

# Safeguarding and Welfare Requirement: Health

## Administering medicines

### Policy statement

Our setting is committed to ensuring the health, safety and wellbeing of all children. While we do not care for children who are acutely unwell or infectious, we will administer medication when:

- it is required to maintain a child's health and wellbeing, or
- it supports their recovery from illness, or
- it is part of an ongoing medical condition documented in an Individual Healthcare Plan (IHP).

All medicines are administered safely, accurately and in line with statutory requirements, including the EYFS 2024, Human Medicines Regulations 2012, and healthcare and safeguarding guidance from Bromley Local Authority.

We work in partnership with parents, health professionals and the Bromley Early Years Inclusion Team to ensure children requiring medication receive inclusive, safe and appropriate support.

### Principles of Good Practice

We ensure that:

- No child is disadvantaged because they require medication during the day.
- Staff follow safe, consistent, and fully documented procedures.
- Medication is only administered when necessary and in the child's best interests.
- Parents are fully involved and give informed consent.
- Staff responsible for administering medication are competent and trained.
- The dignity, privacy and wellbeing of the child are protected at all times.

### Procedures

#### **1. General Requirements**

- Children must be well enough to attend the setting in order to receive medication.
- We primarily administer prescribed medication.
- Medication must be:
  - in the original container
  - labelled clearly by the pharmacist
  - in date
  - prescribed for the individual child and current condition
- We may administer non-prescription medication (e.g. paracetamol suspension, teething gel) *only*:
  - with prior written parental consent
  - when there is a clear health reason (e.g. high temperature)

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- Aspirin is never given to children under 16 unless prescribed by a doctor.
- Parents are advised to administer the first dose of any new medication at home to monitor for any adverse reaction.

### **2. Parental Consent**

No medication is administered without full written parental consent specifying:

- Child's full name and DOB
- Medication name and strength
- Prescriber's details
- Reason for medication
- Dosage, method and timing
- Storage instructions
- Possible side effects
- Duration of the course
- Parent signature, printed name and date

Consent forms are updated for each course or change in medication.

### **3. Administration of Medication**

- Medication is administered by the child's key person or a designated trained member of staff.
- In the key person's absence, the manager or deputy oversees safe administration.
- All medication is checked by two staff members before administration wherever possible.
- Each dose is recorded immediately in the Medication Record.
- Parents sign the record at collection to confirm they have been informed.

Our medication record includes:

- Name of child
- Name and strength of medication
- Prescriber
- Dose administered
- Method of administration
- Date and exact time
- Staff signature
- Witness (where required)
- Parent signature

If medication requires specialist knowledge, the setting obtains training from a relevant health professional.

Rectal diazepam, buccal midazolam or emergency epilepsy medication:

- must be administered by trained staff

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- must be witnessed and co-signed
- must follow the child's Individual Healthcare Plan

### **4. Child Involvement**

- Children do not self-administer medication.
- Children with asthma or similar conditions are encouraged to understand when they need support, but staff always retain responsibility for administration and monitoring.

### **5. Storage & Security of Medicines**

- All medicines are stored securely, out of reach of children, in a locked cupboard or designated medical fridge.
- Where shared space is used, medication is kept in a labelled, sealed container.
- Temperature-sensitive medication is stored in a medical refrigerator container.
- Key persons ensure medication is handed back to parents daily.
- Medication kept on site for emergency/as-required use is checked half-termly for:
  - expiry
  - correct labelling
  - adequate quantity

Expired medication is returned to parents immediately.

### **6. Children With Long-Term Medical Conditions**

Children with chronic or diagnosed health needs have an Individual Healthcare Plan (IHP) developed with:

- Parents
- Key person
- Manager
- Relevant healthcare professionals (e.g. asthma nurse, epilepsy team)
- Bromley Early Years Inclusion Team (if appropriate)

The IHP includes:

- Child's medical needs and diagnosis
- Medication details and administration requirements
- Triggers, signs, symptoms and treatments
- Emergency procedures
- Staff training needs
- Inclusion considerations (activities, outings, PE, messy play, etc.)
- Communication arrangements between home and setting
- Risk assessment of environment and routines
- Plan review date (minimum every 6 months or sooner if needed)

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The IHP is shared with relevant staff on a need-to-know basis and stored confidentially in line with GDPR.

### **7. Trips and Outings**

For outings, we ensure:

- The child's key person or a trained staff member accompanies the group.
- Medication is carried in a clearly labelled, sealed container with:
  - the original pharmacy label
  - a copy of the consent form
  - an outings medication record sheet
- Medication is kept accessible but secure during the outing.
- On return, records are filed and signed by parents.
- In the event of emergency hospital treatment, medication and consent forms accompany the child.

This procedure aligns with our Outings Policy.

### **8. Staff Training and Competence**

We ensure:

- Staff are trained in medication administration as part of their safeguarding and first aid responsibilities.
- Training for complex medical needs (e.g. EpiPens, epilepsy rescue meds, gastrostomy feeds) is provided by health professionals.
- Training is documented and refreshed at least annually.
- Newly appointed staff receive induction on safe medication procedures.

### **9. Safeguarding Considerations**

Medication administration is treated as a safeguarding responsibility.

We follow Bromley SCP procedures and monitor:

- Medication errors
- Repeated presentation of illness
- Lack of medication for chronic conditions
- Parental misuse or misunderstanding of medication instructions

Any concerns are escalated to the Designated Safeguarding Lead (DSL).

### **10. Monitoring, Evaluation & Review**

We:

- Review medication procedures termly and after any incident.
- Audit medication storage and expiry every half term.

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- Update the policy annually or when statutory guidance changes.
- Report any medication errors following our incident reporting procedures.

### **Legal Framework**

- The Human Medicines Regulations 2012
- Early Years Foundation Stage (EYFS) Statutory Framework 2024
- Children Act 1989 & 2004
- SEND Code of Practice 2015
- The Equality Act 2010
- Health and Safety at Work Act 1974
- Bromley Local Authority health and safeguarding requirements

### **Further Guidance**

- Bromley Local Offer
- Bromley Clinical Commissioning & Health Visitor guidance
- Working Together to Safeguard Children (2023)
- Managing Medicines in Schools and Early Years Settings (DfE)
- Pre-school Learning Alliance: Medication Administration Record