



Harvard Park Policies and Procedures:
Medication Administration and First Aid

46. Medication administration and First Aid

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 health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GP's 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 or has recently been prescribed any form of medication, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in Managing Medicines in Schools and Early Years Settings:

https://assets.publishing.service.gov.uk/media/5a7556eed915d6faf2b23b2/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf ; the manager/director is responsible for ensuring all staff understand and follow these procedures.

The Managers or Designated people are responsible for the correct administration of medication to children and checked by another qualified member of staff. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Administering Medication Procedures

- 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 / dentist, nurse or pharmacist. It must be in date and prescribed for the current condition.
- Children prescribed medicines are stored in their original containers are clearly labelled and are inaccessible to the children. On receiving the medication staff members check that it is in date and prescribed specifically for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer 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. NB We may administer children's paracetamol (un-prescribed) for any child within our care with the verbal consent of the parents/carers in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

- Children who are given children's paracetamol (Calpol or Nurofen) while at the setting MUST be collected by a parent / carer within an hour after administration. This is for the child's well-being.
- Non-prescription medication for suspected allergic reactions or irritations (e.g. Piriton) must only be administered to a child where written and verbal permission for that medicine has been obtained from the child's parent/carer and only when there is a health reason to do so such as a suspected allergic reaction. Parents/carers are contact prior to administering this medication in all cases. Where this may be a child's first time having this type of medication or type of reaction, parents/carers are advised to seek medical advice upon collection of the child.
- Parents/carers give prior written permission for the administration of medication. The staff receiving the medication must ask the parent/carer to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth.
 - name of medication and strength.
 - who prescribed it.
 - dosage to be given in the setting.
 - how the medication should be stored and expiry date.
 - any possible side effects that may be expected should be noted; and
 - Signature, printed name of parent and date.
 - A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor/or the child cannot have Calpol as a first choice.
- The administration of medicine is recorded accurately on our medication record sheets each time it is given and is signed by the person administering the medication and a witness. Parents/carers are shown the record at the end of the day and asked to sign the record sheet to acknowledge the administration of the medicine. The medication record sheet records the:
 - name of the child.
 - name and strength of the medication.
 - name of the doctor that prescribed it.
 - date and time of the dose.
 - dose given and method.
 - signature of the person administering the medication
 - countersigned by a witness and
 - parent's signature.
- Depending on how the child is feeling, medication maybe administered in the office or within their room. We understand that all children may not feel comfortable or confident enough to have medication given in front of their peers. Medication is always administered by a qualified first aider and a witness in an open area, with doors open if this happens to be within an office space.
- Injections – Harvard Park would work with health care professionals to be trained in administering and a care plan along with a risk assessment would be put together
- There are certain conditions e.g. diabetes, mellitus, bleeding disorders or hormonal disorders which are controlled by regular injections.

- We monitor medication records to look at the frequency of medication given in the setting. For example, a high number of incidences of antibiotics prescribed for several children at similar times may indicate a need for better infection control.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book they must also be trained in this job.
- No child may self-administer. Where children can understand 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.
- We use a Medication sheet for recording the administration of medication

Emergency treatment/procedures

- As part of general risk management processes, Harvard Park has an arrangement in place in dealing with emergency situations. All management and staff now how to call the emergency services. All Management and staff know who is responsible for carrying out emergency procedures in the event of need. A member of Harvard Park always accompanies a child to hospital by ambulance and will stay for as long as is reasonably practicable. In the event of an emergency/accident, which requires a child to be treated by health professionals (doctors/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents/carers are not available.
- Staff should never take children to hospital in their own car. When emergency treatment is required, medical professionals or ambulance should always be called immediately.
- The welfare requirements require Harvard Park to ensure that contingency arrangements are in place to cover such emergencies
- A thermometer will always be used.
- The administration is recorded accurately each time it is given and is signed by staff. Parents/carers sign the record to acknowledge the administration of a medicine. The medication record book records:
 - name of child.
 - name and strength of medication.
 - the date and time of dose.
 - dose given and method; and is
 - Signed by key person/manager; and is verified by parent signature at the end of the day.

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.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent/carer.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent/carer.

- There is a medication expiry sheet on the front of First Aid Cupboard which will tell us when medication goes out of date.

DAY NURSERY – medications are kept in a high cupboard in the secondary office – labelled with child's name and photo on an orange card on the front of the cupboard. If required to be refrigerated it is labelled and stored in top part of office fridge in the door. All Epi-Pens and rectal medication are stored clearly in the main office within a box clearly labelled with the child's name, date of birth, expiry date of medication and a photo of the child.

PRE SCHOOL – medications are kept in a high cupboard in the kitchen or the fridge in the kitchen. These will be labelled with child's name and photo on an orange card and displayed on the front of the cupboard. All Epi-Pens will be stored in the same cupboard within a box clearly labelled with the child's name, date of birth, expiry date of medication and a photo of the child.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents/carers 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought, if necessary, where there are concerns.
- A 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 staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents/carers receive a copy of the health care plan and each contributor, including the parent, signs it.
- A risk assessment will also be created and kept on the child's file.
- We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff 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, name of the medication. Inside the box is a copy of the consent form and a sheet to record when it has been given, with the details as given above.
- On returning to the setting, the sheet is taken to the manager who oversees the paperwork and signs accordingly, parents/carers are then informed and asked to sign the sheet when picking up.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure is to be read alongside the outing's procedure.

First Aid

- Newly qualified staff who achieved an early years qualification in Level 2 or 3 on or after 30th June 2016 also have a paediatric First Aid certificate to be counted in adult: child ratios
- In our setting, staff can take action to apply first aid treatment in the event of an accident involving a child or adult. Any staff with current first aid training are present on the premises and at least 1 member of staff must hold relevant first aid certificate when on an outing. The first aid qualification includes first aid training for infants and young children.
- We have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children.

Procedures

The First Aid Kit: Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:

- Triangular bandages (ideally at least one should be sterile) - x 4.
- Sterile dressings: 3x Small, 3x Medium, 3x large
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16-dressing x 2.
- Container or 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- a children's forehead 'strip' thermometer.

In addition to the above we also have a Lifevac anti-choking device onsite:

https://www.lifevac.uk/?utm_source=hs_google&utm_medium=ad&utm_campaign=22428446608&utm_adgroup=&device=c&utm_term=&utm_content=&match=&gclid=EA1aIQobChMlKOnph-SSIAMVvJZQBh0GICluEAAYASAAEgIASPD_BwE&placement=&gad_source=1&gad_campaignid=23456112956&gbraid=0AAAAAoZEJGEwOE3Ohai7c2FpY7UkgsCFW (example found here).

- The first aid box is easily accessible to adults and is kept out of the reach of children.
- Information about who has completed first aid training and location of the first aid box is provided to all staff and volunteers.

- There is a named person in the setting who is responsible for replenishing and checking the contents of the first aid boxes.
- Medication is only administered in line with our Administering Medicines policy (above).
- In case of minor injuries or accidents first aid treatment is given by a qualified first aider.
- In case of minor injury or accidents we normally inform parents/carers when they collect their child, unless the child is unduly upset or we have concerns about the injury. In which case we will contact the child's parents/carers for clarification of what they would like to do i.e., Collect the child and/or take them to their own GP.
- At the time of admission to the setting, parents/carers written permission for emergency medical advice or treatment is sought. Parents/carers sign and date their written approval.
- An ambulance is called for children requiring emergency treatment. We contact parents/carers immediately and inform them of what has happened and where their child has been taken to.
- At the time of admissions to the setting, parents/carers sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents/carers have been informed and are on their way to the hospital.
- In the case where an ambulance is called, accidents and injuries are recorded in our accident book and where applicable notified to Health and Safety Executive, Ofsted and/or local child protection agencies in line with our recording and reporting of accident and incidents policy.
- In the case where an ambulance is required however there is none available at the time of the call, a cab will be called from a registered cab company and a staff member with whom the child feels comfortable, will accompany the child to the nearest hospital.
- In the case where an ambulance is required for a member of staff, the above statement will apply. However, they will not be accompanied unless deemed necessary by management.
- In an emergency where someone's life is at risk, it may be necessary to use lifesaving medication that was prescribed for another person. For example, if anaphylaxis is suspected, an EpiPen belonging to another adult or child at Harvard Park can be used under medical guidance.

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the health and Safety executive:

- Any accident to a member of staff requiring treatment by a general practitioner or hospital
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.

Any dangerous occurrence is recorded in our incident book.

See Recording and Reporting of Accidents and Incidents Policy.

This Policies and Procedures pack was adjusted by Harvard Park.

Date meeting was held on 30/04/2026

Signed on behalf of the Directors and Proprietors

Nicki Saunders and Tracey Milstead