

**Nazeing Pre-School, c/o Nazeing Primary School, Hyde Mead, Nazeing. EN9 2HS**

**Illness and Administering medicines**

**Safeguarding and Welfare Requirement: Health and Medicine**

Providers must promote the good health of the children they look after.

They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection

Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up to date. Staff must have training if the administration of medicine requires medical or technical knowledge. Prescription medicines must not 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).

**Policy statement**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain the health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children’s GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child’s health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

All staff are responsible for the correct administration of medication, ensuring that medicine consent forms have been completed with the parents prior to accepting the medication into Pre-School and that medicines are stored correctly and that records are kept according to procedures.

**Procedures for administering medication**

* Children taking prescribed medication must be well enough to attend the setting.
* We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
* Non-prescription medication, such as pain or fever relief, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
* The administering of un-prescribed medication is recorded in the same way as any other medication.
* Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition and child.
* Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a medicine form stating the following information. No medication may be given without these details being provided:
* the full name of child and date of birth
* the name of medication and strength
* who prescribed it
* why it has been prescribed
* the dosage and times to be given in the setting
* the method of administration
* how the medication should be stored and its expiry date
* any possible side effects that may be expected
* the signature of the parent, their printed name and the date
* The administration of medicine is recorded accurately on the form with each time it is given and is signed by the staff member administering the medication and witnessed by another staff member. Parents are shown the record at the end of the day and asked to sign the form to acknowledge the administration of the medicine.
* If the administration of prescribed medication requires medical knowledge, we obtain individual training by a health professional.
* No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
* For medication dispensed by a hospital pharmacy, where the child’s details are not on the dispensing label. We will record the circumstances of the event and hospital instructions as relayed by the parents.
* If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled with the child’s name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

*Storage of medicines*

* All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
* All staff are responsible for ensuring medicine is handed back at the end of the day to the parent.
* For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Nicky Mainwaring checks that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*Children who have long term medical conditions and who may require ongoing medication*

* We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager. Other medical or social care personnel may need to be involved in the risk assessment.
* Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
* For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
* The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child’s health needs.
* The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child’s GP if necessary where there are concerns.
* An individual health care plan for the child is drawn up with the parent; outlining the key person’s role and what information must be shared with other adults who care for the child.
* The individual health care plan should include the measures to be taken in an emergency.
* We review the individual health care plan every term during parent consultations, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
* Parents receive a copy of the individual health care plan and each contributor, including the parent, signs it.

*Managing medicines on trips, outings and in the garden*

* If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff/assistant who is fully informed about the child’s needs and/or medication.
* Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name, the original pharmacist’s label and the name of the medication. Inside the box is a copy of the medicine consent form.
* This procedure should be read alongside the outings procedure.

**Procedures for Illness**

* Children are not permitted to attend Pre-School if they have been given Calpol, paracetamol based suspension or Nurofen, ibuprofen based suspension before arriving. This is due to the child being unwell and needing the medication and it masking the potential of illness signs, such as a fever or infection.
* Children who have been unwell must be free from taking both Calpol, paracetamol based suspension or Nurofen, ibuprofen based suspension for 24 hours before their return.

*Illness that we request absence from Pre-School*

* If children are unwell and have an infectious illness we follow the Public Health Guidance on Infection control in education settings (see appendix 3)
* However due to the nature of the children who attend the Pre-School and their lack of hygiene due to their age and development we also enforce that children who have;
* **Hand, foot and mouth** need to remain off of Pre-School for 5 days whilst they are the most infectious and the spots are fresh, blistered or open. This is to prevent the spread to other children and staff at Pre-School.
* **Conjunctivitis** need to remain off of Pre-School for 48 hours whilst they start the antibiotics drops/ointment that require administration every 2/3 hours.

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| --- | --- | --- |
| This policy was adopted by | NAZEING PRE-SCHOOL | *(name of provider)* |
| On | September 2025 | *(date)* |
| Date to be reviewed | September 2026 | *(date)* |
| Signed on behalf of the provider | Nicky Mainwaring | |
| Name of signatory | Emma Hughes | |
| Role of signatory (e.g. chair, director or owner) | Chairperson | |

**Further guidance**

[**Nurseries infection prevention booklet 0124.pdf**](https://www.publichealth.hscni.net/sites/default/files/2024-01/Nurseries%20infection%20prevention%20booklet%200124.pdf)

Appendix 1 – Administering medicine form

Appendix 2 – Individual health care plan

Appendix 3 – Guidance on infection control



**Nazeing Pre-School, c/o Nazeing Primary School, Hyde Mead, Nazeing. EN9 2HS**

**01992 899028**

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**Website -** [www.nazeingpreschool.co.uk](https://www.nazeingpreschool.co.uk)

**Medication Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s full name |  | Date of Birth |  |
| Name of medication | Full medicine name, not brand | Strength of medication | On packaging |
| Expiry date of medication | If antibiotic liquid, 5/7 days from when it was dispensed | Where should the medication be stored | Fridge or cupboard |

|  |  |  |  |
| --- | --- | --- | --- |
| Prescribed |  | Non-Prescribed |  |
| By whom: | | | |
| Medical reason why: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Method of administration | Oral syringe, spoon, eye drop, ear drop etc. | Has the child had it before | At least 48 hours prior |
| What dosage should be given | 5ml, 2 drops etc | Possible side effects |  |
| What time was the last dosage |  | What time does it needs to be given |  |

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| --- | --- | --- | --- | --- |
| Time and date administered | Dosage | Administered by | Witnessed by | Signature of parent/carer |
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| Time and date administered | Dosage | Administered by | Witnessed by | Signature of parent/carer |
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**Appendix 2** 

**Nazeing Pre-School, c/o Nazeing Primary School, Hyde Mead, Nazeing. EN9 2HS**

**Individual Health Care Plan**

*This form must be used alongside the individual child’s registration form which contains emergency parental contact and other personal details.*

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| --- | --- | --- | --- |
| Date completed: |  | Review date: |  |

**Child’s details:**

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| --- | --- | --- | --- | --- | --- | --- |
| Full name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date of birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |  | | | | | |
| Allergies: |  | | | | | |
|  |  | | | | | |
| Medical condition/diagnosis | |  | | | | |
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| Medical needs and symptoms: | |  | | | | |
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| Daily care requirements: | |  | | | | |
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|  | |  | | | | |
| Who will be responsible: | |  | | | | |
|  | |  | | | | |
|  | |  | | | | |
| Medication details (Inc. expiry date/disposal) | | | |  | | |
|  | | |  | | | |
|  | | |  | | | |
| Storage of medication: | | |  | | | |
|  | | |  | | | |
| Procedure for administering medication: | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
| Names of staff trained to carry out health plan procedures and administer medication: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Other information: | | |  | | | |
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|  | | |  | | | |
| Date risk assessment completed: | | |  | | | |
| Risk assessment details: | | |  | | | |
|  | | |  | | | |
| Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child: | | | | | | |
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**Child’s main carer(s)**

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| --- | --- | --- | --- |
| 1. Name: |  | Relationship to child: |  |
| Contact number(s): |  | | |
| 1. Name: |  | Relationship to child: |  |
| Contact number(s): |  | | |

**General Practitioner’s details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Contact number: |  |
| Address: |  | | |
|  |  | | |

**Clinic of Hospital details (if app):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Contact number: |  |
| Address: |  | | |
|  |  | | |

**Declaration**

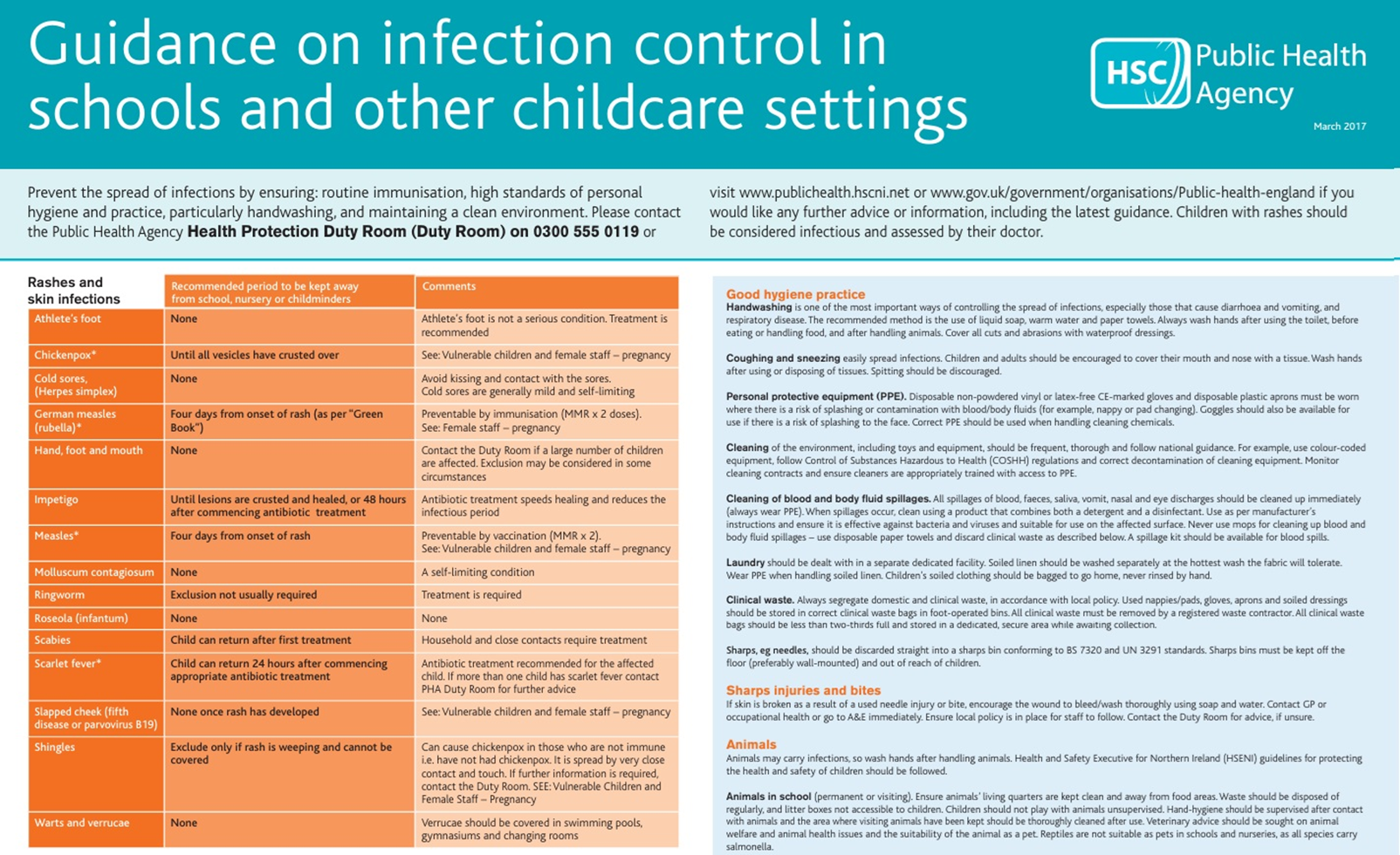
I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parent: |  | Date: |  |
| Signature: |  | | |
| Name of key person: |  | Date: |  |
| Signature: |  | | |
| Name of manager: |  | Date: |  |
| Signature: |  | | |
| Date: |  | | |

**To be reviewed at least every six months, or as and when needed.**

**Copied to parents and in child’s personal file and medication box**

**Appendix 3**



A close-up of several different colored papers

AI-generated content may be incorrect.

A screenshot of a computer

AI-generated content may be incorrect.