Medication Policy

Policy Rationale:
The Early Years Foundation Stage Statutory Framework (2025) states that:
'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. Training must be provided for staff where 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). Medicine (both prescription and non-prescription) 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, or as soon as reasonably practicable.'

As well as the Statutory Framework we seek guidance from the Department of Health's 'Managing Medicines in Schools and Early Years settings' as well as our local public health centre.

Statement of Intent:
We believe that children with medical needs have the same rights of admission to the setting as other children. We will work with staff, parents, children and relevant healthcare professionals to enable this to happen whilst ensuring the safety of staff and children.

Aims:
- To enable children with long-term medical needs to access the provision.
- To minimise the need to administer medicines for short-term needs.
- To be clear on the responsibilities of parents, management and staff.
- To provide a safe and robust procedure for staff to follow.

To ensure we are following our statement on intent a risk assessment for the keeping and administering of medicines is in place and is reviewed regularly.

Policy

Prescription Medicines:
Medicines will only be administered when it is essential: that is when it will be detrimental to a child's health if the medicines were not administered during the settings opening hours**.** We will not administer 'once a day' medication that has not been prescribed to be given between our opening hours. **Medicines must be provided in the original container as dispensed by the pharmacy and include the prescriber's instructions of administration.** Staff will not accept medication that has been taken out of the container or make changes to dosages or times on parental instruction.
Any medicine that is for an ongoing illness or medical need must be stored in a medical box out of reach of children. Emergency medication such as asthma pumps or a child's

epi pen will be kept in an emergency medication box in each room. Medicines that need to be kept in the fridge will be kept in the basement fridges or the Management Kitchen fridge.
For ongoing medical needs a health care plan must be completed stating the child's specific medical needs and reviewed regularly, medication administered will be recorded on a long term medication form.

Non-prescribed Medicines:
Medicines will only be administered when it is essential: that is when it will be detrimental to a child's health if the medicines were not administered during the settings opening hours. Parent/carers are to discuss individual circumstances of non-prescribed medicines with a senior member of staff; it will be discussed whether a doctor or pharmacist has recommended the medication. We will never administer non-prescribed medication that contains aspirin. When administering non-prescribed medicines prior written permission is sought. Written permission to give paracetamol is sought during the registration period of the child. If administering paracetamol parents are always telephoned beforehand and parent's signature is required on collection. Paracetamol is the only type of medication we provide, **we will only administer paracetamol as a form of pain relief in certain circumstances (such as teething pain) or where a high temperature causes risk to a child's health before their Parent / Carers come and collect them. We will not give paracetamol to mask infections or viruses.**
Please note that the nursery will not supply ibuprofen. We only administer ibuprofen to a child who is allergic to paracetamol. This will be provided by the parent/carer.
Verbal consent must always be obtained by parent/carer at the time of administering the medication.

High Temperatures:
Following advice from the South West Health Protection Team about managing Infection in Early Years settings, children presenting a high temperature must be fever free (without paracetamol or ibuprofen) for 24 hours before returning to nursery. We treat fevers as 38C or higher.
If your child develops a temperature of 38C or higher you should keep them off nursery until they are fever free for 24 hours (without paracetamol or ibuprofen).
If your child develops a temperature at nursery they will need to stay off nursery until they have been fever free for 24 hours (without paracetamol or ibuprofen).
If you do not have a thermometer a fever is treated as hot to touch.
In the event that a child presents a high temperature but presents as well, they will be monitored for one hour. If the temperature of 38C or above is maintained, the child will be sent home.
We will send children home that are not well enough to cope within nursery ratios even if they do not have a temperature.

Homeopathic medication:
Prior consent from management must be sought before we agree to administer homeopathic medication. Written confirmation from a qualified homeopath must be provided stating the required dosage, name of medication, date prescribed and the child's name. We will follow our procedures for prescribed medicines for all homeopathic medication.

Short-Term medical needs:
Many children may need to take medicines for a short period of time, for example finishing a course of medicines such as antibiotics or applying a lotion. We will generally not administer medicines for short-term needs and parents/carers should do this outside of the provisions opening times. If this is unable to happen, the parent/carer needs to discuss the issue in advance with the member of staff and their decision will be final. During the whole term of medication, staff will be on high alert to the risk of anaphylactic shock.

Long-Term and Emergency Medical Needs:
Some children may have long-term medical needs and may require medicines on a long-term basis to keep them well, for example children with well controlled epilepsy or cystic fibrosis. It is important to have sufficient information about the medical condition of any child with long-term medical needs. Parents will need to meet with the senior member of staff in advance and discuss the issues involved. The child's key person will follow the health care plan which will be drawn up in partnership with the child's key person, parents and health care professional where appropriate. We will aim to meet the child's need dependent on staff training, supervision needs, staff confidence and insurance cover.

Emergency Medical Needs:
Some children may require medicines in particular circumstances, examples of emergency medication are inhalers for severe asthma and Epipen for severe allergic responses. Parents will need to meet with the senior worker and discuss the issues involved. We will aim to meet the need dependent on staff training, supervision needs, staff confidence and insurance cover. The child's key person will follow the health care plan which will be drawn up in partnership with the child's key person, parents and health care professional where appropriate. Emergency medication must always accompany the child on outings and emergency evacuations such as fire drills. For children with allergies, an Allergy Care Plan may be completed: https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/

Registration:
If the parent identifies during the registration period that the child has a medical need, the senior member of staff will ask for further information and more detailed information on the health care plan and follow the procedure relating to emergency medication as necessary. The senior member of staff will share this information with the nursery head and all managers, as well as the key person. Parents are responsible for informing the nursery of any changes in medication.

Training:
The Health and Safety coordinator will undertake medication training to ensure the nursery is working in good practice. Staff may need training before administering certain types of medication. We will seek advice from our insurers and registration body before agreeing we are able to administer certain types of medication. Training could be in the form of relevant books, videos and/or accessing external training. External training from a qualified health care professional must be accessed for staff before undertaking any complex or intrusive procedures or ones, which require technical or medical knowledge.

Staff will be made aware of the symptoms and treatments for allergies and anaphylaxis.This should include the differences between allergies and intolerances.

Storage:
Medicines will be stored in an emergency medication box in rooms or in a lockable medication cabinet, which the children cannot access. A few medicines need to be refrigerated. These can be stored in a fridge containing food and need to be where children are unable to access the area. If the medicine is a controlled drug, then this needs to be stored in a locked cupboard. Emergency medication needs to be easily accessible. All medicines must be stored in their original packaging. We abide by our COSHH Regulations, ensuring that we treat medicines as a hazardous substance to children and adults.

Disposal of medication:
Old medication will be given back to the parent/carer or taken to a pharmacy to be disposed of in a correct manner.

Outings:
Medication on an outing will be carried by a member of staff. The accessibility of medication, particularly for use in emergency will be considered. A copy of the Medical Consent and Administration Form and Health Care Plan as appropriate will be taken.

Recordings:
The parent and member of staff will complete a consent form together, detailing the medication or complete a health care plan as necessary and a copy will be kept in the office. The senior member of staff is responsible for the recording and administration of the medication. They will keep a full record of medicines administered by using a Medical Consent and Administration Form. The form will include: name of child, name of medication, dosage and method of administration, expiry date of medication, time and frequency of administration, side effects, date, name of the practitioner administered/supervising, name of witness as appropriate and the signature of the parent/carer at the end of the day. A child will not be able to attend the setting until the relevant forms have been completed. The nursery manager will retain a record of any training accessed by individual or all staff members.

Administration:
There is no legal duty for staff to administer medication. The senior member of staff and the staff will follow the setting's administering of medication procedure. A room manager or senior member of staff (e.g. forest school leader, breakfast club coordinator) will administer medication in a tactful and sensitive manner. When administrating any form of medication, there must also be a signed witness to ensure medication is given according to the medication form completed. This witness must have witnessed the administration from beginning to end. Another room manager or senior member of staff will witness the administration of medication. Where this is not possible a first aid qualified member of staff is able to witness the medication administration. Staff will not administer medication if the consent form and health care plan, as necessary, are incomplete or they feel unclear about the procedure. Staff will only administer medication in line with the GP's or prescribing specialist's direction on the prescription label or information leaflet provided if non-prescribed. It is important for staff to respect a child's refusal to take their medication and seek advice from parents where necessary. As a setting we will not administer medicine through food

unless a healthcare professional has advised it. We will record where children have refused medication on the Medical Consent and Administration Form.

Mistakes:
If a staff member has made a mistake in administering medication, this needs to be reported to a senior member of staff immediately. Staff will then inform parents/carers, call for NHS advice or seek other medical care as appropriate. Mistakes will be recorded on the Medical Consent and Administration Form as well as an incident form. To reduce the risk of mistakes around children's medication, staff members will report a query or concern to a senior member of staff who will then discuss these concerns with the parents or medical professional.

Confidentiality:
All records relating to the medical needs of a child and the administration of medication will be stored confidentially within the setting. Information will be shared with the staff where it is deemed necessary.

Law and recommendations:
We recognise that we do not have a legal responsibility to administer medication. We recognise we do have a responsibility under the Equality Act 2010 to not treat a child less favourably because of their medical needs. Due to the nature of giving medicine we also take guidance from a wide variety of legislation such as the Health and Safety at Work Act 1974. We also seek advice from documents such as Managing medicines in schools and early years settings 2005 as well as advisory boards such as BAND and BMA.

Responsibilities:
Management:

- To ensure a safe and clear policy and procedure in place.
- To liaise with their insurers, follow legislations and ensure that staff follow procedures; also to ensure that they will be covered if there is a complaint.
- To arrange, with the senior member of staff, who should administer medicines within the provision either on a voluntary basis or as part of a contract.
- To provide appropriate training for staff.
- To assess the risks to the health and safety of staff and others and to put measures in place to manage and identified risks.
- To support the senior member of staff in fulfilling their responsibilities.
- To make the final decision about whether a child is able to access the provision.

Parents/Carers:

- To ensure that their child is well enough to attend the setting.
- To provide information about the child's medical condition and work jointly and openly with us to reach an agreement on the provision's role in supporting their child's needs.
- To discuss with the prescriber whether dose time can be altered so it is outside the hours of provision.
- To provide medication in original, labelled containers containing the prescribed information leaflet containing side effects to the medication.
- To complete consent forms and individual care plans as appropriate.
- To obtain details from GP or prescribing specialist as requested.
- To inform staff of any changes to medication.
- To ensure the medication is in date and replace any medication if not.

Senior members of Staff:

- To liaise openly with parents/staff and management.
- Ensure all parents and staff are aware of the policy and procedure.
- Ensure staff put the policy into practise and follow documented procedures.
- To be aware of side effects of the medication.
- To feedback any concerns to parents/carer and the nursery head.
- To work alongside healthcare professionals whenever it is deemed necessary.

Staff:

- To work to the documented procedure if they agreed to administer medication.
- To discuss any concerns with the nursery manager and decline to give medication if staff are unsure of the procedure.

Monitoring

We will monitor and evaluate this policy ongoingly and will review the policy annually as a minimum.