

Administering Medicines Policy



1. Policy statement

Barnwell Daycare recognises that some children will require medication while attending the setting. Although children who are acutely unwell should normally remain at home until they are well enough to return, the setting will support children who require medication to maintain their health and wellbeing, manage a medical condition or support recovery from illness.

Medicines will only be administered where this is necessary to support a child's health and wellbeing while attending the setting. Wherever practicable, parents/carers should discuss with the prescriber whether doses can be arranged outside the child's hours at Daycare; however, attendance will not be unnecessarily restricted where medication can be safely administered in the setting.

This policy has been written with regard to the Statutory Framework for the Early Years Foundation Stage (EYFS) for group and school-based providers (September 2026), relevant medicines legislation and current government guidance. The Headteacher and Daycare Leader are responsible for ensuring that appropriate arrangements are in place and that staff understand and follow this policy.

2. Roles and responsibilities

- The Daycare Leader oversees the safe management and administration of medicines within the setting.
- Only staff who are authorised, competent and, where necessary, appropriately trained will administer medicines.
- Where administration requires specific medical or technical knowledge, appropriate training will be obtained from a suitably qualified health professional before staff undertake the procedure.
- All staff caring for a child with a medical condition will be given the information they need to support that child safely, while respecting confidentiality.

3. General procedures for medicines

- Children taking medication must be well enough to attend the setting, unless their medical condition means otherwise and appropriate arrangements are in place.
- Medicines must be in date, suitable for the child and supplied in their original container with clear instructions for administration and storage.
- Prescription medicines must have been prescribed for the child and should carry the child's name and dispensing/pharmacy label where applicable.
- Non-prescription medicines may be administered where appropriate, where prior written parental permission has been obtained and in accordance with the manufacturer's instructions. The setting will not routinely administer medicines simply to enable an acutely unwell child to remain in Daycare.
- Staff will not alter a prescribed or labelled dose unless there is written evidence of a change from an appropriate healthcare professional or an updated dispensing label.

4. Parental consent

Written permission must normally be obtained from a parent/carer before medicine is administered. The member of staff receiving the medicine will ensure that the required information is recorded.

The consent record will include:

- the child's full name and date of birth;

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- the name and strength of the medicine;
- who prescribed the medicine, where applicable;
- the dose to be given and the time/frequency of administration;
- the method of administration;
- storage requirements and expiry date;
- any known or expected side effects or relevant precautions; and
- the parent/carer's name, signature and date.

In a life-threatening emergency, staff will act in the child's best interests and in accordance with their training and the child's emergency arrangements. Emergency medical assistance will be sought without delay where required. A lack of immediately available written parental consent will not prevent staff from taking reasonable emergency action to preserve life.

5. Recording administration

Each administration of medicine will be recorded accurately at the time it is given. The record will include:

- the child's name;
- the name and strength of the medicine;
- the date and time administered;
- the dose and method of administration;
- the name/signature of the member of staff administering the medicine; and
- where the setting's procedure requires it, the name/signature of a second member of staff who checked or witnessed the administration.

Parents/carers will be informed when medicine has been administered. The setting may use a parent signature at collection as an additional acknowledgement, but this does not replace the setting's own contemporaneous administration record.

6. Storage and disposal of medicines

- Medicines will be stored securely and in accordance with the manufacturer's instructions, while remaining appropriately accessible to authorised staff.
- Medicines requiring refrigeration will be stored in a clearly identified, closed container within a suitable refrigerator, inaccessible to children.
- Emergency medicines, including adrenaline auto-injectors (AAIs) and reliever inhalers, will be readily accessible to staff and will not be locked away in a way that could delay treatment in an emergency.
- The Daycare Leader or delegated senior member of staff will check medicines held on an ongoing or "as required" basis to ensure they remain in date and appropriately stored.
- Medicines brought in for short-term use will normally be returned to the parent/carer at the end of the day or course of treatment. Expired or no-longer-required medicines will be returned to the parent/carer for safe disposal.

7. Allergies and anaphylaxis

Children with a diagnosed allergy or risk of anaphylaxis will have appropriate individual arrangements in place, developed with their parent/carer and, where appropriate, healthcare professionals. Relevant staff will be made aware of the child's allergens, likely symptoms and required emergency response.

- Prescribed emergency medication, including AAIs, will be stored securely but readily accessible to staff.

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- Staff will receive appropriate allergy awareness and emergency response training, with additional child-specific training where required.
- Where anaphylaxis is suspected, staff will follow the child's Individual Healthcare Plan/allergy plan and their training, administer prescribed adrenaline without delay where indicated, and call 999 immediately.
- Any administration of emergency medication will be recorded and the child's parent/carer informed as soon as practicable.

Where Barnwell Daycare operates alongside Barnwell Academy, relevant school allergy procedures and emergency arrangements will be considered where they support safe and consistent practice, while recognising the specific statutory framework applying to the early years setting.

8. Long-term medical conditions and Individual Healthcare Plans

Where a child has a long-term, complex or potentially life-threatening medical condition, or where a plan would otherwise assist the setting to meet the child's needs safely, an Individual Healthcare Plan (IHP) will be developed with the parent/carer and, where appropriate, relevant healthcare professionals.

The IHP and associated risk assessment should, as appropriate, include:

- the child's condition and individual needs;
- medication, dosage, administration and storage arrangements;
- signs and symptoms staff need to recognise;
- the child's level of understanding and how they can communicate their needs;
- staff training requirements;
- reasonable adjustments and arrangements for vigorous activity, meals, sleep/rest, trips and outings;
- what information needs to be shared with staff caring for the child; and
- clear emergency procedures, including when to call 999 and when parents/carers will be contacted.

IHPs will be reviewed at least annually and sooner whenever there is a relevant change in the child's condition, medication, dosage, emergency arrangements or other circumstances. Parents/carers will be involved in reviews and provided with a copy of the current plan.

9. Children's involvement and self-administration

Children will be supported, in an age-appropriate way, to understand and communicate their medical needs. In the early years setting, medication will normally be administered or directly supervised by an authorised member of staff. A child's ability to recognise that they need medication, for example a reliever inhaler, does not replace staff vigilance or responsibility for implementing agreed arrangements.

10. Refusal, missed doses and medication errors

- If a child refuses medication, staff will not force them to take it. The refusal will be recorded and the parent/carer informed. Where refusal may place the child at immediate risk, appropriate medical advice or emergency assistance will be sought.
- If a dose is missed, delayed or cannot be administered, this will be recorded and the parent/carer informed. Medical advice will be sought where necessary.
- Any medication error, including an incorrect dose, incorrect medicine or administration to the wrong child, will be reported immediately to the Daycare Leader. Appropriate medical advice will be sought without delay, the parent/carer will be informed, and the incident will be recorded and reviewed in accordance with the setting's incident procedures.

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11. Trips and outings

- Children with medical needs will be included in trips and outings wherever it is safe and reasonable to do so.
- A member of staff accompanying the child will be fully informed about the child's medical needs and competent to administer any required medication.
- Required medicines and emergency medication will accompany the child and remain readily accessible to authorised staff. They will be transported securely and in accordance with storage requirements.
- Relevant consent information, the IHP/emergency plan and a means of recording any administration will accompany the child where appropriate.
- If a child requires hospital treatment, essential medication and relevant medical information will accompany the child where practicable. Parents/carers will be contacted in accordance with the setting's emergency procedures.

This section should be read alongside the setting's outings and emergency procedures.

12. Confidentiality and information sharing

Information about a child's medical needs will be shared with staff on a need-to-know basis so that the child can be cared for safely. Records relating to medicines and medical conditions will be stored securely and handled in accordance with the setting's data protection and record-retention arrangements.

13. Legal framework and guidance

- Statutory Framework for the Early Years Foundation Stage (EYFS) for group and school-based providers, September 2026.
- Human Medicines Regulations 2012, as amended.
- Medicines Act 1968, where applicable.
- Department for Education: Supporting pupils at school with medical conditions (relevant good-practice reference where applicable).
- Department for Education: Allergy safety in schools (2026) - used as relevant good-practice guidance for the early years setting.
- UK Health Security Agency: Health protection in children and young people settings, including education.

14. Monitoring and review

The Daycare Leader will monitor the implementation of this policy and ensure that medicine records, training requirements and individual arrangements remain current. The policy will be reviewed annually, or sooner if there are changes to legislation, statutory guidance or setting practice.