

Medication Policy

At Liberty Kids Nursery, we promote the good health of children and take proactive steps to prevent infection (see *Sickness & Illness* and *Infection Control* policies). Where children require medication, we work in close partnership with parents/carers to ensure safe, effective, and consistent management in line with the Care Inspectorate's 2025 guidance.

This policy sets out our procedures for the safe handling, administration, recording, and oversight of medication for all children.

Consent and Parental Responsibility

- Written parental/carer consent is required for every prescribed medication.
- Consent is valid only for the **specific medicine, dosage, and duration** stated by the prescriber.
- Long-term medication (e.g., inhalers) requires a new consent form **every three months** or at the start of a new term.
- Parents must notify the nursery immediately of any changes to dosage, prescription, or medication type.
- Parents are responsible for administering the first dose of new medicines at home to reduce risk of adverse side effects/events.
- If any child is brought to the nursery in a condition where they may require medication during the day, the manager will make the final decision on fitness to be at nursery. Unwell children are best cared for at home until fully recovered.

Prescribed Medication

- Prescribed medication is administered only if essential during nursery hours (e.g., a short course of antibiotics if the child attends all day).
- Children attending short sessions (e.g., morning or afternoon sessions) should have all prescribed medication given at home by parents/carers.
- Emergency medications (e.g., inhalers, adrenaline auto-injectors, antihistamines) are always administered as required for the child's health.
- Medicines must be supplied in their original container with clear printed instructions in English.
- Medication will only be administered to the child named on the container and for the prescribed dosage.
- Prescribed nappy creams are administered only for short-term treatment with prior written parental consent. Children experiencing pain or distress from nappy rash should remain at home until fully well to participate in nursery activities.
- Stool softeners and other long-term oral treatments should be given at home, not in nursery.

Non-Prescription Medication

- The nursery does not keep communal stock of any non-prescription medications (e.g., paracetamol, teething gels, cough mixtures, nappy creams)
- No non-prescription medication is administered by nursery staff except over-the-counter nappy creams specifically provided by parent/carer for an individual child with written consent.
- Nappy creams must be clearly labelled with the child's name, photo, and instructions for use.
- Children with a fever of 38°C or higher should not attend nursery. If symptoms develop while attending, parents will be contacted for immediate collection.

Intrusive Medicines (Injections, Suppositories, Pessaries)

- These are classed as nursing procedures and will only be given by staff trained specifically for the individual child.
- Individual Medical Needs Information Record will be agreed with parents and health professionals.

Administration Procedures

- Only trained and qualified staff administer medication.
- Parents must inform staff when the last dose was given before nursery.
- Before administration, two staff members check consent forms, medication label, child details, and dosage; medication administration should be witnessed and recorded by a second staff member.
- Staff encourage but never force children to take medicine.
- If medication is refused or spat out, details are recorded, and parents are informed immediately.
- Parents/carers must be notified immediately of any medication errors or adverse reactions, healthcare professional advice sought as appropriate.

Medication Administration Records

- All medication is logged on the **Medication Consent & Administration Form**, including:
 - Child's name, photograph, date of birth, and room
 - Date form started and expiry date of consent
 - Name of the practitioner completing the record
 - Medication name, form, dosage, how to administer and time
 - Name and signature of administering staff and witness
 - Record of refusals, adverse reactions, and parent notifications
- Parents/Carer sign the records at collection to confirm awareness.
- Records and consents are reviewed at least every three months or the start of term.

Individual - Medical Needs Information Record

- Where applicable, individual medical needs record are maintained for children with long term medication or diagnosis.
- These records are stored in each room's pin board and are regularly reviewed with parents/carers and health professionals for up-to-date care.
- Records and consents are reviewed at least every three months or the start of term.

Storage of Medication

- Medication is stored securely in original containers with pharmacy labels, expiry dates, and child's name.
- Emergency medication (e.g., inhalers and adrenaline auto-injectors) must be immediately accessible to trained staff but out of children's reach at all times. Staff receive regular training in administration.
- Refrigerated medicines are stored appropriately.
- Expiry dates are monitored regularly; unused and expired medicines are promptly returned to parents/carers for safe disposal.

Storage of Medication: continued

- All medication is stored in closeable individual boxes with the child's name and photograph affixed; the Medication Consent & Administration Form is stored alongside the medication to mitigate error.
- Non-prescription nappy creams for "as and when required" use are not stored with administration forms to reduce infection risk; remaining creams are returned to parents/carers for safe disposal.

Medication on Outings

- Medication required on outings is transported securely with relevant documentation.
- Designated, trained staff carry and administer medication on outings.

Staff Medication and Fitness to Work

- Staff must only work if fit and unimpaired by medication or illness that may affect their ability to care safely for children.
- Any concerns about fitness to work related to medication use are disclosed confidentially to management.
- Staff medication is securely stored, properly labelled, and kept out of children's reach.
- to prevent accidental access or misuse.

Incident Reporting

- All medication errors, near misses, or adverse reactions are reported immediately to parents and management.
- Incidents are formally recorded, reviewed, with corrective actions documented and monitored to prevent recurrence.
- Relevant incidents are notified to the Care Inspectorate per reporting requirements.

Leadership and Oversight

The Nursery Manager's holds ultimate responsibility for safe medication management.

Responsibilities include:

- Reviewing and updating this policy to reflect the latest Care Inspectorate guidance.
- Ensuring all staff administering medication are trained, competent, and understand their responsibilities.
- Regularly monitoring medication administration records, consents, and storage through audits for ongoing safety and compliance.
- Maintaining effective communication channels with parents, healthcare professionals, and staff regarding medication and incidents.
- Confirming emergency medications are readily accessible and staff remain competent in their administration through continuous training and refreshers.

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Links to Frameworks and Standards

Links to the Quality Improvement Framework for Early Learning and Childcare (2025):

This policy supports the following areas and Quality Indicators (QIs) from the Care Inspectorate’s latest QIF version:

- **Children thrive and develop in quality spaces**
Quality Indicator: Children experience high quality spaces (pages 25–30) — The policy ensures a safe environment through effective medication storage, administration procedures, and hygiene practices that prevent infection and support children’s health.

- **Children are supported to achieve**
Quality Indicator: Promoting health and wellbeing (pages 40–45) — By following best practice guidance, requiring parental consent, monitoring children’s medical needs, and supporting children requiring medication (e.g., asthma inhalers, EpiPens), the policy promotes children’s health, safety, and wellbeing.

- **Leadership**
Quality Indicator: Leadership and management of staff and resources (pages 55–60) — Leadership ensures staff training, clear protocols, risk assessments, communication with parents, and oversight of medication administration and storage to maintain safe, effective care.

Health and Social Care Standards (HSCS)

This policy aligns with the following relevant standards:

- **1.24** – Any treatment or intervention that I experience is safe and effective.
- **2.24** – I am helped to feel safe and secure.
- **2.27** – I experience high quality care and support based on relevant evidence, guidance and best practice.
- **3.14** – I have confidence in people because they are trained, competent and skilled.
- **4.11** – I experience a service that is well led and managed.

United Nations Convention on the Rights of the Child (UNCRC)

This policy supports and promotes the following rights:

- **Article 3** – The best interests of the child must be a primary consideration in all actions concerning children.
- **Article 6** – Every child has the right to life, survival, and development.
- **Article 24** – Every child has the right to the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health.
- **Article 19** – Children have the right to be protected from all forms of physical or mental violence, injury, neglect, maltreatment or exploitation.

This policy was adopted on	Approved by	Date for Review
September 2025	Gail Anderson & Samantha Wilson	August 2026