



Medicines Policy

Updated 05 February 2020

Summary

It is important that the need for medical care, or the administration of medication, does not stop children from attending an early years service regularly. All early years services should therefore have systems in place to administer medication and to work with parents to support children who need to take medication.

This topic covers the essential points of medication administration, storage, disposal and training.

Employers' Duties

Early years' service providers should:

- ensure that they obtain prior written permission from parents for each and every medicine to be administered before any medication is given
- ensure that any medication given is administered by a suitably trained member of staff who has agreed to take on the role
- have in place comprehensive medication policies and procedures and ensure that these are followed
- maintain scrupulous records relating to medication
- provide systems for the safe storage of medicines
- prompt regular reviews of each child's medication
- arrange for the provision of relevant training in health and medication matters for all staff concerned.
- ensure that they have sufficient information about the medical condition of any child with long-term medical needs.

Staff with a responsibility for medication should:

- attend any relevant training
- observe at all times the provider's policies and procedures relating to medication
- comply with relevant legislation and guidance relating to medication
- take very seriously their responsibilities in the administration of medicines
- observe the health of children closely and report any matters for concern promptly.



Early Years Foundation Stage Requirements

The administration of medicines is covered under Section 3: The Safeguarding and Welfare Requirements of the revised Early Years Foundation Stage (EYFS) statutory framework, published in March 2017.

The key aim is for the provider to “promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill”.

Specific legal requirements are listed in the framework as follows.

- Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable.

Medicines in Early Years Services

It is important that the need for medical care, or the administration of medication, does not stop children from attending an early years service regularly. All early years providers should therefore have systems in place to administer medication and to work with parents to support children who need to take medication.

However, medicines should only be brought in when essential, that is where it would be detrimental to a child's health if the medicine was not administered during the time the child is attending the service.

The document Managing Medicines in Schools and Early years Settings (DfE/Department of Health, 2005) provides advice for schools and early years employers to help in the development of their medicines policies. It explains the roles and responsibilities of employers, parents and carers, governing body, head teachers, teachers and other staff of local health services. It considers staffing issues including employment of staff, insurance and training.

Parents should first be told to make sure that their child is well enough to attend and can continue to take part in all learning activities that are expected of them. Some children who



are on medication may be unwell in such a way that they should really be kept at home, particularly if they have an illness that can be spread.

If the child is well enough to attend parents should then be asked if it is absolutely necessary for the medication to be given while they are attending. For instance, medicines that need to be taken three times a day could be taken in the morning, after the child goes home and at bedtime. Parents can be asked to check with their GP if necessary.

If the child is well enough to attend and medication does need to be given during the time that they are attending, then the choices are either for the parents to come in and give the medication or for early years staff to administer it. Both options should be offered.

Managers should exercise caution before accepting responsibility for administering medicine under the following circumstances:

- if the timing and nature of the administering of medicine is of vital importance, and where serious consequences could result if a dose is not taken
- where some technical or medical knowledge or expertise is required
- where intimate contact is necessary.

Parents should provide full information about their child's medical needs at enrollment, including details of medicines their child needs.

Medicines Administration

Where early years staff are required to administer medication there should be robust systems in place to ensure that medicines are managed safely.

Only medicines prescribed by a child's GP for the child should be given to the child. In order for this to happen the parents must inform staff of the need to give the medication and a medicine administration form will need be completed each day giving the staff permission to administer the medication. The medicines then have to be left with staff. The medicine should be brought in by the parent, not the child, and delivered personally to an appropriate member of staff.

Only medicines in their original bottle or box should be accepted. The label must be legible and the medication prescribed explicitly for the child concerned. Medicines must be labelled with the following:

- the child's name
- the exact dosage required
- the time or times of day it is to be given.

Whenever medicines are given they should be administered by a competent member of staff exactly as instructed on the bottle or packet and as agreed with the parents or guardian. The giving of medicines should preferably be witnessed by the manager or person in charge and



a written record kept of the dates and times the medication was given. In all cases the member of staff administering the medication should:

- refer to the permission to administer medication form and to the administration record and carefully check that all details are correct
- be certain of the identity of the child to whom the medication is being given
- check that the prescription on the label on the medication is clear and unambiguous
- check the name of the medication matches the permission/administration form
- check the name of the child on the label matches the permission/administration form
- check the dose and method of administration
- check the expiry date
- check that the child is not allergic to the medication
- administer the medication as instructed on the label and as specified in the permission to administer medication form
- keep clear and accurate, signed records of all medication administered, withheld or refused.

If a member of staff is in doubt about the administration of any medication then they should not administer the medicines but check with the parents or a health professional before taking further action.

Staff Who Can Give Medication

The EYFS framework stipulates that staff administering medication must be “competent” and trained appropriately for the task. They should be volunteers, which implies that they should be happy to take on the task, or the role should be specified in their contract, which also suggests that the member of staff should be agreeable to their terms and conditions. No member of staff should ever be forced, coerced or bullied into a role administering medication that they do not wish to fulfil.

Those who administer medicines should receive appropriate general training and support. Where the administration of a prescription medicine requires more technical knowledge then specific training for the needs of the child concerned should be provided for staff by a qualified health professional.

Early years providers must make sure that they have sufficient members of support staff who are appropriately trained to manage medicines whenever they are required.

Staff should be provided with sufficient supervision to ensure their competency and should have access to appropriate training updates to ensure that their skills are maintained.



Self-management

Early years children will be too young to manage their own medication. However, it is good practice to support children who are able to help with their own medicines and providers should encourage this where it is appropriate.

Those with long-term illnesses or conditions, such as asthma, are the most likely to be already handling their own medication and such arrangements should be agreed in writing with their parents during admission.

If children can take their medicines themselves, staff may only need to supervise and record the process.

All medications, including those that are self-managed by a child, must be kept in safe custody by staff.

Administering Non-prescription Medication

Non-prescription medication, for example, pain and fever relief or teething gel, may be administered by staff, but only with the prior written consent of the parent and only when there is a good health reason to do so. Early years providers should therefore have a clear policy covering non-prescription medication.

Some providers will decide that they are happy to administer non-prescription medication, and some will not. Whatever approach taken should be clear in the policy and information given to parents. Where non-prescription medication is given it should only be administered in exceptional circumstances and not on a frequent basis. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

Where a non-prescription medicine is administered to a child it should be recorded.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Medication for Long-term Medical Needs

Some children have complex health needs that require more support than just regular medication. In such cases it is important to seek medical advice about each child or young person's individual needs and to develop a plan of care that will ensure that their needs are fully met.

The plan of care should be developed when the child starts with a provider or when they develop their health condition. An individual health care plan clarifies for staff, parents and the child the help that will be provided as well as any medication or emergency needs and actions. In most cases the plan will be guided by the child's GP or paediatrician.



Staff should agree with parents how often they should jointly review the plan. This may be done on an annual basis but much depends on the nature of the child's particular needs and some children may need reviewing more frequently.

In some cases parents may supply the provider with a copy of the child's community support programme, where the child has one. In complex cases these plans provide information about the healthcare provided by the various professionals involved. The plans may be co-ordinated by a key worker.

The plan of care should include:

- details of the child's condition
- special requirements, eg dietary needs, medication needs, pre-activity precautions
- any side effects of medicines
- what constitutes an emergency and what action to take
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Emergency plans include treatment for conditions such as asthma which may involve the provider taking charge of medication such as asthma inhalers.

It will be appropriate for one suitably trained and experienced member of staff to act as a co-ordinator for the needs of the child, particularly a child with complex needs. However, managers must ensure that all staff are aware of the child's needs and know what to do in an emergency situation.

If a child's medical needs are not supported effectively then there may be an impact on that way a child functions and learns. The child's cognitive or physical abilities, behaviour or emotional state might suffer and some medicines themselves can also affect learning by causing concentration problems, tiredness or difficulties in remembering. There may also be a psychological effect caused by serious or chronic illness or disability.

Common long-term conditions that often require the administration of medication are allergies, asthma, diabetes and epilepsy.

There is no legal requirement for early years providers to administer medication but staff must be aware that some children with long-term medical needs will be protected from discrimination under disability discrimination legislation, including the Equality Act 2010.

Under the legislation, early years providers must not discriminate against disabled children in relation to their access to education and associated services, including trips, clubs and activities. To comply with this, early years providers must make reasonable adjustments for disabled children, including those with medical needs, in their practices, procedures and policies.



Emergency Treatment of Allergies

Some children suffer from allergies that have the potential to cause serious ill health and even death. Many carry their own medication, such as EpiPens, which contain injectable adrenaline for the treatment of severe allergic (anaphylactic) reactions.

Common causes of an allergic reaction include peanuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the person loses consciousness. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

All cases of an allergic reaction are serious and should be treated as an emergency. Should a severe allergic reaction occur, the adrenaline injection prescribed to the child should be administered into the muscle of the upper outer thigh and an ambulance called.

In most circumstances, legislation restricts the administration of injectable medicine and unless self-administered, injectable medicines may only be administered by a suitably qualified person, such as a nurse, and in accordance with the instructions of a doctor.

However, in the case of adrenaline there is an exemption to this restriction. According to NHS guidelines, anyone can give a casualty an EpiPen or Anapen. Guidance states that "the use of EpiPen or Anapens in an anaphylactic emergency by anyone, even without qualifications or training, is permitted". This exemption is contained in Article 7 of the Prescription Only Medicines (Human Use) Order 1997, which allows this to occur "where the administration is for the purpose of saving life in an emergency".

The Health and Safety (First-Aid) Regulations 1981 do not prevent someone who is specially trained from taking action beyond the initial management of a casualty. Therefore, first aid personnel may administer an EpiPen if they are dealing with a life-threatening emergency in a casualty who has been prescribed and is in possession of an EpiPen and "where the first aider is trained to use it".

Qualified first aiders should have training in the recognition and treatment of anaphylaxis. Early years providers should anticipate having children with allergies and should ensure that their first aid staff, and appropriate others, are suitably trained to administer EpiPens.

The Anaphylaxis Campaign website contains Guidance for Schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. For advice and support, the Anaphylaxis Campaign helpline number is 01252 542029.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The



plan will need to be agreed by the child's parents, the early years provider and the treating doctor.

Medication for Asthma

Asthma is a common disease involving the respiratory system in which the airways constrict and become inflamed, causing symptoms such as wheezing, shortness of breath, chest tightness, and coughing. Episodes may be triggered by such things as exposure to an environmental stimulant such as an allergen, environmental tobacco smoke, cold or warm air, perfume, pet dander, moist air, exercise or exertion, or emotional stress. In children, the most common triggers are viral illnesses such as those that cause the common cold. This airway constriction responds to medication such bronchodilators, which is often administered via an inhaler.

In the past children with asthma have been excluded from many things due to their condition. However, policy should be to welcome children with asthma and to give them the opportunity of playing a full and active role in life and preventing discrimination. This will inevitably involve handling and administering their medication.

There are two main types of medicines used to treat asthma, relievers and preventers.

Most children with asthma will require access to their reliever inhaler during the day. Relievers (blue inhalers) are emergency medicines taken during an asthma attack, sometimes before exercise. Preventers (brown, red, orange inhalers, sometimes tablets) will usually be used before arrival.

Reliever inhalers are small tubes that contain medication in a vapour form. When the child suffers an asthma 'attack' they struggle to breathe and at this time the inhaler can be used to introduce the medication direct into the lungs by breathing it in. The medication then acts on the airways, dilating them and allowing the victim to breathe.

In the case of an asthma attack immediate access to reliever medicines, usually an inhaler, is essential and in order for the medication to be administered the following procedure must be adhered to by staff.

- Inhalers should be accepted in the same way as other medication.
- Inhalers should be properly labeled for use by the child for whom they are prescribed.
- Labels must display an expiry date which should be checked by staff when they accept the medication.
- Inhalers should be kept in a safe place but must be easily accessible in the event of an emergency.
- Parents/carers should be asked to ensure that a labelled spare reliever inhaler is provided in case the first one runs out.



- Where a child requires their inhaler staff should check that the correct inhaler is given to them and, where possible, allow them to administer it themselves. Where the child is too young or cannot administer the inhaler themselves they should be helped by a registered first aider or by another member of staff specially trained in helping with medication.
- Any administration of an inhaler should be recorded and reported to the parents/carers when they collect their child.

The early years provider should obtain written and signed consent in advance from parents which clearly shows the date, dosage and expiry date of any asthma medication and the circumstances in which it should be given. Staff should never give medication to a child when it is prescribed to another.

Asthma UK has downloadable school policy guidelines that provide information on asthma, including asthma in PE and sports and medication. It provides comprehensive information on how to develop an asthma policy and asthma register, with an example. Also available are school asthma cards and information and posters for young people to encourage them to be active with their asthma. The Asthma UK Adviceline can be found on 0800 121 6244.

Diabetic Medication

Many children with diabetes require injections of insulin each day in order to control the disease and prevent a diabetic coma. Most younger children will be on a twice-a-day insulin regime of a longer acting insulin.

Diabetes UK has information on diabetes in school, which discusses insulin injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, Children with Diabetes at School — What All Staff Need to Know. Copies can also be ordered from Diabetes UK Distribution, telephone 0800 585088.

Medication for Epilepsy

Children with epilepsy suffer from seizures, sometimes called fits or blackouts, which can happen at any time and take many forms. Parents and health care professionals should provide information to providers, to be incorporated into the individual health care plan for the child, setting out the particular pattern of a child's epilepsy and details of the medication taken to control their condition.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures.

The vast majority of children with epilepsy are well controlled and should not experience fits. The management of any fits should be included in the plan of care and staff appropriately trained.

Very rarely some children who have longer seizures may be prescribed diazepam for rectal administration, an effective emergency treatment for prolonged seizures. Where it is



considered clinically appropriate, a liquid solution midazolam, given into the mouth or intranasally, may be prescribed as an alternative.

Epilepsy Action (British Epilepsy Association) has specific information for education professionals on its website. This looks at classroom first aid, emergency care, medication and school activities. Further information is available from their freephone helpline on 0808 800 5050.

The National Society for Epilepsy (NSE) also has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities and medication. The UK Epilepsy helpline is on 01494 601400.

Storage of Medicines

All medicines should be kept away from children and stored safely and appropriately.

Medicines should only ever be accepted in their original containers and should be clearly labeled with contents, the owner's name and dosage and should be kept in a locked cupboard out of reach of children, for example, in a staff room or office. Where a child needs two or more prescribed medicines, each should be in a separate original container. On no account should medicines be accepted "loose", in an envelope for instance, or having been decanted into another container or mixed together.

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. However, medicines are covered by the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and this means that all medicines must be kept safely out of the reach of anyone who may be at risk from them.

Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. There should be restricted access to a refrigerator holding medicines.

All medication remains the property of the child to whom it is prescribed. Any surplus or unused medication should be returned to the parents/guardian.

Disposal of Medicines

There are no routine circumstances in which early years providers should have to dispose of unwanted or out-of-date medication but it may happen occasionally. Most medication will only have been supplied on a daily basis by parents and unused stock should be returned to them at the end of the day. The medication belongs to the child it has been prescribed for and staff should not be involved in disposing of it.



If parents do not collect unused or out-of-date medication and it is not possible to get them to dispose of it then staff may have to take it to a local pharmacy for safe disposal.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Side Effects

All drugs have the potential to cause unwanted side effects or adverse reactions. These are usually mild and do not last long but they can be occasionally severe.

Children taking medication should be closely monitored and all staff should be aware of the medication being taken and of the potential side effects to look out for. If a child develops an adverse reaction or side effect to any medication, or if contra-indications (medical conditions which may be exacerbated or worsened by certain medications) are discovered, then the parent/guardian should be contacted without delay along with the GP as appropriate.

Refusing Medication

If a child refuses to take their medication staff should never attempt to force or coerce compliance. They should note the refusal in their records and follow any agreed procedures set out in the individual child's health care plan. Parents should be informed of the refusal on the same day.

If a refusal to take medicines results in an emergency, the provider's emergency procedures should be followed.

Medication Errors

Medication errors can happen even in the best run service. Mistakes include incidents where medication is given to the wrong child, where the wrong drug is given or where the wrong dose is given.

It is important that managers maintain an open "no blame" policy where staff are encouraged to report such errors without delay. If such a policy is not followed there is a danger of cover-up and concealment with potentially dangerous results.

All medication errors should be reported immediately to the child's GP and their parents informed.



Errors should be carefully investigated taking full account of the context, the circumstances and the position and experience of the staff involved. In most cases employers will distinguish between errors which are the result of reckless or incompetent practice or where an attempt has been made to conceal the error, and errors which result from pressure of work and where the error has been immediately reported.

Appropriate action should be taken following the investigation. This may include a review of policies and procedures or additional training.

Visits and Trips

Children should not be precluded from going on trips or outings because they have medication needs. Staff should make arrangements with parents at the consent stage to ensure that any medication required is carried by staff on the visit. Managers should ensure that a suitably trained person who can administer the medication accompanies the trip.

Confidentiality

Early years managers and staff should always treat medical information confidentially. The manager should agree with the parents who else should have access to records and other information about a child. Department of Health guidance Managing Medicines in Schools and Early Years Settings states that if information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Training

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from local health professionals. Local NHS providers are usually able to provide such training.

Staff training should provide:

- general information about common medical conditions
- specific information about a medical condition if required
- training in administering a particular type of medicine for staff who volunteer
- dealing with medicines safely
- dealing with emergencies.

It is important to note that basic first aid training does not usually cover the administration of medication. Additional training may be required for first-aiders before they can adopt the role.

List of Relevant Legislation

- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Workplace (Health, Safety and Welfare) Regulations 1992



- Social Security (Claims and Payments) Regulations 1979
- Schools Standards and Framework Act 1998
- Occupiers' Liability Acts 1957 and 1984
- Health and Safety at Work, etc Act 1974
- Misuse of Drugs Act 1971

Further Information

Publications

- Access to Education for Children and Young People with Medical Needs, Department for Children, Schools and Families (DCSF)
- Guidance on Infection Control in Schools and Other Childcare Settings, Health Protection Agency, 2010
- Including Me — Managing Complex Health Needs in Schools and Early Years Settings (Council for Disabled Children, 2005)
- Managing Medicines in Schools and Early Years Settings (2005), Department for Education, available on gov.uk
- National Service Framework for Children and Young People and Maternity Services: Medicines and Children and Young People, Department of Health

Organisations

- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk. Asthma UK is a charity providing support for asthma sufferers.
- Council for Disabled Children www.ncb.org.uk/cdc/. Support and information for disabled children and their families.
- Diabetes UK is the largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition, www.diabetes.org.uk.
- Department of Health (DH) www.gov.uk/government/organisations/department-of-health. The DH provides health and social care policy, guidance and publications.
- Epilepsy Action, www.epilepsy.org.uk. Epilepsy Action is the largest member-led epilepsy organisation in the UK.
- Health and Safety Executive (HSE), www.hse.gov.uk. The HSE is responsible for the regulation of the risks to health and safety arising from work activity in England, Scotland and Wales, except in certain businesses, which are the responsibility of local authorities. Its roles are to prevent work-related death, injury or ill health.
- National Eczema Society, www.eczema.org. Charity providing support and information on eczema.



- Psoriasis Association, www.psoriasis-association.org.uk/. Charity providing support and information on psoriasis.
- The Anaphylaxis Campaign, www.anaphylaxis.org.uk. The Anaphylaxis Campaign website contains guidance for schools which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign has also published the Allergy in Schools website which has specific advice for pre-schools, schools, school caterers, parents, students and nurses.