

## General Welfare Requirement: Safeguarding and Promoting Children's Welfare

Children's behaviour must be managed effectively and in a manner appropriate for their stage of development and particular individual needs.

## Promoting health and hygiene

### 1.17 Administering medicines

#### Policy statement for St Joseph's Pre-school

Whilst 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, when they are recovering from an illness, or to treat acute fever or signs of mild allergic reaction whilst awaiting collection by a parent.

In many cases, it is possible for children's GP's 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. Any child on medication must be kept at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect. Only after this time may pre-school staff administer medication at pre-school.

These procedures are written in line with current guidance in 'Early Years Foundation Stage: Statutory Framework (latest version)<sup>1</sup>, the Lead Practitioner is responsible for ensuring all staff understand and follow these procedures.

The key person is 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 Lead Practitioner is responsible for the overseeing of administering medication.

#### Procedures<sup>2</sup>

- Children taking prescribed medication must be well enough to attend the setting.
- St Joseph's Pre-school will **only** administer medicines (both prescription and non-prescription) when essential and where parents have given written consent.
- All medication that is to be administered to a child must be in-date and relevant to the current condition.
- Children with special needs may have an extensive list of health information. This will be documented and understood and appropriate instructions circulated to all staff and volunteers who will be interacting with the child.
- If possible, the child's parent will administer the medicine before/after pre-school.
- Prescribed medication will only be given at pre-school after an initial 48 hour period at home following the beginning of the course of medication.

<sup>1</sup> See EYFS paragraphs 3.51 to 3.54 ('Medicines')

<sup>2</sup> Since 2020 parental consent and other documentation associated with medication administration has been managed in either electronic format or hard copy. All records are stored as per 5.7 Retention periods for records.

- Children's medicines (both prescribed and non-prescribed) are stored in their original containers (where possible), are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it (if applicable);
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.
- The child's medicine must be taken home at the end of each day.

*Natalie Finn-Powers, Lead Practitioner, receives from the Parent/Carer any medication a child needs during the session. Upon handover the parent signs the consent form in the medications folder and gives written instruction as to its administering.*

- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person/Lead Practitioner, and is verified by parent signature at the end of the day.
- See Appendix 1 for the *Medication Record* St Joseph's Pre-school used for recording administration of medicine.

### *Oral Medication*

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to our insurance provider.

- Oral medications must be prescribed by a GP/paediatrician or have manufacturer's instructions clearly written on them.
- The parent/carer must provide the Pre-school with clear written instructions on how to administer such medication. We recommend that they complete a Child Asthma Action Plan<sup>3</sup>, available from the [Asthma + Lung UK](#) website, with the child's GP/health visitor, and provide a copy of this to the Lead Practitioner.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The Pre-school must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.

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<sup>3</sup> This Plan will be used as the child's IHP

### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated. 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. Key persons check 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.

*Chilled Medicines in a sealed labelled box in the shelf of the fridge.*

*Other Medicines in a sealed labelled box on the top shelf of the lockable cupboard.*

- If the administration of prescribed medication requires medical knowledge, individual training is provided 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.

### *Children who have long term medical conditions and who may require on ongoing medication<sup>4</sup>*

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Lead Practitioner 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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.
- An Individual Healthcare Plan (IHP) for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
  - For a child who is epileptic we recommend that an IHP form from [www.youngpilepsy.org.uk](http://www.youngpilepsy.org.uk) is completed and shared with the setting.
- The IHP should include the measures to be taken in an emergency.
- The IHP is reviewed every six months or more 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 health care plan and each contributor, including the parent, signs it.

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<sup>4</sup> For example: epilepsy, diabetes and asthma

### *Managing medicines on trips and outings*

- All activities on a Pre-school trip or outing will be risk assessed to ensure inclusivity. If this is not possible, then alternative activities will be planned.
- Staff leading trips will ensure they carry all relevant emergency supplies.
- If children are going on outings, staff accompanying the children must include the key person for the child 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, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure<sup>5</sup>.

### **Legal framework**

- Medicines Act (1968)

### **Further guidance**

- Early Years Foundation Stage: Statutory Framework (latest version)
- [www.asthmaandlung.org.uk](http://www.asthmaandlung.org.uk)
- [www.diabetes.org.uk](http://www.diabetes.org.uk)
- [www.youngpilepsy.org.uk](http://www.youngpilepsy.org.uk)

### **Associated policies and procedures**

- 1.8 : Supervising children on outings or visits
- 1.18 : Managing Children with Allergies, or who are Sick or Infectious (including reporting notifiable diseases)
- 1.22 : First Aid

<b>Version Number</b>	<b>Author</b>	<b>Purpose of change</b>	<b>Date</b>
1.0	K Coupe	Comprehensive review, page numbered & referenced	Sept 2014
2.0	Committee member	Reviewed and updated as necessary	Oct 2016
3.0	K Coupe & N Powers	Reviewed & updated re change of prescribing for over the counter medicines (31 May 2018)	23 January 2019
4.0	A Hitchings	Reviewed and updated as necessary. Removal of information relating to rectal	01 July 2021 Committee Meeting

<sup>5</sup> Policy 1.8 Supervision of children on outings and visits

<b>Version Number</b>	<b>Author</b>	<b>Purpose of change</b>	<b>Date</b>
		diazepam as this is now very rarely prescribed for children	
5.0	A Hitchings & K Coupe	Reviewed and updated re. EYFS: Statutory Framework 2021 and the need for written permission from parents to give non prescribed medication e.g. Paracetamol and amendment to processes during Coronavirus pandemic. Inclusion of associated policies and procedures as per Safeguarding Audit section 175/157 2022	17 March 2022 Committee Member (A Shipton)
6.0	K Coupe	Reviewed and updated with Lead Practitioner's married surname and updated reference to the EYFS statutory framework	05 December 2023 Committee Member (S Webb)
7.0	K Coupe	References to paragraphs in the Early Years Foundation Stage update	14 January 2024 Committee Member (G Ind)
8.0	K Coupe, A Hitchings and L Farrer	Reviewed and minor changes made	03 March 2025 Committee Member (S Long)
9.0	K Coupe	Reviewed and updated: <ul style="list-style-type: none"> <li>• Insertion of "Oral Medication" section taken from 1.18 Managing Allergies</li> <li>• Risk assessment bullet included in "Managing medicines on trips and outings" section</li> <li>• reference to Individual Healthcare Plans (IHP)</li> <li>• hyperlinks to various websites for further guidance</li> <li>• reference to 1.8 Supervising children on outings and visits</li> </ul>	11 April 2026 Committee Member (S Long)

## Appendix 1: Medication Record

Full name of child: .....

Date of birth: .....

Who prescribed the medicine (eg. name of doctor – if applicable): .....

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Name of medication and strength: .....

..... Expiry date: .....

Dosage: .....

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Method of administration: .....

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Time(s) at which medication is to be administered: .....

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Circumstances in which medication is to be administered (if for emergency use): .....

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How medication is to be stored: .....

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Note(s) of any possible side effects: .....

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I confirm that the medication, dosage and timings indicated above are correct, and authorise St Joseph's Pre-school to administer them.

Parent's signature: ..... Date: .....

Parent's name (please print): .....

**General Welfare Requirement: Safeguarding and Promoting Children’s Welfare**

Children’s behaviour must be managed effectively and in a manner appropriate for their stage of development and particular individual needs.

Date	1.Quantity administered	Time administered	Signature of staff administering dosage & witness	2.Quantity administered	Time administered	Signature of staff administering dosage & witness	Parent’s signature (or person who has been authorised by the parent to collect the child)	Date
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