Bloom Childcare

Medication Administration Policy

Safe and accountable management of medicines across all Bloom settings

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1. Policy Statement

Bloom Childcare recognise that some children in our care may need to receive medication during the hours they attend a Bloom setting. We are committed to administering medication safely, responsibly and in full accordance with the wishes and instructions of parents and carers and the prescribing clinician.

Bloom will not administer any medication - whether prescription or non-prescription - without **prior written consent from a parent or carer**. All medication administered will be recorded accurately and communicated back to the parent or carer at the end of each session.

This policy ensures compliance with the Statutory Framework for the Early Years Foundation Stage 2026 (EYFS), relevant medicines legislation, and Ofsted requirements, whilst supporting children's welfare and inclusion.

2. Scope

- All Bloom Childcare premises and any off-site activity, outing or visit organised by a Bloom setting.
- All employees, agency workers, students on placement, apprentices and volunteers involved in childcare or first aid duties.
- All children attending a Bloom setting for whom a parent or carer has requested or consented to the administration of medication.
- Prescription medicines, over-the-counter (OTC) medicines, and emergency rescue medicines (including inhalers and adrenaline auto-injectors such as EpiPens).

3. Relevant Legislation and Guidance

Legislation / Guidance	Reference	Relevance
Statutory Framework for the Early Years Foundation Stage (EYFS) 2026	Sections 3.45-3.46	Medication administration requirements for registered early years providers
Medicines Act 1968	General provisions	Legal framework for supply and administration of medicines
Human Medicines Regulations 2012	Regulations 213-220	Supply, labelling and administration of medicinal products
Health and Safety at Work etc. Act 1974	Section 2	General duty of care to employees and persons affected by the work
Management of Health and Safety at Work Regulations 1999	Regulation 3	Risk assessment requirements for medication handling
Supporting Pupils at School with Medical Conditions (DfE, 2015)	Statutory guidance	Reference standard for children with medical needs in educational settings
Childcare Act 2006	Sections 39-48	Registration and welfare requirements for early years providers
Data Protection Act 2018 / UK GDPR	Articles 5, 6 and 9	Lawful processing of health and medical data relating to children

4. Definitions

Term	Definition
Prescription Medicine	A medicine prescribed by a registered medical practitioner and dispensed by a pharmacist, clearly labelled with the child's name and dosage instructions.
Non-Prescription / Over the counter (OTC) Medicine	A medicine available without a prescription (e.g. paracetamol suspension, antihistamines). At Bloom, written consent is still required before administration.
Rescue / Emergency Medicine	Life-saving medication prescribed for a specific child's known medical condition, including asthma inhalers and adrenaline auto-injectors (EpiPen / Jext).

Term	Definition
Written Consent	A signed Bloom Medication Consent Form completed by a parent or carer before any medicine is administered.
Medication Record	The written log maintained at the setting recording the date, time, dose, route, medicine name, and the name of the person who administered it.
Individual Healthcare Plan (IHP)	A written plan agreed between the setting, parent and, where relevant, a health professional, for managing a child's long-term or complex medical condition.
Authorised Staff Member	A staff member trained in medication administration, holding a current paediatric first aid certificate and approved by Senior Management to administer medicines.

5. Roles and Responsibilities

Managing Director / Duty Holder

- Ensure this policy is compliant, reviewed annually and updated to reflect any changes in legislation or best practice.
- Ensure Area Managers are trained appropriately to this policy.

Area Manager

- Ensure sufficient trained and authorised staff are available at every setting at all times.
- Ensure this policy is strictly adhered to at all settings at all times.

Setting Manager

- Maintain a current list of children with known medical conditions or medication needs at the setting and ensure a completed Medication Consent Form B0045 is on file before any medication is administered for each of those children.
- Maintain a list of authorised staff members permitted to administer medicines at the setting.
- Ensure Individual Healthcare Plans are in place for all children with long-term or complex medical conditions.
- Medicines must be stored according to the manufacturer’s instructions, securely and out of children’s reach. Emergency medicines must remain immediately accessible to trained staff and must not be stored in a location that could delay treatment.
- Ensure all medication records are completed accurately and held securely.
- Communicate with parents and carers at the end of each session to confirm what has been administered during that session.

6. Authorised Staff Members

- Administer medication only with a completed and valid Medication Consent Form B0045.
- Check the child's name, medicine name, dosage, route and expiry date before administration.
- Complete the Medication Record B0046 immediately after administration - no retrospective entries.
- Report any concerns, errors or adverse reactions immediately to the Setting Manager.
- **Never administer a medicine to a child without a second member of staff present to confirm child/dose/witness administration.**
- **A second member of staff should check and witness medication administration whenever practicable.**
- **Emergency rescue medication must never be delayed while waiting for a witness. Where no witness is immediately available, a trained and authorised member of staff must follow the child's Individual Healthcare Plan, record the circumstances fully and notify the manager and parent or carer.**

7. Parents and Carers

- Provide written consent on a Bloom Medication Consent Form B0045 before any medicine is administered.
- Provide medication in its original container, clearly labelled with the child's name, medicine name, dosage and expiry date.
- Inform the Setting Manager of any change in dosage, frequency or medical condition.
- Provide and maintain in-date emergency medication (including auto-injectors and inhalers) where required.
- Collect any unused or out-of-date medication from the setting promptly.

8. Consent

Bloom will not administer any medication without prior written consent. A separate Medication Consent Form B0045 must be completed **for each medicine** and each episode of administration (where medicines are needed on a short-term basis), or as part of an Individual Healthcare Plan (for ongoing or chronic conditions).

The Medication Consent Form must confirm:

- The child's full name and date of birth.
- The name of the medicine (as labelled on the container).
- The prescribed or recommended dosage and frequency.
- The method of administration (e.g. oral, inhaled, topical).
- Any known allergies or contraindications.
- The parent's or carer's signature and the date.

Verbal consent alone is not sufficient except in a life-threatening emergency where written consent cannot be obtained in time. In such circumstances, the emergency services should be called immediately (999) and the parent or carer contacted without delay.

9. Types of Medication

Prescription Medicines

Prescription medicines will only be administered where:

- The medicine has been prescribed for the individual child by a doctor, dentist, nurse or pharmacist.
- Written permission has been obtained from the child's parent or carer for that particular medicine.
- The medicine is supplied in its original dispensed container with the child's name, instructions, dose and expiry date.
- The instructions on the medicine agree with the consent form and Individual Healthcare Plan.

Any discrepancy must be resolved with the parent, pharmacist or prescriber before administration.

As a general rule, Bloom will not administer the first dose of a new prescription medicine. Parents and carers are asked to administer the first dose at home to monitor for any adverse reaction before the child attends the Bloom setting.

10. Non-Prescription (Over-the-Counter/OTC) Medicines

Bloom will only administer non-prescription medicines (e.g. paracetamol suspension, antihistamines) where:

- Written consent has been provided by the parent or carer on a Bloom Medication Consent Form B0045.
- The medicine is appropriate for the child's age and weight, as confirmed by the parent and the product label and provided by the parent or carer in its original pharmaceutical packaging.
- Bloom will not routinely keep stock medicines. Medication must be supplied by the parent or carer for the named child in its original packaging.
- Administration of non-prescribed medication will not be administered until the child has been in the setting for a minimum of 4 hours, unless specifically agreed with a parent.
- Where a child develops a raised temperature during a session, Calpol (or another paracetamol-based antipyretic) will be administered where both of the following apply: a valid Medication Consent Form (B0045) is in place for this purpose, and the child has been at the setting for a minimum of 4 hours. The child's parent or carer will be contacted to arrange collection following administration. See the Illness & Infection Control Policy (B0051), Section 14, for the full procedure for managing a child who develops a fever.

- Where a child develops a raised temperature during a session, Calpol (or another paracetamol-based antipyretic) will be administered where both of the following apply: a valid Medication Consent Form (B0045) is in place for this purpose, and the child has been at the setting for a minimum of 4 hours. The child's parent or carer will be contacted to arrange collection following administration. See the Illness &

Infection Control Policy (B0051), Section 14, for the full procedure for managing a child who develops a fever.

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11. Allergy and anaphylaxis safety

Bloom will follow the EYFS allergy requirements and have regard to the July 2026 Allergy Safety in Schools guidance as good practice.

- A named senior person will oversee allergy safety. Children requiring allergy support must have a current Individual Healthcare Plan and an appropriate Allergy Action Plan.
- All staff must receive allergy-awareness training. Staff working directly with an affected child must know the child's triggers, symptoms, emergency procedures and how to administer their prescribed medication.
- A child prescribed adrenaline auto-injectors must have access to both prescribed devices at all times, including during outings. Devices must be stored at room temperature, protected from direct sunlight and immediately accessible. They must not be locked away where this could delay treatment.
- Where anaphylaxis is suspected, adrenaline must be administered without delay in accordance with the child's plan and device instructions. Call 999 immediately after the first dose. A second device must be available if symptoms have not improved after five minutes.
- Standalone early years settings must not purchase or hold unprescribed "spare" adrenaline auto-injectors or asthma inhalers under the legal exemptions available specifically to schools.

12. Emergency and Rescue Medicines

Where a child has a known medical condition that may require emergency medication (e.g. asthma, severe allergies, epilepsy), the Setting Manager will:

- Ensure a completed and current Individual Healthcare Plan (IHP) is in place before the child's first session.
- Ensure a PEEP (Personal Emergency Evacuation Plan) is in place for the child and considers medication requirements.
- A Personal Emergency Evacuation Plan will be prepared where the child needs individual assistance or arrangements to evacuate safely. Medication and medical emergency arrangements will otherwise be recorded in the Individual Healthcare Plan.
- Confirm that in-date emergency medication is kept at the setting and is accessible during all sessions, including off-site activities – and accessible should the manager not be immediately available.
- Ensure all staff working with the child are briefed on the IHP, the PEEP, the emergency medicine and the action to take in an emergency.

- Ensure a minimum of one member of staff holding a current Paediatric First Aid (PFA) certificate is present whenever the child is on site.

Administration of emergency rescue medicine (e.g. using an adrenaline auto-injector) must always be followed immediately by calling 999, regardless if the child appears to recover. The parent or carer must be notified without delay.

13. Administering Medication – Procedure

Before administering any medicine, the authorised staff member must complete the following five checks:

- Right child - confirm the child's full name and date of birth against the consent form.
- Right medicine - check the medicine name on the container matches the consent form.
- Right dose - check the dosage and frequency match the prescription label and consent form.
- Right time - confirm it is the correct time for the dose and that no previous dose has been given today.
- Right route - administer by the method stated on the label and consent form.
- In-date - check the expiry date on the container. Do not administer expired medication.
- Witness - a second member of staff must be present during administration and must co-sign the Medication Record B0046.
- **Emergency rescue medication must never be delayed while waiting for a witness. Where no witness is immediately available, a trained and authorised member of staff must follow the child's Individual Healthcare Plan, record the circumstances fully and notify the manager and parent or carer.**

Self-administration

- Where appropriate to their age, competence and medical needs, a child may carry or administer their own medicine where this is agreed in writing with the parent or carer and recorded in the child's Individual Healthcare Plan.
- Appropriate supervision and a risk assessment must be provided.
- Every instance of self-administration must be recorded, including the date, time, circumstances, medicine, dose, parental consent and any supervision provided.

After administration, the Medication Record B0046 must be completed immediately. At the end of the session the Setting Manager or key person must inform the parent or carer verbally of what was administered and ask them to co-sign the Medication Record to acknowledge this.

14. Storage of Medication

- All medicines must be stored in accordance with the instructions on the label (e.g. refrigerated, away from direct sunlight, locked cabinet).

- Medicines requiring refrigeration must be stored in a designated, clearly labelled section of the setting's refrigerator, separate from food. Access is restricted to authorised staff.
- Non-refrigerated medicines must be stored in a locked medicine cabinet, out of reach of children.
- Emergency rescue medicines (e.g. EpiPens, inhalers) must be stored in a location known to all staff working with the child, readily accessible at all times. They must NOT be locked away if this would prevent timely access in an emergency.
- Each child's medication must be kept in a separate, clearly labelled bag or container with the child's name visible.
- Bloom does not hold any stock medicines for general use. All medication on the premises has been supplied by a parent or carer for a named child.

15. Record Keeping

A Medication Record B0046 must be completed for every instance of medication administration. The record must include:

- Date and time of administration.
- Child's full name.
- Name of medicine and form (e.g. liquid, tablet, inhaler).
- Dose administered.
- Route of administration.
- Name and signature of the authorised staff member who administered the medicine.
- Name and signature of the witnessing staff member.
- Parent or carer signature confirming they have been informed.

Records are retained in the child's individual file and kept for a minimum of 3 years after the child leaves the setting, in accordance with data protection requirements. All medication records are treated as confidential (GDPR).

16. Long-Term and Complex Medical Conditions

Where a child has a long-term or complex medical condition requiring ongoing medication or medical intervention at the setting, Bloom will work collaboratively with the parent, carer and, where relevant, the child's GP, paediatrician or specialist nurse to develop an Individual Healthcare Plan (IHP).

The IHP will document:

- The child's medical condition and relevant background.
- The medication required, dosage, frequency and method of administration.
- Potential side effects or adverse reactions and the appropriate response.
- Emergency procedures and when to call 999.
- Named staff trained and authorised to administer the specific treatment.
- Review date (at least annually, or sooner if the child's needs change).

Children with long-term conditions must not be excluded from Bloom activities as a result of their medical needs. Bloom will make all reasonable adjustments to support inclusion in accordance with the Equality Act 2010.

17. Medication Errors and Adverse Reactions

If a medication error occurs (e.g. wrong dose, wrong child, missed dose, administration without consent), the Setting Manager must be informed immediately. The following steps apply:

- Do not panic. Observe the child closely for signs of adverse reaction.
- Contact the child's parent or carer immediately.
- Seek medical advice from NHS 111 or call 999 in accordance with the clinical situation.
- Complete a Bloom Near Miss / Incident Report (B0006) as soon as practicable.
- Record the incident in the Medication Record B0046 with full clear factual details.
- Report to Ofsted if the error resulted in, or could have resulted in, significant harm to the child.

If a child shows signs of an adverse reaction to medication at any point during their session, the Setting Manager must be notified immediately. If the child's condition is causing concern, emergency services (999) must be called without delay and the parent or carer contacted and an incident report must be completed.

A Personal Emergency Evacuation Plan will be prepared where the child needs individual assistance or arrangements to evacuate safely. Medication and medical emergency arrangements will otherwise be recorded in the Individual Healthcare Plan.

18. Refusal of Medication by a Child

If a child refuses to take a prescribed medicine, staff must not force or coerce the child. The following steps apply:

- Note the time and circumstances of refusal in the Medication Record B0046.
- Inform the Setting Manager.
- Contact the parent or carer as soon as possible so they can advise or attend.
- If the medicine is considered essential for the child's immediate health and safety, call NHS 111 or 999 as appropriate.

19. Return of Unused or Out-of-Date Medication

- Medicines will not be kept at the setting beyond the period of consent.
- Parents and carers will be asked to collect any unused or out-of-date medication promptly.
- Bloom staff will not dispose of medication on behalf of parents. Unused medicines should be returned to a pharmacy.
- If a parent or carer fails to collect medication within a reasonable time, the Setting Manager will contact them to arrange collection.

- If a parent or carer has not collected unused medication within **14 working days** of being contacted in writing (email) and by telephone by the Setting Manager, Bloom reserves the right to return the medication to a community pharmacy for safe disposal on the parent's behalf. This will be recorded in writing, including the date, medicine name, quantity and the name of the pharmacy used in B0046.

20. Staff Training and Competency

- All staff are made aware of this policy at induction and annually thereafter.
- Only authorised staff members may administer medicines. A staff member is authorised when they have completed paediatric first aid training, been briefed on this policy by the Setting Manager, and been confirmed on the setting's list of authorised medication administrators.
- Where a child requires a specific administration technique (e.g. using an inhaler spacer, administering an auto-injector), relevant training will be arranged before the child's first session. Training may be provided by the child's healthcare team, a specialist nurse or an accredited training provider.
- Training records are held within each setting and are reviewed annually as part of the Bloom HSMS review process.

21. Monitoring and Review

This policy will be reviewed annually or sooner in the event of:

- A change in relevant legislation or statutory guidance.
- A medication incident, near miss or adverse reaction at any Bloom setting.
- Guidance from Ofsted, HSE or a public health body.

Compliance with this policy will be monitored through the Manager's Monthly H&S Checklist (B0041) and periodic audit by senior management.

This policy operates alongside and should be read in conjunction with: B0027 Safeguarding & Child Protection Policy; B0028 Health & Safety Policy; B0006 Near Miss Report; BRA004 Expectant Mother Risk Assessment.

16. Policy Approval and Sign-Off

DECLARATION			
Role	**Name**	**Signature**	**Date**
Managing Director / Duty Holder	Mark Johnson		1st October 2026