



Administering Medicines

Co-ordinator: Simone Pattison

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Policy Statement

Mulberry Pre-School recognises that some children may need medication during the time they are attending the setting in order to maintain their health, wellbeing and participation in early education.

We do not provide care for children who are too unwell to attend the setting. Children must only attend when they are well enough to participate in the normal activities of the Pre-School.

Where a child is well enough to attend but requires medication during the session, Mulberry Pre-School will, wherever reasonably practicable, administer medication in accordance with this policy.

Our procedures are designed to ensure that medicines are administered safely, consistently and in the best interests of the child.

This policy is based on the current Early Years Foundation Stage (EYFS) statutory framework for group and school-based providers, effective from 1 September 2026, together with current UK Health Security Agency (UKHSA) health protection guidance and relevant legislation. The EYFS requires providers to have a medicines policy and procedures, keep information about children's medication needs up to date, obtain written parental permission for each medicine, keep a written record every time medication is administered and inform parents/carers on the same day, or as soon as reasonably practicable.

Responsibilities

The Manager

The Manager is responsible for:

- ensuring this policy is implemented and reviewed;
- ensuring staff understand the procedures for administering medicines;
- ensuring appropriate staff receive training where administration requires medical or technical knowledge;
- ensuring medication is stored safely;
- ensuring children's medication records and healthcare plans are kept up to date;
- ensuring appropriate risk assessments are completed;
- ensuring staff understand what action to take in an emergency;
- ensuring parents/carers are informed of any medication administered;

- ensuring medication procedures are included in staff induction and ongoing training;
- ensuring information relating to children's medical needs is shared appropriately with staff who need to know.

Key Person and Co-Key Person

The Key Person, or Co-Key Person where appropriate, is responsible for supporting the child's medical needs and ensuring that agreed medication arrangements are followed.

Medication may be administered by another suitably trained member of staff where necessary.

The person administering medication must:

- check the child's identity;
- check the medication and instructions;
- check the dose and time;
- check that written parental permission is in place;
- check the medication is in date;
- follow the child's healthcare or medication plan where applicable;
- record the administration immediately;
- ensure the medication is returned to its appropriate storage location;
- inform the Manager/Deputy Manager of any concerns or difficulties.

Children Who Are Unwell

Children who are unwell should remain at home until they are well enough to attend.

The decision about whether a child is well enough to remain at the Pre-School will take account of:

- the child's general wellbeing;
- whether the child can participate in normal activities;
- whether the child requires a level of care that cannot reasonably be provided within the setting;
- whether the child's attendance presents a risk of infection to other children or adults;
- current UKHSA exclusion guidance.

We will follow the current UKHSA Health Protection in Children and Young People's Settings guidance when determining exclusion periods for infectious illnesses.

A child with mild symptoms, such as a minor cough, runny nose or sore throat, may normally attend if they are otherwise well enough to participate.

A child who becomes unwell during the session will be cared for appropriately while their parent/carers is contacted.

If a child requires urgent medical attention, emergency procedures will be followed and emergency services will be contacted where necessary.

New Medication

Parents/carers should inform the Pre-School if a child has recently started a new medication and provide information about any known or expected side effects.

Where staff have concerns about a child's condition, the medication or possible side effects, the Manager may seek advice from the parent/carer, pharmacist, GP, NHS service or other appropriate health professional.

If a child is experiencing significant side effects or is too unwell to participate in the normal activities of the Pre-School, the child should remain at home or be collected from the setting.

Prescription Medication

Prescription medicines may only be administered where they have been prescribed for that particular child by a:

- doctor;
- dentist;
- nurse; or
- pharmacist.

Medicines containing aspirin will only be administered where prescribed by a doctor.

Prescription medication must:

- be in date;
- be prescribed for the child concerned;
- be in its original container;
- have the child's name clearly displayed;
- include the dispensing label and instructions;
- be stored in accordance with the manufacturer's instructions;
- be accompanied by written parental/carer permission.

Medication prescribed for one child must never be administered to another child.

Written Permission

Written permission must be obtained from the parent/carer before any medicine is administered.

The written permission must relate to the particular medicine and should include, where applicable:

- child's full name;
- child's date of birth;
- medication name;
- medication strength;
- prescribed dose;
- method of administration;
- frequency of administration;
- time(s) medication is required;
- reason for the medication;
- details of any medication already administered before the child arrived;
- storage requirements;
- expiry date;
- known or expected side effects or relevant precautions;
- parent/carer's name;

- parent/carer's signature;
- date permission was given.

Where instructions on the medication label, healthcare plan and parental permission do not correspond, medication will not normally be administered until the discrepancy has been clarified.

Administration of Medication

Before administering medication, staff must check:

1. the correct child;
2. the correct medication;
3. the correct dose;
4. the correct time;
5. the correct method/route;
6. the expiry date;
7. that written parental permission is in place;
8. any relevant healthcare or medication plan.

The person administering medication must follow the instructions provided by the prescriber, pharmacist, medication label or agreed healthcare plan.

Where medication requires medical or technical knowledge, the relevant staff member must receive appropriate training before administering it.

Two-Person Checking

Where reasonably practicable, medication will be checked and administered by two members of staff.

One member of staff will administer the medication and the second member will act as a witness/checker.

Both staff members will check the child, medication, dose, time and method before administration.

Both members of staff will sign the medication record where this procedure is used.

In an emergency, the child's individual healthcare plan and staff training will determine who is authorised and competent to administer the medication.

The requirement for two staff to be involved must not delay emergency treatment.

Recording Medication

A written record must be completed every time medication is administered.

The record will include:

- child's full name;
- name of medication;
- medication strength where applicable;
- date;
- time medication was administered;

- dose administered;
- method/route;
- reason for administration where appropriate;
- name/signature of the person administering;
- name/signature of the second staff member where applicable;
- any relevant observations;
- confirmation that the parent/carer was informed.

The EYFS requires a written record every time medication is administered and requires parents/carers to be informed on the same day, or as soon as reasonably practicable.

Parents/carers will normally be informed when they collect their child.

Where a parent/carer is not collecting the child, or where the circumstances require it, they will be contacted by telephone or another appropriate method.

Refusal or Omission of Medication

If a child refuses medication, spits it out, vomits after administration or the medication cannot be administered for another reason, staff will:

- not force the child to take the medication;
- record what happened;
- inform the parent/carer;
- seek appropriate medical advice where necessary;
- follow the child's healthcare plan where one is in place.

Staff must not repeat a dose unless this is clearly authorised by the medication instructions or an appropriate health professional.

Non-Prescription Medication

The EYFS allows both prescription and non-prescription medication to be administered where written permission for the particular medicine has been obtained from the parent/carer.

Mulberry Pre-School may administer suitable non-prescription medication where:

- written parental permission has been obtained;
- the medication is suitable for the child's age and circumstances;
- the medication is in date;
- the medication is in its original packaging;
- the manufacturer's instructions are followed;
- the medication is clearly labelled with the child's name;
- staff are satisfied that administering it is appropriate;
- the child is otherwise well enough to attend.

Parents/carers must provide clear information about the reason for the medication and the dose to be administered.

Staff will not diagnose a child's illness or determine the appropriate dose independently.

Where there is uncertainty about a non-prescription medicine, staff will seek advice from the parent/carer, pharmacist, GP, NHS service or other appropriate healthcare professional.

Paracetamol and Ibuprofen

Mulberry Pre-School may administer paracetamol or ibuprofen where written parental permission has been obtained and the circumstances meet the requirements of this policy.

Medication will not be administered simply to enable a child who is unwell to remain at Pre-School.

If a child has a high temperature and is otherwise unwell, parents/carers will normally be contacted and the child may need to be collected.

Medication must never be used to mask illness or to enable a child to remain in the setting when they are not well enough to attend.

The dose administered must never exceed the manufacturer's instructions or the dose authorised in the written permission/healthcare plan.

If a child requires repeated non-prescription medication, parents/carers may be advised to seek medical advice.

Aspirin

Mulberry Pre-School will not administer aspirin unless it has been prescribed for the child by a doctor.

Creams, Lotions and Topical Preparations

Non-prescription creams and lotions, such as barrier creams or prescribed topical medication, may be administered where:

- written parental permission has been obtained;
- the product is clearly labelled with the child's name;
- the product is in date;
- instructions for use are available;
- staff are satisfied that administration is appropriate.

Staff will follow the manufacturer's or prescriber's instructions.

Where a topical medication requires medical or technical knowledge, appropriate staff training will be arranged.

Emergency Medication

Emergency medication must be immediately accessible to appropriately trained staff.

Examples may include:

- adrenaline auto-injectors;
- asthma inhalers;
- emergency seizure medication;

- medication required for diabetes;
- other medication identified within an individual healthcare plan.

Emergency medication must not be stored in a way that prevents timely access during an emergency.

It must nevertheless be secured against unauthorised access and kept safely out of children's reach unless an individual risk assessment and healthcare plan provide otherwise.

The location of emergency medication must be known to all staff who may need to access it.

Staff must know how to summon emergency medical assistance.

Emergency medication must accompany the child when leaving the premises, including on outings, where required by the child's healthcare plan or risk assessment.

Asthma Medication and Inhalers

Where a child requires an inhaler, the Pre-School will work with the parent/carer to establish an appropriate asthma/medication plan.

The inhaler must:

- be clearly labelled with the child's name;
- be in date;
- be stored so it is readily accessible when required;
- be accompanied by appropriate written parental permission;
- be taken on outings where required.

Staff will record each administration.

If a child shows signs of an asthma attack, staff will follow the child's healthcare plan and emergency procedures.

Emergency medical assistance will be sought if required.

Anaphylaxis and Adrenaline Auto-Injectors

Children who are at risk of anaphylaxis will have an individual allergy/healthcare plan.

The setting will work with parents/carers and, where appropriate, health professionals to ensure that:

- allergy information is current;
- staff understand the child's allergy and symptoms;
- staff know how to recognise anaphylaxis;
- staff know where emergency medication is kept;
- relevant staff are trained to use the child's adrenaline auto-injector;
- emergency medication is available on outings;
- emergency procedures are understood by staff.

The EYFS 2026 also requires ongoing discussions with parents/carers and, where appropriate, health professionals to develop allergy action plans and keep them up to date. Information must be shared with relevant staff.

Children with Long-Term Medical Conditions

Where a child has a long-term medical condition, the Manager will work with parents/carers and, where appropriate, health professionals to develop an individual healthcare or medical support plan.

The plan should include:

- the child's medical condition;
- symptoms and signs;
- medication required;
- dosage and method of administration;
- when medication should be administered;
- emergency medication;
- emergency procedures;
- triggers and known risks;
- signs that medical advice or emergency assistance is required;
- who has responsibility for administering medication;
- staff training requirements;
- arrangements for outings;
- arrangements for updating parents/carers;
- review arrangements.

The information must be kept up to date.

The plan will be reviewed:

- at least annually;
- whenever the child's medication changes;
- whenever the child's medical condition changes;
- following a significant incident;
- whenever the parent/carer or healthcare professional considers a review necessary.

A risk assessment will be completed where the child's medical condition or medication creates additional risks within the setting.

The assessment will consider activities, routines, outdoor play, physical activity, outings, emergency evacuation and any other relevant circumstances.

Staff Training

Staff will only administer medication when they have been appropriately authorised and, where required, trained.

Where administration requires medical or technical knowledge, training will be provided by an appropriate healthcare professional or other competent person.

Training records will be maintained.

Staff must understand:

- the child's medical condition;

- the medication;
- the reason for the medication;
- dosage and method;
- possible side effects;
- emergency procedures;
- when to seek medical assistance;
- recording requirements.

Staff must not administer medication where they do not have the required knowledge, training or information, except where emergency arrangements and their training specifically authorise them to do so.

Storage of Medicines

All medication must be stored safely and securely and must be inaccessible to children.

Medication must be stored according to the manufacturer's instructions.

Where medication requires refrigeration, it will be stored in a secure, clearly labelled container within the refrigerator.

Where medication does not require refrigeration, it will be stored in a secure medicines storage area.

Emergency medication must be readily accessible to trained staff while still being protected from unauthorised access.

Staff must check:

- the child's name;
- expiry dates;
- storage requirements;
- condition of the medication.

Out-of-date or discontinued medication will be returned to the parent/carer for safe disposal.

Medication must never be transferred between containers.

Medication at the End of the Session

Medication that is required only during a particular session will normally be returned to the parent/carer at collection.

The parent/carer may be asked to sign to confirm receipt.

Medication that is required to remain at the setting, such as an emergency inhaler or adrenaline auto-injector, will remain securely stored and will be monitored for expiry and condition.

Medication on Outings

Where a child requires medication during an outing, the necessary medication must accompany the child.

Before the outing, staff will check:

- the medication is in date;
- written permission is available;
- the child's healthcare/medication plan is available;
- staff accompanying the child understand the medication requirements;
- appropriate emergency procedures are known.

Medication will be carried securely and in accordance with any storage requirements.

Emergency medication must remain readily accessible during the outing.

Medication administration during the outing will be recorded and the information transferred to the setting's medication records on return.

The child's healthcare plan and relevant risk assessment will be taken into account when planning outings.

If a Child Requires Emergency Medical Treatment

If a child requires emergency medical attention:

1. staff will follow the child's individual healthcare plan where one is available;
2. emergency medication will be administered by an appropriately trained person where indicated;
3. emergency services will be contacted by calling 999 where necessary;
4. a member of staff will remain with the child;
5. the parent/carer will be contacted as soon as reasonably practicable;
6. relevant medical information and medication will accompany the child where appropriate;
7. the incident will be recorded in accordance with the setting's accident, incident and safeguarding procedures.

Staff will not delay calling 999 while attempting to contact a parent/carer.

Hospital Transfer

If a child needs to be taken to hospital, a member of staff will accompany the child where appropriate until the parent/carer arrives.

Relevant information about the child's medical condition, medication and healthcare plan will be provided to emergency services where necessary.

The child's medication will accompany them where appropriate.

Staff will follow the setting's emergency and safeguarding procedures.

Self-Administration

Children will be encouraged to develop appropriate independence and understanding of their health needs.

However, because children attending Mulberry Pre-School are young, medication will normally be administered or supervised by an appropriately trained adult.

Where a child is developmentally able to participate in or self-administer medication, this will only take place following an individual risk assessment, written parental permission and appropriate healthcare advice.

For example, a child may be supported to use an inhaler appropriately.

Self-administration does not remove the setting's responsibility to monitor the child and ensure that medication is used safely.

Medication Errors

If the wrong medication, wrong dose, wrong child, wrong method or wrong time occurs, or if medication is omitted when it should have been given:

- the Manager/Deputy Manager must be informed immediately;
- medical advice will be sought where appropriate;
- the parent/carer will be informed promptly;
- the incident will be recorded;
- appropriate safeguarding and incident procedures will be followed;
- the circumstances will be reviewed to identify any learning or changes required.

Medication errors will be treated seriously and openly.

Refusal to Administer Medication

There may be circumstances in which staff cannot safely administer medication, for example where:

- written permission has not been provided;
- the medication is out of date;
- the medication is not labelled correctly;
- instructions are unclear;
- the medication belongs to another child;
- required staff training has not been completed;
- the medication has been altered or transferred from its original container;
- there is a discrepancy between the medication and the written instructions;
- the child is too unwell to remain at the setting.

In these circumstances, the Manager will discuss the situation with the parent/carer and seek appropriate medical advice where necessary.

Emergency medication will be dealt with according to the child's healthcare plan and emergency procedures.

Confidentiality and Information Sharing

Information about a child's medical condition and medication is confidential.

Information will only be shared with staff and professionals who need the information to safely care for the child, unless there is a safeguarding or other lawful reason to share it more widely.

Parents/carers will have access to records relating to their child in accordance with data protection legislation and the setting's procedures.

Record Keeping and Retention

Medication records will be stored securely and kept with the child's records or in another secure location where they remain accessible to authorised staff.

Records must be retained for an appropriate period in accordance with the setting's data protection and record-retention procedures.

Staff Medication

Staff must be fit to work with children.

A staff member must not work directly with children while under the influence of alcohol or any other substance that may affect their ability to care for children.

Where prescribed or other medication may affect a staff member's ability to care for children, they should seek medical advice.

Staff should only work directly with children where medical advice confirms that the medication is unlikely to impair their ability to care for children properly.

All staff medication kept on the premises must be stored securely and out of children's reach.

Where necessary, the Manager will agree appropriate arrangements with the staff member while respecting confidentiality and equality requirements.

Infection Prevention and Control

Medication must not be used as a substitute for keeping an unwell child at home.

The Pre-School will follow current UKHSA guidance regarding:

- exclusion periods;
- infectious diseases;
- diarrhoea and vomiting;
- respiratory infections;
- outbreak management;
- infection prevention and control;
- cleaning and hygiene;
- when advice should be sought from the Health Protection Team.

The current UKHSA guidance specifically recognises the additional infection-control considerations associated with early years settings and was updated during 2026.

Review of Medical Information

Parents/carers must inform the Pre-School promptly if:

- a child's medication changes;
- the dosage changes;
- the frequency changes;
- medication is stopped;
- the child's medical condition changes;
- new allergies or reactions are identified;
- a new healthcare plan is issued.

The Pre-School will review children's medical information regularly and whenever there is a change in circumstances.

Policy Review

This policy will be reviewed at least annually or sooner where there are changes to:

- the EYFS statutory framework;
- Ofsted requirements;
- UKHSA health protection guidance;
- relevant medicines legislation;
- NHS guidance;
- local authority requirements;
- the individual needs of children attending the setting.

Policy reviewed: September 2026

Next review: September 2027