6.1 Administering Medicines

DUXFORD PRESCHOOL

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, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. 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 key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting
- We only 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 those used for the symptomatic control of all allergic conditions (e.g. Piriton), 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 the child experiencing an anaphylactic response. The administering of un-prescribed medication is recorded in the same way as any other medication
- Other non prescription medicines that the setting may administer if a child has a high temperature of over 38 degrees is Calpol. This ***may*** be given if the parent is over half an hour away and the child's temperature is rising. Permission for this ***mus***t be given over the phone by the parent and signed for on arrival.
- 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. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
    - the full name of child and date of birth
    - the name of medication and strength
    - 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 log** each time it is given and is signed by the person administering the medication. Parents are shown the record at the end of the day and asked to sign the record to acknowledge the administration of the medicine. The medication record log records the:
    - name of the child
    - name and strength 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)
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional
- 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 key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication
- We monitor the medication record logs to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control

Storage of medicines

- All medication is stored safely in the office 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 child's key person 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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 manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment
- Parents will also contribute to a risk assessment. 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
- 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 key person for the child will accompany the children with a risk assessment, 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 is a copy of the consent form and a medicine record log 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.
- 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

Legal framework

- The Human Medicines Regulations (2012)

Version	Changes Made	Author	Date	Review Date
1.0	Baseline	P Eccleston	26th April 2018	April 2019
2.0	• Minor formatting changes and updated in line with the Early Years Alliance model policy. • Updated to reflect change of policy to allow administration of Piriton.	N Hanlon	18th April 2019	November 2019
2.0	Reviewed – no changes	N Hanlon	25th November 19	November 2020
2.0	Reviewed – no changes	N Hanlon	18th November 20	November 2022

2.1	• Clarified that medication is only given when prescribed.	N Hanlon	15th November 22	November 24
2.1	Reviewed – no changes	K Draper	18th September 2024	September 2025
2.2	New policy changes to include non prescribed medication. Including Piriton and Calpol This has come from changes in the Statutory framework: 3.53 Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. Staff must have training if the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). 3.54 Medicine (both prescription and non-prescription48) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable	K Draper	21st January 2025	September 2025

2.3	Checked	K Marwood	10th December 2025	December 2026