Ready Steady Grow Pre-School

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 the Early Years Foundation Stage (EYFS) statutory framework for group and school-based providers effective 1 September 2026, the Human Medicines Regulations 2012, current UKHSA health-protection guidance, and relevant Bromley safeguarding and inclusion arrangements.

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.

September 2026 statutory and local update

• The current EYFS requires providers to have and implement a medicines policy and procedures, keep information about each child's medicine needs up to date, provide training where administration requires medical or technical knowledge, obtain written permission for each particular medicine, keep a written record every time medicine is administered, and inform parents/carers the same day or as soon as reasonably practicable.

• Prescription medicines must only be administered where prescribed for the child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin must only be given if prescribed by a doctor.

• Illness and infection decisions are made alongside the setting's illness/infection procedure and current UKHSA public-health exclusion guidance, updated 7 September 2026.

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.

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Procedures

1. General Requirements

- Children must be well enough to attend the setting in order to receive medication.
- Prescription medicines are administered only where they have been prescribed for the individual child by a doctor, dentist, nurse or pharmacist. Non-prescription medicines are only administered in accordance with this policy, for an accepted health reason, and with written permission for that particular medicine.
- Prescription medication must be:
    - in the original container
    - labelled clearly by the pharmacist
    - in date
    - prescribed for the individual child and current condition
- Non-prescription medicine (for example, age-appropriate pain relief) may only be administered where there is a clear health reason, the medicine is suitable for the child, written permission has been obtained for that particular medicine, and staff have checked the label, dose, expiry date, allergies/contraindications and when any previous dose was given. Parents/carers should normally supply the medicine in its original packaging. Staff must not use medication simply to enable an unwell or infectious child to remain at the setting.
- Medicines containing aspirin are only given if prescribed for the child by a doctor, in accordance with the EYFS.
- Where a medicine is new to the child, parents/carers are encouraged, where practicable, to give the first dose at home so that any immediate adverse reaction can be identified. This is a risk-reduction measure and does not replace the setting's duty to respond appropriately to an emergency or adverse reaction.

2. Parental Consent

No prescription or non-prescription medicine is administered without written permission for that particular medicine from a person with parental responsibility. The written permission and medication information should include, as applicable:

- 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

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- 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/carers are informed on the same day each time medicine is administered, or as soon as reasonably practicable, as required by the EYFS. A parent/carer acknowledgement may also be obtained in line with the setting's record-keeping procedure.

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.

Medication errors, refused/spat-out doses and adverse reactions are recorded and reported promptly to the Manager and parent/carer. Staff do not automatically repeat a dose unless the medicine instructions or an appropriate healthcare professional confirms it is safe to do so. If a child develops breathing difficulty, anaphylaxis, prolonged seizure, loss of consciousness or another medical emergency, staff follow the child's emergency plan where available, call 999 when required and provide appropriate first aid.

Rectal diazepam, buccal midazolam or emergency epilepsy medication:

- must be administered by trained staff
- must be witnessed and co-signed
- must follow the child's Individual Healthcare Plan

4. Child Involvement

- Because children attending the pre-school are young, staff retain responsibility for safe medication arrangements. Children may be supported to participate in age- and

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developmentally-appropriate ways (for example, recognising when an inhaler may be needed), but independent self-administration will only be considered where this is appropriate, agreed with parents/health professionals and covered by an individual plan and risk assessment.

- 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

- Medicines are stored securely and in accordance with the manufacturer/pharmacy instructions, out of children's reach and sight. Emergency medicines (for example adrenaline auto-injectors or reliever inhalers) must be readily accessible to trained staff without avoidable delay while remaining inaccessible to children.
- Where shared space is used, medication is kept in a labelled, sealed container.
- Medicines requiring refrigeration are kept at the temperature specified on the label, in a clearly labelled, secure container within an appropriate refrigerator; storage temperatures are monitored where required.
- Short-course medicines are returned to parents/carers as agreed. Emergency or long-term medicines that need to remain on site are securely retained, routinely checked and made available whenever the child is present, including on outings.
- 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

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- Staff training needs
- Inclusion considerations (activities, outings, PE, messy play, etc.)
- Communication arrangements between home and setting
- Risk assessment of environment and routines
- Review arrangements and date, with review whenever the child's condition, medication, dosage, emergency instructions or other relevant circumstances change, and otherwise at an interval appropriate to the child's needs.

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 and competency are documented and refreshed at intervals advised by the relevant healthcare professional or training provider, and sooner if the child's needs, medicine, device or procedure changes.
- Newly appointed staff receive induction on safe medication procedures.

9. Safeguarding Considerations

Medication administration is treated as a safeguarding responsibility.

We follow the Safeguarding and Child Protection Policy, Bromley Safeguarding Children Partnership (BSCP) and London Child Safeguarding Procedures, and monitor:

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- 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).
Where a concern indicates possible abuse, neglect, fabricated or induced illness, medication misuse, withholding of essential treatment, or another safeguarding risk, the DSL follows the Child Protection Policy and current Bromley Children and Families Hub / BSCP procedures without delay. Immediate danger or a medical emergency is referred to emergency services.

10. Monitoring, Evaluation & Review

We:

- Review medication procedures termly and after any incident.
- Audit medication storage and expiry every half term.
- 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 for group and school-based providers, effective 1 September 2026
- 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
- Current NHS / health visiting advice and Bromley health and early years inclusion arrangements
- Working Together to Safeguard Children (2026)
- Current EYFS medicines requirements and UKHSA Health protection in children and young people settings guidance (updated September 2026)
- Early Years Alliance: medication administration and health-record resources