

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.



6.1 Administering medicines

Policy statement

While 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 health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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 in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

The Room Leaders are responsible for the correct administration of medication to the children in their rooms. 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 Room Leaders, the person in charge of the room is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- 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.
- We will administer over the counter medication providing the manufacturers instructions are clearly visible and the medication is recommended for the age of the child.
- Non-prescription medication, such as pain or fever relief (e.g., children's paracetamol) 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. NB We may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the 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. If the medication is not named, it will not be administered to the child. The medication packaging/leaflet must have the following information:
 - the full name of child and date of birth (if prescribed)
 - the name of medication and strength if applicable
 - who prescribed it (if not bought over the counter)
 - the dosage and number of times a day it must be administered
 - the method of administration (if necessary)
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
- The administration of medicine is recorded accurately on our medication forms each time it is given and is signed by the person administering the medication (and a witness). Parents are shown the form at the end of the day and asked to sign it to acknowledge the administration of the medicine. The medication form records the:
 - name of the child
 - name of the medication
 - reason it has been prescribed/given
 - date and time of the dose
 - dose given
 - 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).
- If the administration of prescribed medication requires medical knowledge, individual training is provided 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 form.
- 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 a member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

- We monitor the medication forms to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.
- If a child becomes unwell and/or is running a temperature of 38 degrees or above, we will contact the parent to request early collection if necessary. We will administer children's paracetamol to bring the temperature down to prevent the possibility of febrile convulsions. Parents sign a permission form on their child's registration form.
- If the medication is twice a day, parents must administer it at home unless there is a valid reason for not doing so, for example, if it must be taken with a meal. Children's prescribed medicines that are required 3 or more times a day or for emergencies e.g., epi-pens or inhalers, are stored in their original containers, are clearly labelled and are inaccessible to the children.

Storage 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 Room Leader/person in charge of the room is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. The Manager checks that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If medication is needed on a 'when required' or regular basis (e.g., for asthma or an epi-pen for allergies) and kept in the setting a health care plan must be completed with the parents which gives the setting permission to administer the medication when necessary. The care plan also outlines any emergency treatment that may be needed because of the illness.

Member of staff completes the medication form with parent, obtains parents signature, takes medicine, and stores it appropriately. The Room Leader or person in charge of the room is advised of this and it is then their responsibility to oversee the medicine is given and the paperwork completed as necessary.

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

- We carry out a risk assessment/health care plan for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our owner or manager alongside the Room Leaders. Other medical or social care personnel may need to be involved in the risk assessment. Long term medication forms are used when necessary.
- Parents will also contribute to a risk assessment if necessary. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.

- For some medical conditions, key staff 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 form part of the risk assessment/health care plan.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health 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 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, the Room Leader/person in charge of the room or the key person will accompany the children with a risk assessment.
- 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 is a copy of the consent form and a form to record when it has been given, including all the details that need to be recorded on the medication form 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.
- 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 is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outing's procedure.

Legal framework

- The Human Medicines Regulations (2012) (amended 2019) (updated 2020)

Other useful Pre-school Learning Alliance publications

- Medication Administration Record (2017)
- Daily Register and Outings Record (2018)

This policy was adopted by Jolly Tots Preschool Nursery (name of provider)
 on 1st September 2025 (date)

Date to be reviewed

September 2026 (date)

Signed on behalf of the management

Name of signatory

Lee Davison

Role of signatory (e.g., Chair/owner)

Manager