent from nursery for 24 hours.

39°C or above:

- Calpol administered (with permission from parents).
- Collection within 60 minutes
- Continuous monitoring until collection
- Emergency services may be contacted if required
- Risk of febrile convulsions considered
- Should the temperature go above 39.5 we will call emergency services

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5. Medication in Children's Bags

- Medication must never be stored in a child's bag
- All medication must be handed directly to staff
- Any medication found in a child's bag must be reported immediately – please refer to the safeguarding policy
- Where risk is identified, appropriate safeguarding action will be taken

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6. Infectious Illness & Infection Control

- Parents must not send children to Aston if they are unwell or infectious
- Aston must be informed of any infectious disease including (but not limited to):
- Meningitis, Chickenpox, Measles, Mumps, Rubella, Scarlet Fever, Hand Foot & Mouth, Impetigo, Conjunctivitis

Aston follows UK Health Security Agency (UKHSA) guidance. However, management reserves the right to extend exclusion periods during outbreaks to protect children, staff, and families.

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7. Exclusion Periods

Illness / Condition	Exclusion Period	Action Required / Escalation
Antibiotics (new prescription)	24 hours after first dose	Return once first dose given and no adverse reaction
Vomiting	48 hours symptom-free	Immediate collection within 1 hour
Diarrhoea	48 hours symptom-free	Immediate collection; infection control procedures applied
High temperature	24 hours after normal temperature	Monitor closely; send home if 38°C+
Chickenpox	Until all lesions have crusted over after 7 days (minimum period)	Notify parents; monitor
Hand, Foot & Mouth	48 hours after symptoms	Exclude if unwell
Scarlet Fever	3 days after antibiotics	Notify parents immediately
Conjunctivitis	24 hours after treatment	If they are unwell, there is an outbreak, or there is excessive discharge making hygiene difficult
Head lice	After treatment and no live lice	Parents advised to treat
Food poisoning	48 hours symptom-free	Report outbreaks immediately

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8. Additional Safeguarding / Health Escalation

- Multiple cases of infectious illness will be reported to UKHSA
- Ofsted will be informed where required

- Risk assessments will be reviewed and strengthened immediately
- Enhanced cleaning and infection control measures will be implemented where necessary

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9. Notifiable Diseases

- Management must be informed immediately
- UKHSA and Ofsted will be notified where required
- All public health guidance will be followed without delay

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10. Emergency Situations (not limited to)

If a child:

- Has a seizure
- Chokes
- Collapses
- Has a severe reaction

➡️ Call 999 immediately

- Parents will be informed immediately
- A staff member will accompany the child to hospital where appropriate
- Incident forms must be completed
- Ofsted (if applicable) will be notified within required timescales

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11.Inhalers

Inhalers are stored in Astons medical storage; this is a known location that is readily accessible to staff. They must remain at Aston and should not be removed.

The child must have immediate access to their inhaler when required. Staff will ensure that the child is not prevented or unreasonably delayed from accessing their inhaler.

Staff will remain alert to the child's wellbeing and will provide assistance where the child requests help or where staff have concerns that the child is unable to manage their symptoms or medication safely.

If a child experiences an asthma attack or significant breathing difficulty, staff will follow the child's individual Action plan and Aston's emergency procedures. Emergency medical assistance will be sought where required. Parents are always notified.

11.1 Insulin and Diabetes Management

Aston will work with the child's parent or carer and, where appropriate, healthcare professionals to ensure the care plan is always kept up to date.

Aston will ensure that staff understand the child's diabetes management plan and know how to recognise and respond to signs of hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar), including when urgent medical assistance may be required. Staff will all have appropriate training to support each child's medical needs.

Staff will follow the child's individual care plan and support the child as and when required to do so. Where insulin or other diabetes medication is stored at Aston - arrangements will ensure that it is accessible when required while being stored safely and securely.

11.2 Individual Action Plan

For children with a diagnosed medical condition that may require ongoing management or emergency intervention while attending Aston, including conditions such as asthma, epilepsy, diabetes, severe allergies or anaphylaxis, Aston will ensure that an appropriate Individual Action Plan (IAP) is developed where required.

The IAP will be developed in partnership with the child's parent or carer and, where appropriate, with relevant healthcare professionals and specialist medical teams. The plan will be based on the child's individual medical needs and will clearly set out the support and arrangements required to keep the child safe and well while attending Aston.

The IAP will include, where relevant:

- Details of the child's medical condition and individual needs.
- Information about the child's usual symptoms and any known triggers.
- Details of prescribed medication and the circumstances in which it should be administered.
- Clear instructions for the administration of medication and any required treatment.
- Information about the child's ability to self-administer medication, where applicable.
- The signs and symptoms of a medical emergency and the action staff must take.
- Details of when emergency services should be contacted.
- Arrangements for the safe storage and accessibility of medication and emergency medication.
- Details of any additional support or reasonable adjustments the child may require.
- Contact details for parents or carers and relevant healthcare professionals, where appropriate.
- The date the plan was created and the date it is due to be reviewed.

11.3 Staff Training and Competence

Aston will ensure that staff responsible for supporting a child with a medical condition have appropriate information, instruction and training to enable them to respond safely and effectively to the child's needs.

Where a child's medical condition requires specific medical procedures or emergency medication, such as the use of an adrenaline auto-injector, administration of emergency epilepsy medication, diabetes management or support with asthma, relevant staff will receive appropriate training from a suitably qualified healthcare professional or other appropriate training provider, where required.

Aston will ensure that there are sufficient appropriately trained staff available to support the child during the hours they attend, including during after-school, wraparound and holiday provision where applicable.

Staff will be made aware of the child's IAP and will understand their individual responsibilities. Information will be shared with staff on a need-to-know basis while maintaining appropriate confidentiality and in accordance with data protection requirements.

Staff will not be expected to undertake medical procedures for which they have not received appropriate training or instruction, except where emergency first aid or emergency action is required in accordance with the child's IAP and Aston's procedures.

11.4 Review of Individual Action Plans

IAPs will be reviewed at least annually, or more frequently where required by the child's medical needs, and whenever there is a significant change in the child's condition, treatment, medication or circumstances.

The IAP will also be reviewed following:

- A significant medical incident or emergency.
- A change in prescribed medication or dosage.
- A change in the child's healthcare needs.
- Advice or recommendations from a healthcare professional.
- Concerns raised by parents, carers or staff about the effectiveness of the existing arrangements.
- A change in the child's ability to self-manage or self-administer medication.

Parents and carers will be involved in the review process and, where appropriate, relevant healthcare professionals will be consulted to ensure that the plan remains accurate, current and appropriate.

Aston will ensure that staff are informed promptly of any significant changes to an IAP and that any required additional training is completed before staff are expected to undertake new or changed responsibilities.

Aston will maintain appropriate records of IAPs, staff training and reviews. All information will be handled confidentially and stored securely in accordance with Aston's data protection requirements.

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12. Cleaning and Infection Control

Aston is committed to maintaining a clean, hygienic and safe environment for children, staff, parents and visitors. Effective infection prevention and control measures will be followed throughout Aston to reduce the risk of illness and the spread of infection.

12.1 Personal Protective Equipment (PPE):

Appropriate PPE, including disposable gloves and aprons, will be worn when carrying out tasks where there is a risk of contact with bodily fluids, including nappy changing, toileting, cleaning up vomit, urine, faeces or blood, and when handling contaminated laundry. PPE will be disposed of safely after use and hands will be washed thoroughly following its removal. PPE will not replace the requirement for effective hand hygiene.

12.2 Colour-Coded Cleaning Equipment:

Aston will use a colour-coded cleaning system to reduce the risk of cross-contamination. Cleaning equipment, cloths and mop heads will be designated for specific areas and uses and will not be transferred between areas where this could increase the risk of spreading infection. Cleaning equipment will be cleaned, disinfected, dried and stored appropriately after use and replaced when no longer effective.

12.3 Cleaning Products and Disinfectant Standards:

Cleaning and disinfecting products will be suitable for their intended purpose and used in accordance with the manufacturer's instructions, including the correct dilution, application method and required contact time. Where disinfectants are used, products will meet appropriate recognised standards for effectiveness against relevant pathogens. COSHH requirements will be followed, and cleaning chemicals will be securely stored away from children and used only by staff who have been appropriately instructed.

12.4 Disposal of Bodily Fluids:

Bodily fluids, including blood, vomit, urine and faeces, will be dealt with promptly and hygienically. Staff will wear appropriate PPE and use suitable cleaning and disinfecting products and procedures. Contaminated materials will be disposed of safely in accordance with Aston's waste disposal arrangements and local requirements. Areas contaminated by bodily fluids will be cleaned and disinfected thoroughly before being returned to use. Any significant incident involving bodily fluids will be recorded and managed in accordance with Aston's health, safety and safeguarding procedures.

12.5 Toy and Equipment Cleaning:

Toys, books, furniture and frequently touched surfaces will be cleaned regularly and whenever visibly dirty or contaminated. Toys that are mouthed by children, or have been in contact with bodily fluids, will be removed from use immediately and cleaned and disinfected before being returned to children. Toys and resources will be stored in a way that supports effective cleaning and reduces the risk of cross-contamination. Soft furnishings and resources that cannot be effectively cleaned will be managed appropriately and removed from use if contaminated. In the baby rooms – there is a steriliser that will disinfect the toys a minimum of twice per week.

12.6 Laundry Procedures:

Laundry contaminated with bodily fluids will be handled using appropriate PPE and kept separate from clean laundry. Contaminated items will be placed directly into an appropriate laundry container or bag and handled as little as possible. Laundry will be washed using an appropriate temperature and detergent suitable for the item and the level of contamination.

Clean laundry will be stored separately from dirty or contaminated items. Children will have access to clean bedding and linen, and these will be laundered regularly and whenever soiled.

12.7 Nappy Changing and Infection Control:

Nappy changing will be carried out in a designated area using safe and hygienic procedures. Staff will wash their hands before and after every nappy change and wear disposable gloves and aprons where appropriate. A clean changing mat or surface will be used for each child and cleaned and disinfected between uses. Nappies will be disposed of promptly and hygienically in appropriate waste containers. Staff will ensure that children are supported with appropriate hand hygiene following nappy changes and toileting. Changing areas will be kept clean, well maintained and appropriately stocked with necessary supplies.

12.8 Hand Hygiene:

Effective hand hygiene is a key part of infection prevention and control. Staff, children and visitors will be encouraged and supported to wash their hands regularly and thoroughly with liquid soap and warm running water, particularly after using the toilet or changing nappies, before eating or preparing food, after contact with bodily fluids, after outdoor activities and following cleaning activities. Staff will ensure that children are supported to develop good handwashing habits appropriate to their age and stage of development. Where handwashing facilities are not immediately available, an appropriate alcohol-based hand sanitiser may be used by staff and older children where suitable, but this will not replace handwashing when hands are visibly dirty or following contact with bodily fluids.

All staff are responsible for following Aston's cleaning and infection control procedures and for reporting any concerns regarding hygiene, cleaning standards, contamination or infection risks to the appropriate member of management. Cleaning schedules will be maintained to demonstrate that routine and enhanced cleaning tasks are completed as required.

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13. Spare Emergency Medication

Aston recognises that, in certain circumstances, having access to spare emergency medication may provide an important additional safeguard for children with known medical conditions. Where permitted by applicable legislation, statutory guidance and current Department for Education or NHS guidance, Aston may hold spare emergency medication for use in accordance with the requirements of the relevant guidance.

This may include:

- Spare emergency salbutamol inhalers for children with asthma, where Aston is eligible and permitted to hold and administer a spare inhaler in accordance with current legislation and guidance.
- Spare adrenaline auto-injectors (AAIs) for children at risk of anaphylaxis, where Aston is permitted to hold and administer spare AAIs in accordance with current legislation and guidance.

Aston will only administer spare emergency medication where the appropriate conditions and safeguards are in place. These will include, where applicable:

- Appropriate written parental or carer consent.
- An up-to-date Individual Action Plan (IAP) or other appropriate medical plan identifying the child's condition, prescribed medication and emergency treatment requirements.
- Confirmation that the child has been prescribed the relevant medication or has a known medical condition for which the emergency medication is appropriate.
- Appropriate staff training and sufficient staff who are competent to recognise the relevant symptoms and administer the medication safely.
- Clear procedures for accessing and administering the medication in an emergency.
- Appropriate arrangements for the secure but readily accessible storage of spare emergency medication.
- Regular checks to ensure that medication is within its expiry date, correctly stored and suitable for use.
- Appropriate records of the medication held, administration and any emergency use.

Spare emergency medication will only be used in accordance with Aston's procedures and relevant statutory guidance. Aston will not administer medication where it is not authorised or legally permitted to do so.

Where emergency medication is administered, the child's parent or carer will be informed as soon as reasonably practicable. Emergency services will be contacted where required in accordance with the child's IAP, the medication guidance and the circumstances of the emergency.

Following any use of spare emergency medication, the incident will be recorded, the child's parent or carer will be informed, and appropriate action will be taken to replace the medication where necessary. Aston will also review the circumstances of the incident and consider whether any changes are required to the child's IAP, risk assessment, staff training or emergency procedures.

Aston will regularly review its arrangements for holding spare emergency medication to ensure that they remain consistent with current legislation, statutory requirements and relevant government and healthcare guidance.

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14. Parental Consent for the Administration of Medication

Aston will obtain written consent from a child's parent or carer before administering any medication to the child, except where emergency treatment is required and Aston is authorised and permitted to act under the child's Individual Action Plan (IAP), emergency medication arrangements or applicable legislation and guidance.

Parental consent will clearly identify the medication to be administered, the reason it is required, the prescribed dosage, method of administration and the circumstances in which it should be given.

For short-term medication, parental consent will normally remain valid only for the duration of the course of treatment and will expire when the medication is no longer required or the prescribed course has been completed. A new consent form will be required for any subsequent course of medication unless otherwise agreed in writing.

For long-term or ongoing medication, including medication required to manage conditions such as asthma, epilepsy, diabetes or severe allergies, written parental consent will remain valid for the period agreed by Aston and will be linked to the child's current Individual Action Plan or medical management plan, where applicable. Long-term medication consent will be reviewed and renewed at least annually and whenever there is a change to the child's medication, dosage, medical condition or treatment plan.

Parents and carers are responsible for informing Aston promptly of any changes to their child's medication or medical needs and for providing updated written instructions and consent where required. Aston may request updated consent or medical information at any time where this is necessary to ensure the child's medication can be administered safely.

Aston will not administer medication where parental consent has expired, where the medication instructions are unclear or inconsistent with the prescribed label or action plan, or where the medication is out of date or unsuitable for use. Where there is uncertainty about the administration of medication, Aston will seek clarification from the parent or carer and, where appropriate, a healthcare professional before proceeding.

Where a child leaves Aston or no longer requires the medication, parental consent will automatically cease to apply and any remaining medication will be returned to the parent or carer or disposed of safely in accordance with Aston's medication procedures.

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15. Medication Administration Records

Aston will maintain an accurate and contemporaneous record of all medication administered to children. Records will be completed by the staff member responsible for administering the medication and will be completed as soon as reasonably practicable after administration.

The medication administration record will include:

- The date on which the medication was administered.
- The exact time the medication was administered.
- The name of the medicine administered.
- The dose or quantity administered.
- The route or method of administration, for example oral, inhaled, topical or other prescribed route.
- The name and signature or electronic identification of the staff member who administered the medication.

- The name and signature or identification of a witness, where witnessing is required by Aston's procedure, the child's Individual Action Plan (IAP), medication instructions or where appropriate for the type of medication being administered.
- Confirmation of parent or carer notification, including the date and time notification was made and the method used, where applicable.
- Details of any adverse reaction, unexpected response or side effect observed following administration, together with the action taken.

Where medication is not administered for any reason, this will also be recorded, including the reason for non-administration and any action taken.

Any adverse reaction or significant change in a child's condition following the administration of medication will be treated seriously. Staff will follow the child's Individual Action Plan, seek appropriate medical advice or emergency assistance where necessary, and inform the child's parent or carer as soon as reasonably practicable.

Medication records will be stored securely and treated as confidential information. Records will be retained in accordance with Aston's data protection and records retention procedures and will be made available to Ofsted or other relevant authorities where there is a lawful requirement to do so.

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16. Medication Refusal by a Child

Aston will respect a child's right to refuse medication, unless there is an immediate emergency and staff are authorised and appropriately trained to administer emergency medication in accordance with the child's (IAP), relevant medical guidance and applicable legislation.

Staff will never use physical force, intimidation, coercion or punishment to make a child take medication. Where a child refuses medication, staff will remain calm and supportive and, where appropriate, allow the child reasonable time and encouragement to take the medication voluntarily.

If medication is refused, staff will record the refusal, including the date and time, the medication involved and any relevant circumstances. The child's parent or carer will be informed as soon as reasonably practicable. Where the missed medication may present a risk to the child's health, staff will follow the child's IAP or seek appropriate medical advice. Emergency medical assistance will be sought where the child's condition deteriorates or there is an immediate risk to their health or safety.

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17. Child Vomiting After Medication

If a child vomits shortly after receiving medication, staff will not automatically repeat the dose. The appropriate action will depend on the medication, the time elapsed, the amount of medication believed to have been absorbed and the child's individual healthcare needs.

Staff will follow the instructions provided by the child's parent or carer, prescribing healthcare professional, pharmacist or (IAP), where available. Where there is uncertainty about whether a further dose should be given, staff will seek appropriate medical advice before administering any additional medication.

The incident will be recorded, including the time medication was administered, the time the child vomited, the child's symptoms and any advice received. The child's parent or carer will be informed as soon as reasonably practicable.

If the child shows signs of serious illness, an adverse reaction or deterioration in their condition, staff will follow the child's emergency procedures and seek medical assistance where necessary.

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18. Forgotten, Missing or Unavailable Medication

Parents and carers are responsible for ensuring that Aston has an adequate supply of their child's required medication and that medication remains in date and is provided in its original labelled container where applicable.

If required medication is forgotten, missing, unavailable, damaged or out of date, staff will assess the circumstances and contact the parents first. Any change in agreement must be placed in writing before following agreements for that day.

Staff will not administer an alternative medication or substitute one medication for another without appropriate authorisation and medical advice.

Where the absence of medication could place the child at risk, Aston will contact the child's parent or carer immediately and, where appropriate, seek advice from a healthcare professional or emergency services. Children may be refused entry until we have the medication.

For emergency medication, such as asthma inhalers or adrenaline auto-injectors, Aston will follow its procedures for spare emergency medication where this is legally permitted and appropriate.

Any incident involving unavailable or missing medication will be recorded and reviewed to identify whether additional safeguards or changes to the child's medication arrangements are required.

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19. Expiry Dates, Storage and Disposal of Medication

All medication held by Aston will be checked regularly to ensure that it remains within its expiry date and is stored in accordance with the manufacturer's instructions and the child's action plan.

Medication that is expired, damaged, no longer prescribed or no longer required will not be administered. Parents or carers will be contacted and asked to collect the medication for safe disposal.

Where a parent or carer does not collect expired or unwanted medication within a reasonable period, Aston will arrange for it to be disposed of safely through an appropriate pharmacy or other suitable disposal route, where available.

Medication will not be disposed of in general waste, toilets or sinks unless this is specifically permitted by the manufacturer's instructions or appropriate disposal guidance.

Aston will maintain appropriate records of medication checks and disposal where required.

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20. Medication on Outings, Trips and Off-Site Activities

Children who require medication will not be excluded from outings, trips, activities or other off-site experiences solely because they require medication or have a medical condition.

Before an outing, staff will ensure that all required medication is available, in date, correctly labelled and transported safely. Emergency medication must accompany the child whenever required by their Individual Action Plan or medical needs.

Staff accompanying the child will have access to the relevant medical information and will understand the child's medication requirements and emergency procedures. Where medication requires administration during the outing, an appropriately trained member of staff will be responsible for administering it in accordance with the child's consent, action plan and Aston's medication procedures.

Medication will be transported in accordance with any storage requirements, including temperature control where necessary. Staff will ensure that medication remains secure but readily accessible in an emergency.

A suitable first aid kit and emergency contact information will be available as appropriate for the activity and location.

Any medication administered during an outing will be recorded in accordance with Aston's medication administration procedures, including the date, exact time, medication, dose, route, administrator and any relevant observations. Parents or carers will be informed in accordance with Aston's normal procedures.

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21. Cold-Chain Management and Refrigerated Medication

Where medication requires refrigeration, it will be stored in accordance with the manufacturer's instructions and any guidance provided by the prescribing healthcare professional or pharmacist.

Refrigerated medication will be stored in a designated, secure area of Aston's refrigerator, separate from food and drink wherever possible. Medication will be clearly labelled and stored in a manner that prevents unauthorised access while ensuring it remains readily accessible to appropriately authorised staff.

Aston will monitor and record refrigerator temperatures where required to ensure that medication is stored within the manufacturer's recommended temperature range. Staff will follow the manufacturer's instructions regarding acceptable temperature limits and storage conditions.

If the refrigerator fails, the temperature falls outside the required range, or there is uncertainty about whether medication remains safe to use, the medication will be isolated and not administered until appropriate advice has been obtained from the parent or carer, pharmacist, prescriber or relevant healthcare professional.

Where refrigerated medication is transported for outings or trips, appropriate insulated containers, cool packs or other suitable arrangements will be used where required to maintain the manufacturer's recommended storage conditions. Staff will ensure that medication is not placed directly against frozen ice packs where this could cause the medication to freeze or become damaged.

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22. Roles and Responsibilities

All Staff

- Follow medication and infection control procedures
- Respond immediately to unwell children
- Maintain accurate records

Management

- Ensure training, compliance, and supervision
- Monitor procedures and incidents
- Report to Ofsted and relevant agencies where required

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23. Legal Framework

This policy is informed by:

- EYFS Statutory Framework
- Children Act 1989 & 2004
- Health and Safety at Work Act 1974
- Medicines Act 1968
- Equality Act 2010
- Public Health (Control of Disease) Act 1984
- RIDDOR
- Ofsted Early Years Inspection Framework
- UK Health Security Agency Guidance
- Working Together to Safeguard Children

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24. Monitoring and Review

- Procedures are reviewed annually or sooner if required
- Monitoring takes place through audits, supervision, and incident analysis
- Continuous improvement is embedded into all practice
- Learning from incidents informs policy updates and staff training

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Related Policies and Procedures

This Medication Policy should be read in conjunction with Aston's other relevant policies and procedures. In particular, staff should refer to the following:

Allergy Policy: Provides detailed procedures for the prevention and management of allergic reactions and anaphylaxis, including the use of adrenaline auto-injectors and emergency response arrangements.

Safeguarding and Child Protection Policy: Sets out Aston's safeguarding responsibilities and procedures where concerns arise regarding a child's health, welfare, medication or the actions or omissions of adults responsible for their care.

First Aid Policy: Provides procedures for responding to illness, injury and medical emergencies and should be followed alongside any Individual Action Plan or medication procedure.

Intimate Care Policy: Provides guidance for supporting children with personal and intimate care needs, including appropriate hygiene, dignity, privacy, consent and safeguarding arrangements where medication or medical treatment involves personal care.

Where there is any conflict between this Medication Policy and a child's individual medical or action plan, staff should seek clarification from Aston's management and, where appropriate, the child's parent or relevant healthcare professional. The child's safety and welfare will remain the primary consideration.

Version Control

Version: 4.0
Date Implemented: May 2026
Review Date: May 2027

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