Medication Policy

As my Illness policy states, I will refuse care to ill children. However, I understand that there are numerous conditions that require medication to help relieve the symptoms (such as asthma and allergies), and certain medications, such as antibiotics, need the course to be completed even if the child is well. Therefore, I have written this medication policy which outlines my approach to obtaining consent, safe storage, administration, record-keeping, and communication with parents/guardians regarding medications.

I have a duty of care to ensure that all medication given to children in my setting is managed safely and in accordance with Care Inspectorate Wales and National Minimum Standards Medication and Safeguarding requirements.

**Legal Responsibility and Consent**

* Before administering any medication (prescribed or non-prescribed), I must obtain a completed and signed parental consent form from an individual with parental responsibility.
* Consent forms will be reviewed regularly to ensure information remains up to date.
* Even if a consent form is on file, I will still contact parents by telephone before administering any non-prescribed medication to confirm dosage and necessity.

**Provision and Storage of Medicines**

* Medications must be provided in their original packaging, with a clear label, including the child’s name, dosage instructions, expiry date, and the prescribing doctor’s details (if applicable).
* Medications must be accompanied by the patient information leaflet (PIL) to ensure safe administration.
* All medications will be stored securely in my fridge or in the medicine cupboard in the kitchen, following manufacturer’s instructions regarding temperature and storage conditions.
* Emergency medications (e.g., inhalers, Epipens) must be readily accessible but kept out of reach of children.

**Administration Procedures**

* I will only administer medication in line with the prescriber’s instructions and the parental consent form.
* Before administering prescribed medication for the first time in my setting, parents must confirm that the child has already received their first dose at home, with no adverse reactions.
* If a child refuses or spits out medication, this will be documented, and medication will not be re-administered to avoid overdose risks.
* If a child carries self-administered medication (e.g., inhalers), parents must provide an additional supply to be kept at my setting.

**Record Keeping and Documentation**

* I will maintain a detailed medication log, recording:
  + The child’s name.
  + The name of the medication to be administered.
  + The last time the medication was administered by the parent (if applicable).
  + The dosage and time needed to be administered
  + The time and date of administration.
  + The name of the person administering the medication.
  + Any reactions or concerns observed.
* Parents will be required to sign the medication log at the end of each day to acknowledge administration.
* Medication records will be stored securely and confidentially.

**Emergency Medications and Special Medical Conditions**

* If a child has a severe allergy or medical condition requiring emergency medication (e.g., Epipen, asthma inhaler, diabetes treatment), parents must provide a care plan from a medical professional outlining the emergency procedure.
* I will seek appropriate training if necessary to ensure I am competent in administering emergency medication.
* In the event of a medical emergency, I will contact emergency services (999) immediately and inform parents as soon as possible.

**Communication with Parents**

* Parents must inform me before drop-off if their child has had medication that day, including dosage and time given.
* I will notify parents promptly if their child displays any adverse reactions to medication.
* Medication updates will be discussed regularly to ensure continued safety.

**Liquid Paracetamol**

Children’s health needs to be protected at all times. Therefore, children should be able to receive prompt treatment for the relief of pain or high temperature whilst in in my care, in accordance with the manufacturer’s instructions for the administration of Liquid Paracetamol and subject to the consent of the child’s parent/carer.

As stated above and in my illness policy, I will not accept an ill child into my care. However, children may become unwell whilst in my care.

If your child becomes unwell in my care, I will follow the following procedure:

First I will contact you to arrange for your child to be collected as soon as possible. However, in circumstances where

1. there may be a delay in you collecting the child or arranging collection by someone else; or
2. you are not immediately contactable,

I will give your child a **single** (age appropriate) dose of Liquid Paracetamol whilst he/she waits to be collected if:

* 1. you have given written prior consent to your child being given Liquid Paracetamol;

and either

* 1. you have been contacted;
  2. you have given consent (either verbally over the phone or written in a text or message) for the dose of paracetamol to be given;
  3. a period of at least 4 hours has passed since the last dose of paracetamol was given to your child; and
  4. you have undertaken to collect the child from my setting as soon as is practicable;

or

* 1. I have attempted to contact you, but you cannot be contacted.
  2. I have contacted NHS111;
  3. a healthcare professional (at NHS111) has advised that it would be appropriate for a dose of Liquid Paracetamol to be given; and
  4. I subsequently make contact with you to arrange for your child to be collected from my setting at the earliest opportunity/as soon as is practicable.

I will fill in a medication form after I have administered the dose of liquid paracetamol as described above in the Record Keeping and Documentation.

Extra notes:

* I have, in my medication cupboard, a box of liquid paracetamol sachets (containing 120mg of liquid paracetamol in each 5ml sachet). The expiry dates for these are checked monthly. Therefore, I request that you do not send a bottle of Liquid paracetamol into my setting in your child’s bag.

This policy was designed by Little Rainbows with regard for the [**Regulations and National Minimum Standards for Regulated Childcare for children up to the age of 12 years**](https://careinspectorate.wales/regulations-and-national-minimum-standards-child-care-and-play), (NMS) including:

* NMS Standard 11: Children are safeguarded by the setting’s policies and procedures about medication, and receive the medication they need.
* NMS Standard 21: The reporting of outbreaks and incident

**And The Child minding and Daycare (Wales) Regulations 2010**

* Regulation 26(1) to (3): Use and Storage of Medicines
* Regulation 30 (1)(a) – Schedule 3(8): Keeping of records
* Regulation 31(1): Provision of information
* Schedule 4: Reporting the outbreak of infectious diseases and significant events.

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