Administering Medicines Policy and Procedure

“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.”

Statutory Framework for the EYFS 2017 (3.44)

To meet the requirements of the Early Years Foundation Stage and the Childcare Register, I must:

- Ensure that the individual needs and good health of the child is promoted; this includes administering medication when asked to do so by parents and/or carers and only if there is an accepted health reason to do so.
- Have, and put into practice, an effective policy on giving medicines to children in my setting, which includes effective systems to support children with medical needs.
- Obtain prior written permission from the person who has parental responsibilities (this is not always the parent/carer) before administering any medicine.
- Keep written records of 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.
- Under the requirements of the Childcare Register, records of any medicines administered to any child who is cared for on the premises will include the date and circumstances and who administered it; including medicine which the child is permitted to self-administer, together with a record of a parent/guardian/carer’s consent. (CR8)

To meet the requirements of the Early Years Foundation Stage and the Childcare Register I will:

- Be responsible for administering any medication whilst the child is in my care.
- Store medication in accordance with product instructions and ensure that children cannot access any medication prescribed.
- Obtain prior written permission from you for each and every medicine to be administered before any medication is given.
- Record any medication/treatment given in the 'Medication Record' sheet allocated to your child, detailing:
  - The date;
  - The name of the medication or a full description of the treatment/therapy and the reason why it is required.
  - The dosage required or the duration of the treatment
  - The time the medication/treatment is to be administered
  - Your signature given permission prior to the medication/treatment
  - The time the medication/treatment was administered;
  - My signature as the person who has administered the medication/treatment
- Details of the illness the medication/treatment is treating;
- Your signature after the medication/treatment has been administered.

- Require parents and/or carers to let me know the date and time that you last administered medication, treatment, and I will record this information and ask parents to sign confirming the details. This is to avoid over-dosing.
- Administer medication that is recommended by a pharmacist or nurse without a written prescription, as well as any medication prescribed for by a doctor, dentist, or appropriately qualified pharmacist or nurse. However, I must get written permission beforehand from parents and/or carers.
- Administer over-the-counter medication such as pain and fever relief or teething gel. However, I must get written permission beforehand from parents and/or carers, and only if there is a health reason to do so.
- Contact parents and/or carers before administering pain relief to describe the symptoms and check that parents and/or carers agree for named pain relief to be given.
- Medicines containing aspirin will not be administered unless a doctor has prescribed that medicine for your child.
- Require a health care plan to be developed for children with long term health care needs which has been agreed and signed by parents and any other professional supporting the child.
- Access specialist training/information and advice from a qualified health professional (usually from the health professional involved with the child), for example where injections are required to be administered.
- Adhere to the recommended dosage for all medication

Name of Childminder: ..............................................................................................................................................

Signature of Childminder ........................................................................................................................................

Date ...........................................................................................................................................................................