



## **Administration of Medication Policy**

*This policy is in guidance with the EYFS legal requirements as stated in the EYFS statutory framework 2014, page 27 paragraph 3.44 to 3.46)*

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 do recognise the need for medication is a regular and vital part of many young children's everyday lives and therefore 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 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 when it would be detrimental to the child's health if not given in the setting, or if they have a care plan set up in advance. If a child has not had the medication before, especially a baby/child under the age of two, 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.

These procedures are written in line with current guidance in 'Managing Medicines in schools and Early Years Settings'. The Manager and Deputy Manager are responsible for ensuring all staff understand and follow these procedures.

Where possible, the key person should be responsible for the correct administration of medication to children from 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, another member of staff from the child's room or the manager/deputy manager are responsible for overseeing the administering of the medication.

- Only prescribed medication by the child's General Practitioner (GP), Dentist, Nurse or a Pharmacist may be administered. It must be in-date and prescribed for the current condition. Medicines containing aspirin should only be given if prescribed by a doctor (EYFS 2014, 3.45)
- Children taking prescribed medication must be well enough to attend the setting.
- Children's prescribed drugs are stored in their original containers, must be clearly labelled with the child's name and are inaccessible to the children.
- Parent/carers must give prior written permission for the administration of medication (both prescription and non-prescription). This must state the name of the child, name/s of parent/carer(s), date the medication starts, the name of the medication and prescribing doctor, the dose and times, or how and when the medication is to be administered (EYFS 2104, 3.46)
- The administration is recorded accurately each time it is given and is signed by staff. Parent/carers sign the record file to acknowledge the administration of a medicine on the same day, or as soon as possibly practicable (EYFS 2014, 3.46)
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign and consent the form stating the following information. No medication may be given without these details being provided.

1. Full name of child and date of birth;
2. Name of medication and strength;
3. Dosage to be given in the setting;
4. Any possible side effects that may be expected should be noted
5. Signature, printed name of parent and date

The administration is recorded accurately each time it is given and is signed by the member of staff and a witness. Parents sign the child's individual medication sheet to acknowledge the administration of a medicine.

## Long Term Medical Conditions

Children who have long term medical conditions and who may require ongoing medication.

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager 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 advice is sought if necessary where there are concerns.
- 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.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed termly 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.

## Legal Framework

*Medicines Act (1968)*

## Further Guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

**Adopted by the LGB - 12.7.21**

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