



EYFS Administering Medicines Policy

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

1. 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.

In many cases, it is possible for the 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. If a child has not had medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parental consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key worker, the Line Manager is responsible for the overseeing of administering medication.

2. Procedures

2.1 Children taking prescribed medication must be well enough to attend the setting.

2.2 In exceptional circumstances, Non-prescription medicine e.g. pain and fever relief, or teething gel may be administered, but only with prior written consent of the parent and only when there is a health reason to do so

2.3 Only prescribed medication is administered. It must be in-date, labelled by the chemist with the correct name and dosage and prescribed for the current condition.

2.4 Children's prescribed medicines are stored strictly in accordance with their product instructions and in their original container in which they are dispensed. They should include prescribers instructions for administration, staff members must ensure that they are clearly labelled with the child's name and ensure that the medicine is inaccessible to the children.

2.5 Where children carry their own medication (e.g. asthma inhaler insulin, epipen), the setting holds onto the medication until it is required in a designated box. This is to minimise possible loss of medication and to ensure the safety of other children. Inhalers should always be labelled with the child's name.

2.6 Parents must give prior written permission for the administration of each required dose of medication. The member of staff being given the medication must ask the parent to complete and sign a medication consent form stating the following information. No medication will be given without these details being provided:

- Child's full name & date of birth

- Date medication was brought to nursery
- Name of medication
- Medication type
- Expiry date of medication
- Prescribed dosage
- Does the medication contain aspirin?
- Is the pharmacy label clear and state the correct name? *option to add photo evidence
- Where is the medication required to be stored?
- Does the medication have an instruction leaflet and is it in original packaging?
- Notes
- Condition
- Temperature if taken
- Parent/ carer contacted?
- Record of administration: dose, date, time, administrator name, witness name

2.7 The administration is recorded accurately each time it is given on the child's EYlog record, recording both the staff administering the dosage and also a staff witness. Parents will receive a notification and record of any medication logged on their child's profile. All parents have access to this tool.

2.8 It is the responsibility of the child's key person, to ensure that the medication is handed back to parents/carers at the end of the day. Medication is not kept on the premises apart from during session times. The exception to this is inhalers/ epipens or other long term medication, as parents can provide items to leave at the setting to eliminate the risk of forgetting each session. These items will be stored in the room, out of child's height and in labelled boxes.

2.9 Parent/carers with children with inhalers or other emergency life saving equipment i.e. Epipens are asked to be placed in a medication box or bag with instructions attached. During the session the bag/box is carried out of children's reach allowing easy access in case of an emergency.

2.10 If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by the Medical Centre or administered by the school's qualified nurse.

2.11 Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person or a member of staff of 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-going medication

2.12 Where appropriate (e.g. anaphylaxis, diabetes, epilepsy), a risk assessment is carried out for each child with long term medical conditions that require on-going medication.

2.13 Parents will also be required to contribute to a risk assessment. They will be shown around the setting, have the opportunity to understand the routines and activities and point out anything which they think may be a risk factor for their child.

2.14 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 members are part of the risk assessment.

2.15 The risk assessment includes vigorous activities and any other school activity that may give cause for concern regarding an individual child's health needs.

2.16 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.

2.17 A health 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.

2.18 The health care plan should include the measures to be taken in an emergency.

2.19 The health care plan is reviewed at the beginning of every half term or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

2.20 Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

2.21 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.

2.22 Medication for a child is taken in a sealed plastic box/bag clearly labelled with the child's name, and photo for easy identification, name of the medication. Inside the box/bag is a copy of the signed consent form and a proforma to record when it has been given, with the details as given above. This box/bag would also be taken with the child to hospital if emergency treatment was required.

2.23 On returning to the setting the proforma is stapled to the medicine record form and the parent signs it.

2.24 This procedure also works alongside the outings procedure.

3. Further Guidance

Guidance on Infection Control in Schools and other Childcare settings

http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.p df

This policy reflects the whole school Policy and Procedures on First Aid and Administration of Medicines

This policy was adopted on	Signed on behalf of the EYFS	Date for review
<i>Lent Term 2022</i>	<i>Ashleigh Collins</i>	<i>Lent term 2023</i>