Nursery Administration of Medication Policy

This policy outlines the procedures and responsibilities for the safe administration of medication within our setting. It reflects current Care Inspectorate and East Renfrewshire Council guidance (2025) and is tailored to the needs of our children. It ensures children's safety, health, and wellbeing remain paramount.

1. Rationale

In line with national and local guidance, staff may only administer medication where it is essential for a child's health and wellbeing. Parents retain the primary responsibility for their child's health, including the administration of medication at home whenever possible.

2. UNCRC Article(s)

- Article 24 – Every child has the right to the best possible health care.

3. Health and Social Care Standards (HSCS)

- HSCS 1.24 – Any treatment or intervention that I experience is safe and effective.
- HSCS 1.29 – I am supported to be as independent and as in control as possible.
- HSCS 3.21 – I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

4. Legislative and Policy Context

- Management of Medication in Daycare of Children and Childminding Services (Care Inspectorate, July 2025)
- Administration of Medicines Guidance for Educational Establishments (East Renfrewshire Council, March 2025)
- NHS guidance

5. Scope

This policy applies to all staff administering or managing medication, as well as to children requiring medication and their families.

6. Definitions

- Medication: Any prescribed or non-prescribed treatment required during nursery hours.
- Emergency Medication: Medication such as EpiPens or inhalers, which must be accessible to staff at all times.

7. Roles and Responsibilities

- Head Teacher / Leadership Team:
  - Authorise administration of medicines
  - Ensure systems for safe storage, monitoring, training, and audit.
- • Monitor implementation through termly audits and 28-day checks for high risk medicines
  • Ensure appropriate notifications are made e.g. Care Inspectorate, when required.
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- Designated Practitioners:
  • Oversee management of medication in the setting.
  • Ensure records are maintained and witnessed.

- Staff:
  • Administer medication only where consent has been signed by parents and counter-signed by leadership.
  • Check **consent**, **identity**, **label**, **dose**, **route**, **time**, and **expiry** before administering
  • Complete administration records accurately and store medication correctly.
  • Report concerns, error, or near-misses to Leadership immediately

- Parents / Carers:
  • Complete consent forms accurately and provide medication in original, labelled packaging which includes the information leaflet.
  • Ensure medication is in date, replaced as necessary, and collected at the end of each term/session.
- • Provide updated healthcare information as immediately if any changes (dose/frequency etc)
  • Confirm ongoing need for medication each term.

8. Procedures / Practice Guidance

- Staff must never administer the first dose of any medication. Parents must give the first dose at home to check for any adverse reaction.
- Antibiotics: children must have received the first 24 hours of their prescribed course before returning to nursery.
- All medication must be provided in the original container with the pharmacy label clearly showing the child's name, date of birth, dosage, and prescribing doctor. The accompanying information leaflet must also be provided.
- Medication will be stored in clearly labelled zip bags or containers with the child's name, date of birth, and photo. Where required, medicines will be stored in a locked cupboard or medication fridge (1–5°C). Fridge temperatures will be monitored and recorded daily.
- Parents must complete a medication consent form prior to administration. This must include confirmation of the last dose given, specific instructions, and parental signature each day.
- For "when required" medication, parents must specify the exact symptoms which should trigger administration (e.g., wheezing, seizure). Medication will not be administered solely for a raised temperature.
- Medication no longer required will be returned to parents and signed off in the inventory log. Records will be archived securely once complete.
- All medication will be audited termly to check expiry dates and ongoing need. High-risk medication (e.g., seizure rescue medication) will be checked every 28 days.

- Parents will be asked each term to confirm that medication is still required, and to provide updated documentation from their GP or hospital if there are any changes.
- Staff responsible for administering medication will receive training appropriate to the medicines in use. Additional training will be provided for the administration of specialist medicines such as epi-pens or insulin pens, as required.
- Emergency evacuation planning includes provision for children's medication (grab bag).
- Children with asthma will have a "My Asthma Plan." Spacers will be cleaned after each use, this will be recorded on form.
- Staff will follow infection control procedures, if necessary (gloves/aprons, safe disposal of sharps).
- If a child refuses or spits out medication, this will be recorded and parents informed. Emergency services will be contacted if necessary
- In the event of an error (e.g., wrong dose given), senior management and parents will be informed immediately. The incident will be recorded and Care Inspectorate guidance followed.

9. Partnership with Parents / Carers

We work closely with families to understand each child's medical needs, ensuring clear, respectful and supportive communication. Parents/carers are signposted to the Care Inspectorate's Management of Medication guidance (2025).

10. Monitoring and Evaluation

- Medication forms are reviewed termly with parents/carers.
- Records are audited regularly to ensure safety and compliance.
- Training is refreshed annually and logged in CLPL records.
- Confidentiality is maintained at all times.

13. Date of Implementation

October 2025

14. Review Date

September 2026