



Administration of Medication Policy

1. Statement of Purpose

The purpose of this policy is to ensure the safe and effective administration of medication to children within our care. This policy aligns with the Care Inspectorate's guidelines on the Management of Medication in Daycare of Children and Childminding Services, as well as The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210, Regulation 4 (1)(a). These regulations mandate that providers must make proper provisions for the health, welfare, and safety of service users. By adhering to these standards, we aim to safeguard the well-being of all children under our supervision.

1.1

Children attend early learning and childcare (ELC) settings with a wide range of medicinal requirements related to their individual needs. These needs can be short term (finishing a course of prescribed or non-prescribed medication) and or long term (medication to keep them well). Staff will ensure procedures are followed to meet these needs.

1.2

Medication will only be administered to maintain the child's health and wellbeing and/or when recovering from an illness. Most children with medical needs can participate in everyday day experiences within the setting. Throughout this guidance the term 'parents' is used to include all main caregivers.

Policy on Non-Prescribed Medicines

At Old Rayne Preschool, we prioritise the health and safety of all children in our care. To ensure best practices, we adhere to the following guidelines regarding non-prescribed and on-prescribed medicines:

1. **Stock of Non-Prescribed Medicines:** It is not recommended to purchase and keep stock of non-prescribed medicines for communal use within our setting.
2. **Bringing Medicines from Home:** Parents or carers who feel the need for their children to have a particular non-prescribed medicine can bring this into the service. Any non-prescribed medicines must have patient information leaflet attached.

3. **Administration of Medicines:** While it was previously believed that all medicines administered by a care service need to be prescribed by a doctor, dentist, nurse, or pharmacist, this is not the case. *Non-prescribed medicines can be administered with proper documentation and consent from parents or carers.
4. **Documentation and Consent:** Parents or carers must provide written consent and detailed instructions for the administration of any prescribed or non-prescribed medicine brought into the setting.
5. **Storage and Handling:** All medicines brought into the setting must be clearly labelled with the child's name and stored securely out of reach of children.

*** A non-prescribed medication is medication that can be purchased over the counter at a pharmacy or supermarket by parent/carer and then be given to the service to administer to their child. Consent to administer any type of medication should always be obtained in writing on receipt of any medicines***

The Health and Social Care Standards state:

1.24 – *“Any treatment or intervention I experience is safe and effective”*

4.11 – *“I experience high quality care and support based on relevant evidence, guidance and best practice”*

2. Procedures for Administration of Medication

2.1

We will only administer prescribed/non-prescribed medication when it is essential to do so. Parents will provide written consent for their child to be given medication for a minor ailment or allergy. If children attend this setting on a part-time basis, parents should be encouraged to administer the medication at home. If parents are present during the session, they will also administer the medication for their own child.

2.2

Procedures on Administration of New Medicines

At Old Rayne Preschool, we follow the guidance from The Royal Pharmaceutical Society to ensure the safety and well-being of all children in our care. Our policy on administering new medicines is as follows:

1. **First Dose Administration:** The service will not administer the first dose of a new medicine to a child. Parents or carers must have already given at least one dose at home to ensure the child does not have an adverse reaction to the medication.
2. **Parental Notification:** Parents or carers are required to inform the setting of any adverse reactions their child has experienced from the medication.
3. **Emergency or Rescue Medication:** This policy does not apply to emergency or rescue medications, such as adrenaline pen devices, where

the risk of not administering the medication outweighs the potential for an adverse reaction.

4. We will not administer medication if we do not know what it is, what it is used for or how to use it.

Procedure for Administering Medicines

1. Parent/Carer Responsibilities:

- a. Administer the first dose of any new medication at home.
- b. Monitor the child for any adverse reactions and inform the setting of any issues.
- c. Provide written consent and detailed instructions for administering the medication at the setting.

2. ELC Setting Responsibilities:

- a. Ensure that the first dose of a new medication is not administered at the setting.
- b. Keep clear records of all medications administered, including the time and dosage.
- c. Store all medications securely and ensure they are clearly labelled with the child's name.
- d. Administer emergency or rescue medications as needed, following the provided instructions.
- e. Anyone can administer an EpiPen in an emergency to save a life, and formal training is not legally required. However, it is highly recommended to receive proper training to ensure it is done correctly and safely. ([Human Medicines Regulations 2012](#) - Regulation 238)

By adhering to these guidelines, we aim to provide a safe and supportive environment for all children in our care.

Staff will only administer medication that:

- Has been prescribed by a doctor or pharmacist or bought from a pharmacist/supermarket In line with the procedures set out within this policy
- Is in the original container or box along with the information leaflet, and
- is clearly labelled with the child's name and dosage instructions.

It is also important to be aware of the following:

- Children's medicines will be stored in their original containers in a locked cupboard. They will be clearly labelled and inaccessible to children.
- Medicine spoons and oral syringes must be supplied by the parent if required.

Medications may only be used for the child whose name appears on the medicine. This includes emergency adrenaline injections (e.g., an EpiPen). Parents must 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:

- The full name of the child and date of birth
- The name of the medication (as stated on dispensing/product label) and strength
- If the child has had medication prior to arrival at the setting, the time and dosage amount should be noted.
- Dosage to be given in the setting and time(s) to be given
- Signature, printed name of the parent and date.
- Verification by the parent at the end of the session.

NB: No medication may be given without these details being provided.

An example Administration of Medication Form can be found within MyEYS.

2.3

If the child spits out or vomits the medicine, no further dose should be given, and the parent should be informed. If a child is given too much medication, or medication is given to the wrong child, staff will inform the parent immediately. Further advice / instructions should be sought from community pharmacy or a doctor. If a child on medication must be taken to hospital, the child's medication should be taken in a sealed plastic box, which contains a copy of the signed parental consent form, and which is clearly labelled with the child's name and name of the medication. This procedure complies with the safeguarding of information sharing, including General Data Protection Regulations (GDPR) procedures.

In the event of a Medication error.

- Immediately seek advice from the community pharmacy or GP surgery.
- Notify the child's parents about the error and actions taken.
- Report the incident to the Care Inspectorate as required.

Preventing Future Incidents:

- Conduct regular training sessions for staff on medication administration and handling errors.
- Implement a system where two staff members verify the medication and dosage before administration.
- Regularly review and update medication administration policies to incorporate best practices and lessons learned from past incidents.

2.4

Some sunscreen products are regarded as drugs when prescribed for certain conditions. In such instances, the routine management of medicines should be followed as per the Care Inspectorate's guidance on the Management of medication in daycare of children and childminding services. This guidance indicates that, the general provision of sunscreen products is beyond its scope. Therefore, we will refer to our own sun protection policy regarding sun protection.

To meet this requirement, please see EYS stand-alone policy Sun Safety Awareness,

2.5

Procedure for Administering Medicines in Altered Format

In some instances, medicines need to be given in an altered format to ease swallowing difficulties. The following procedure outlines the steps to be taken:

1. Assessment of Need:

- a. Identify if the child has swallowing difficulties that require medication to be altered (e.g., crushed, diluted, mixed with food).

2. Authorisation and Advice:

- a. Seek authorisation and advice from the prescriber or local pharmacist before altering any medication.
- b. Ensure that the prescriber or pharmacist provides clear instructions on how to alter the medication safely.

3. Documentation:

- a. Record the advice and authorisation received from the prescriber or pharmacist in the child's individual personal care plan.
- b. Include details such as the date, the name of the prescriber or pharmacist, and the specific instructions given with administration of medication form.

4. Administration:

- a. Follow the instructions provided by the prescriber or pharmacist when altering and administering the medication.
- b. Ensure that the altered medication is administered in a manner that maintains its effectiveness and safety.

5. Monitoring and Reporting:

- a. Monitor the child for any adverse reactions or changes in their condition after administering the altered medication.
- b. Report any concerns or adverse reactions to the prescriber or pharmacist and record these in the child's personal care plan.

6. Review and Update:

- a. Regularly review the child's personal care plan to ensure it remains up to date with any changes in their medication needs or instructions from parent/carer and healthcare professionals.

By following this procedure, we aim to ensure the safe and effective administration of medicines in altered formats, while maintaining clear communication with healthcare professionals and parents or carers.

3. Reducing Risk

3.1 Systems in place which are checked at every point to reduce risk in administering medication:

- The consent forms are checked and completed with the parent and colleague before medication is administered.
- The staff member administering the medication should have another colleague check dispensed and expiry dates.
- Ensure that the medication is for a current condition (for example, something prescribed for a condition six months ago might not be appropriate now).
- If a medicine, not dispensed recently, is still appropriate for use (for example liquid antibiotics usually only have a seven to ten-day shelf life and 7 days if given eye drops for an infection).
- Parents/Carers should be notified at least 2 weeks prior to a rescue medications expiry date (i.e. salbutamol inhaler/adrenaline pen) to allow enough time to get a new supply.
- Review consents every 3 months and at the start of term. (Any medication no longer required should be returned to parent /community pharmacist for disposal)
- Any special instruction in relation to storage or administration of medication will be complete and adhered to.
- 'If required' medication should have an agreed time frame for intermittent conditions including teething.
- A plan should be in place in the event a child's health deteriorates or the medication administered does not relieve the symptoms.

3.2

If there is any confusion or difference between the dosage instruction from the parents/carers and that found on the product/patient information leaflet or dispensing label, we will seek advice from the local pharmacist/GP Surgery as soon as possible. Any advice from the pharmacist/GP should be documented.

3.3

We will not administer medicine if we do not know what it is, what it is used for or how to use it. It could be dangerous to give medication to treat a condition that a child does not have.

3.4

It is important that all staff (including relief or agency workers) know which children require medication, where the medication is stored and how to access it. There should be a system to correctly identify the child and to ensure they receive the correct medication. Where medication is stored for several children, it can be beneficial to add a photograph of the child to the storage bag/box. This supports safe administration to the correct child.

4. Seeking Medical Advice (NHS 24)

4.1

The information in the Care Inspectorate's ["Management of medication in daycare of children and childminding services"](#) is in line with existing government advice and best practice guidance. It offers a framework for the routine management of medication in such services.

4.2

If a child becomes ill during a session, when the parent is not present, then the child's key worker will call the parent or emergency contact. If no contact can be made, the key worker may call NHS 24 if deemed necessary and follow advice given.

4.3

The Care Inspectorate has been advised that, on rare occasions, NHS 24 has advised individual services to administer an over the counter (OTC) medicine such as paracetamol immediately. The Care Inspectorate has clarified the temporal aspect of this advice with NHS 24, who have advised "administration as soon as is reasonably possible" is the correct interpretation.

Procedure for administering OTC Medication

If such an occasion arises that we are advised to administer an over-the-counter medication we would

- a) Source medication from nearest pharmacy.
- b) Ensure administration medication procedures are in place.
- c) Document any advice given, (names, date, time etc)
- d) Complete a medication form highlighting times, dose, staff, reason for administering etc.
- e) Notify parents of medication given.
- f) This medication will not be used for any other child or routine administration of medications.

4.4

We will not (and should not) contact NHS 24 on a routine basis for advice on every presentation of an ailment. If an occasion arises and we must contact NHS 24 where advice to administer a medicine is given, the Care Inspectorate will and should view this as a non-routine duty of care situation. As such a care service's response in this situation should not be viewed against the framework for the routine management of medication in such services (as found in the best practice guidance). The response of each care service to the non-routine situations will be dependent on the context. Any advice given by NHS 24 or any other healthcare professional in this situation should be recorded, providing an audit trail of care and subsequent actions by the service. This should include informing the parent/carer.

5. Storage of Medicines

5.1

All medication is stored safely in a locked cupboard below 25° or in a fridge between 2°-8° in an area where children cannot access alone. These temperatures will be recorded daily. Medication for individual children will be stored in separate containers with a lid and labelled clearly with the child's name and date of birth.

Storage of Rescue Medicines

1. **Secure Storage:** Rescue medicines (e.g., inhalers, adrenaline injections) must be stored securely out of reach of children and unauthorised individuals.
2. **Accessibility:** Ensure these medicines are readily accessible to staff when needed.
3. **Evaluation:** Regularly evaluate how quickly rescue medicines can be accessed in an emergency.
4. **Separate Storage:** If necessary, store rescue medicines separately from non-rescue medicines to ensure quick access.

5.2

Staff are responsible for ensuring medicine is handed back at the end of the day to the parent. Medication will also be returned to the parent once the course of medication has been completed.

5.3

For some conditions, medication may be kept in the setting. Staff must check that any medication held to administer on an 'as and when required' basis, or on a regular basis, is in date. Any out-of-date medication must be returned to the parent. Children who have long term medical conditions and who may require ongoing medication must have a complete medical care plan. A record will be kept of any medication used by the children that is retained within the setting (Appendix 3). Lifesaving medication needs to be accessible to those trained/authorised to administer it.

6. Care Plan

6.1

A care plan 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. The child's care plan should include the measures to be taken in an emergency. The child's care plan is reviewed every three months or start of new term. 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 child's care plan and each contributor, including the parent, signs the consent for compliance with Data Protection, including GDPR and confidentiality of information.

A risk assessment may need to be carried out and accompany the care plan. The care plan/risk assessment should also take into consideration what action to take if a child's health deteriorates or the medication administered does not relieve the symptoms.

6.2

When a parent is present, they will be responsible for the storage of their child's medication. Otherwise, the key staff member for that child will take responsibility.

7. Managing medicines on trips and outings

Planned outings away from the service should take account of children's welfare needs and support the staff caring for them.

A risk assessment should be carried out prior to going on outings, Things to be considered should include:

- The arrangements for taking and storing medication that may be needed during the outing.
- How staff will safely administer medication.
- Appropriate lines of communication and procedures to be followed in an emergency
- Keeping a record of medication leaving and re-entering the service

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. There should be a copy of the signed parental consent form in the box. On no account may medicine be decanted into other containers or packets or envelopes. The original pharmacy labelled medication should be within the box.

Relevant medical details for all children participating in an outing will be taken by accompanying staff. Original copies will be left in the setting. Medication will be administered to the child before leaving home or the setting where possible. For children who may require medication during the trip, this should be administered by appropriate staff.

8. Roles and Responsibilities

8.1 Parental Role

It is the responsibility of the parents to ensure that the child is well enough to attend the setting. The parent will inform staff of any medication that is currently being administered. Parents will also inform the setting if the child has received the medication at home, when it was administered and how much was given to ensure the correct dosage instructions are being followed.

Parents will be required to complete (and regularly update) a Parental Medication Permission Form (Appendix 1) giving permission for staff to administer the medication. A new form will be completed for each new medication required by the child. Parents will be asked to sign and acknowledge the medication given to their child each day. Parents will inform the setting if the child stops taking medication.

8.2 Staff Role

Staff will ensure that they have the required written permission from the parent for the setting to administer the medication (Appendix 1). Each time a staff member administers medication to a child, an Administration of Medication form (Appendix 2) will be completed and signed. A second member of staff will witness the

administering of the medication and then countersign the form once the medication has been given. Staff will need to complete the Administration of Medication Form each time medication is given, noting the date, time, and dosage.

8.3

Settings must risk-assess the number of trained personnel who must be present to deal with medicinal needs. It is up to staff within the setting to ensure that all spoons, syringes, spacers for inhalers etc. are labelled, stored with the child's medication, and cleaned appropriately after use. Infection control issues in terms of applying creams, eye drops etc. need to be considered.

8.4

Staff will ensure children's individual care and support is consistent and stable by working together with families in a way that is well coordinated for consistency and continuity of their child's care needs. A named member of staff (usually a manager) will ensure that all other staff and volunteers know who is responsible for the medication of children with particular needs. Staff will ensure the parent signs the form daily to acknowledge the medication given to the child. Parental consent should be time limited depending on the condition.

9. Long Term Medication

9.1

Children who require medication for long term conditions such as epilepsy, diabetes, or asthma need to have all relevant information recorded in their care support plan. This will be done by the key worker in consultation with the parent.

9.2

Maintained nursery schools (as defined in law) can obtain salbutamol inhalers and adrenaline autoinjectors to hold as stock for emergency use. All services should seek their own legal advice on this matter.

Maintained nursery schools are run and funded by the local authority, they are either attached to their respective primary school or in a separate building. They are only open during school hours during term time, offering childcare and education to children under five

10. Staff Training

10.1

All staff with the responsibility to administer medication must be familiar with the service's administration of medication policy, and the provider should ensure that staff are competent to manage medication.

Where a condition requires specialist knowledge, staff will be required to undergo training from a qualified health professional to be able to administer the necessary medication.

While a parent who has been trained can certainly share their knowledge and demonstrate how to use lifesaving medication such as an EpiPen, it is best for individuals to receive training from certified first aid trainers or healthcare

professionals. This ensures comprehensive understanding and practice in a controlled environment.

10.2

Staff should also be trained to recognise the symptoms if medication must be given on a 'when required basis.' This information will be recorded in the Administration of Medication Form or care support plan as appropriate. Training should be reviewed and refreshed on a three yearly cycle to ensure staff have the most up to date knowledge.

11. Insurance

Please always refer to your own insurance policy around administration of medication, exclusions, and limitations.

Monitoring of this Policy

It will be the responsibility of the manager to ensure that new or temporary staff are familiar with this policy and to monitor that it is being implemented by all staff and parents. This will be achieved through observation of staff practice and regular communication with parents. All relevant medication forms will be checked and updated on a regular basis. Parents will be made aware of this policy through the enrolment procedures and the parents' handbook. This policy will be reviewed annually to ensure that it is relevant and up to date.

Disseminating and Implementing this Policy

Old Rayne Preschool staff will be required to read this policy on their induction and to comply with the contents therein. The policy will be kept in the policy folder and will be available for staff to always refer to.

The implementation of the policy will be monitored on a day-to-day basis. Any adverse incidents will be recorded and reviewed to ensure the policy is fit for purpose.

Appendices

Appendix 1 – Parental Permission Form

Appendix 2 – Administration of Medication: Daily Dosage of an Individual Child

Appendix 3 – Monthly Review of Administration of Medicines

See also:

Health and Safety Policy

Infection Control Policy

GDPR – Privacy Policy

Sun Safety Awareness Policy

Links to national policy and guidance:

Please refer to the EYS Early Years External guidance glossary which can be found within MyEYS for the most up to date links.

The purpose of this Early Years External Guidance Glossary is to offer a comprehensive collection of links and documents from external organisations. These resources form the foundation of the policies and procedures used within your ELC setting.

Find out more:

Directory for NHS Services

[Scotland's Service Directory | NHS inform](#)

Fever Management

<http://www.nhsinform.co.uk/health-library/articles/f/feverchildren/introduction>

[Nursery & School Information For Parents – Children and Young People's Allergy Network Scotland](#)

[Managing Allergies in Early Years Settings | Policies & Procedures | Anaphylaxis UK](#)

[How To Use: Administering Your EpiPen® | EpiPen®](#)

Parental Permission Form

Appendix 1

Administration of Medicines

Dear Parent/Carer

To enable staff to carry out safe practices in relation to the administration of medication please ensure the setting has the following information, all of which requires to be recorded on this form.

- Medication required to be taken by your child whilst in the setting.
- Completed parental permission form.
- If your child requires ongoing medication to be kept within the setting, a separate supply of medicine, appropriately labelled, should be obtained from the pharmacist.
- Medicine should be clearly labelled with your child's name, date of birth, name of medicine, dosage, time and frequency and expiry date.
- If your child suffers from asthma, it is essential that the setting has been informed of any restrictions which need to be applied to his/her activities.
- If your child suffers from epileptic attacks, diabetes, or anaphylactic shock it is imperative the setting is aware of the appropriate emergency treatment that should be given.
- If the child spits out the medicine, no further dosage will be given, and you will be informed of this.
- If there are any changes in medication, the setting must be informed immediately and updated medication which has been appropriately labelled must be supplied.

Thank you for your co-operation with this matter.

Yours sincerely

Personal Details

Setting	
Name of Child	
Date of Birth	

General Medical Practitioner Information

Name of Doctor	
Address	
Phone Number	

A parental permission form must be completed for each type of medication being taken by the child.

ADMINISTRATION OF MEDICATION - PERMISSION & RECORD SHEET (1)
APPENDIX 2

TO BE COMPLETED BY PARENTS: *Please note that only ONE type of medication can be recorded per form – please ask for additional forms if your child requires more than one type of medication.*

Child's name _____ Date of Birth: _____

Date medication brought into nursery	Name of medication to be given	Form of medication (Tablet, liquid, capsule)	Quantity of medication brought to nursery (500ml, 10mg)	Information on leaflet included Yes/No	Medication in its original container Yes/No	Dose to be administered	Duration that medication will be given (1-day, 1 week, continuous)

Reason for medication:	I give my permission for the staff at (name of setting) to give my child (enter the child's name) _____ the medication detailed above.	I confirm my child has had this medication before and no allergic reaction took place Yes/No	Date and Time
	Signature of parent:	Signature of parent:	

Parent/Carers Name:	Emergency Contact – Name:
Relationship:	Relationship:
Address:	Address:
Telephone Number:	Telephone Number:
Signature:	Date:

TO BE COMPLETED BY STAFF:

Medication dispensed date	Medication expiry date	Medication checked for current condition and still appropriate for use	Prescribed/ unprescribed	Details of storage of medication (fridge, room temperature, other) Please state below
		Yes/No		

Name of staff member completing record	Signature of staff confirming all the information above is accurate and in line with company policy and procedure.	Date	Countersigned (Manager/Deputy)	Time	Date

Child's Name _____ **D.O.B** _____

Last time medication given and dose	Times staff have to administer and dose to be given.	Date/Time staff administered/ if not planned time state why	Both staff check label, dosage, last dosage, and expiry	Hands Washed	Dose administered to child	Qualified staff signature upon administration	Witness signature	Did child spit out any medication?	Parent informed of doses given throughout day and time of last dosage. (parent sign)	Medication returned to parent. (staff sign)	Other Key Information (for example, if medication given late, child sleeping, if medication was not given)

ADMINISTRATION OF MEDICATION - PERMISSION & RECORD SHEET (2) – (First dose must always be given by parent- unless it is an if required Medication)

Monthly Review of Administration of Medicines

Appendix 3

Medication Review Date if applicable: _____ Date Medication Review Carried Out: _____

Childs Name	Date Medication Began	Name of Medication, time, and dosage	Reason for Medication being administered	Medication returned to parent or N/A Date	Review of medication Print, Sign and Date:	Any other comments to record/additional information