

## 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 medicine 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 the 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 medicine before, it is advised that the parent/carer 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 medicine to take effect.

All suitably qualified staff members are responsible for the correct administration of medicine to children. This includes ensuring that parent/carer consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. To safeguard children, the member of staff administering medicine, normally the child's Key Person, is supervised to ensure that the correct dose is given and at the right time. The supervising staff member will sign the form to confirm this. We notify our insurance provider of all high risk conditions, as laid out in our insurance policy.

### Procedures

- Children taking prescription medicines must be well enough to attend the setting.
- Only medicine prescribed by a doctor, dentist, nurse, or pharmacist, is administered. It must be in-date, in its original/correct condition, and prescribed for the child's current condition, clearly labelled with the child's name, and preferably with the original pharmacist's label. Medicine containing aspirin should only be given if prescribed by a doctor.
- Medicine dispensed by a hospital pharmacy may not have the child's details on the label but should have a dispensing label. Staff must check with parents/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medicine, the member of staff checks that it is in-date and prescribed specifically for the child's current condition.
- Non-prescription medicines are now able to be administered in setting to stop GP appointments being used to obtain prescriptions for these. All procedures as with prescription medicines will be followed for non-prescription medicines. See Managing children who are sick, infectious or with allergies policy.
- Parents/carers give prior written permission for the administration of medicine. The staff member receiving the medicine must ask the parent/carer to sign a consent form stating the following information. No medicine may be given without these details being provided:
  - full name of child and date of birth;
  - name of medicine and strength;
  - who prescribed it;
  - dosage and times to be given in the setting;
  - how the medicine should be stored and expiry date;
  - any possible side effects that may be expected; and
  - signature of the parent/carer, their printed name and date.

The member of staff who welcomes the children into playgroup will receive the child's medicine and ensure the parent/carer completes the medicine form before leaving their child. The parent/carer must complete the form witnessed by the staff member. Any clarifying questions must be asked at this time and noted on the form.

- The administration of medicine is recorded accurately each time it is given and is signed by staff. Parents/carers sign the record book to acknowledge the administration of a medicine. The medication record book records:
  - name of child;
  - name and strength of medicine;
  - the date and time of dose;
  - dose given and method;
  - is signed by staff administering medicine and staff witnessing administration;
  - is verified by parent/carer signature at the end of the day.
- If the administration of prescribed medicine requires medical knowledge, we ensure staff have been specifically trained.
- No child may self-administer. Where children are capable of understanding when they need medicine, 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 medicine.
- We monitor the medication record book to look at the frequency of medicine given in the setting. Eg, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.
- In emergency circumstances where parents/carers are unable to collect their child or are uncontactable within set timeframes, and only for high temperatures of 38°C or more, with a pre-signed Emergency Paracetamol Form and prior written consent, staff may administer a recommended dose of paracetamol (eg. Calpol), after 4 hours in playgroup. Please read the full details in our Managing Children Who Are Sick, Infectious or With Allergies policy.

### Storage of Medicines

- All medicine 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.
- It is the parent's/carer's responsibility to ensure medicine is retrieved, via a staff member, at the end of the day and at the same time the parent/carer should sign the medication form. Refrigerated medicine cannot be stored in the setting overnight. Parents/carers do not access where medicine is stored, to reduce the possibility of a mix-up with medicine for another child, or staff not knowing there has been a change.

Medicines, which require refrigeration, are stored in a labelled plastic container in the kitchen fridge. Other medicines are kept in a similar labelled plastic container in a secure cupboard and out of reach of the children.

## **Children Who Have Long Term Medical Conditions and Who May Require Ongoing Medicine**

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medicine. This is the responsibility of the Playgroup Leader alongside other suitably trained staff. 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 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, staff will need to have training in a basic understanding of the condition as well as how the medicine is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other playgroup 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 the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent/carer; outlining the role of key staff and what information should be shared with other staff members.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medicine, e.g. changes to the medicine or the dosage, any side effects noted etc.
- parent/carers receive a copy of the health care plan and each contributor, including the parent/carer, signs it.

## **Administering Medicine for Pain Relief**

In some specific cases medicine eg. paracetamol, ibuprofen etc, may be given in setting by suitably trained staff, for any necessary pain relief such as injuries/ongoing medical conditions. This will only be given in the following circumstances:

- If the child has a medical condition but is not otherwise unwell. The child must not attend: if they have a temperature or fever; if they have had sickness or diarrhoea; or if they are not well in themselves, as per our Managing children who are sick, infectious or with allergies policy.
- The child's parent/carer has given written consent (signed and dated), and completed our Medication form and any other relevant paperwork, prior to acceptance or administering any medicine.
- Parents/carers should give clear instructions on dosages, as they would for any other medicine, including precise amounts, and times needed to be given.
- Parents/carers should give accurate times on previous dosages given to their child by anyone else on that day.
- Where necessary medicine use should be at the direction of a doctor or other medical professional.
- Each request will be taken on an individual basis and we reserve the right not to accept or administer any medicines we do not feel are appropriate or manageable within our practices.
- We may also phone parents/carers prior to administering medicine and/or request written permission via email.
- We will not administer dosages higher than the instructions on the medicine instructions, unless at the specific written request of a doctor, and with parent/carer consent.
- All practices will be followed as per any other medicine.

## **Managing Medicines on Trips and Outings**

- If children are going on outings, staff accompanying the children must include the member of staff who is fully informed of the needs and medicine for the child with a risk assessment.
- Medicine for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medicine. Inside the box is a copy of the consent form and medication record so that it can be updated throughout the day. On returning from the outing and/or at the end of the day, the parent/carer signs the record.
- As a precaution, children should not eat when travelling in vehicles.
- If a child on medicine has to be taken to hospital, the child's medicine is taken in a sealed plastic box clearly labelled with the child's name, name of the medicine. Inside the box is a copy of the consent form signed by the parent/carer.
- This procedure should be read alongside the outings procedure.

## **Legal Framework**

- The Human Medicines Regulations 2012

## **Further Guidance**

- Guidance on Infection Control in Schools and Childcare Settings  
[http://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)
- Medication Administration Record (Early Years Alliance 2019)
- <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>
- [https://assets.publishing.service.gov.uk/media/670fa42a30536cb92748328f/EYFS\\_statutory\\_framework\\_for\\_group\\_and\\_school\\_-\\_based\\_providers.pdf](https://assets.publishing.service.gov.uk/media/670fa42a30536cb92748328f/EYFS_statutory_framework_for_group_and_school_-_based_providers.pdf) Health Section 3.53 & 3.54

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Policy adopted: September 2011

Last reviewed: January 2025

Signed: .....

Name: Emily Steele

Position: Chair