

Management of medication in daycare of children and childminding services

Edited in July 2025



Contents

Introduction	1
Purpose	1
Scope	2
Guidance	2
Legal responsibility	2
Provision of medicines	2
Authorisation to administer	3
Sharing administration of medication information	4
Storage	4
Administration and return of medicines	5
Record keeping	6
Frequently asked questions	7

Introduction

Many children will at some time need to take medication while attending daycare or children services which include ELC and school-aged childcare or childminding services. These medicines may include tablets, capsules, liquids, creams, inhalers etc. For some, this will be a short-term need, perhaps finishing a course of prescribed or non-prescribed medication, while others may have medical conditions, such as asthma, that require regular ongoing medication. A few children may be prescribed medicines as emergency treatment, for example, to manage severe allergic conditions or fits (seizures).

Purpose

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210, Regulation 4 (1)(a) states that providers **'must make proper provisions for the health, welfare and safety of service users.'**



The Health and Social Care standards state:

'1.24 Any treatment or intervention that I experience is safe and effective.'

'4.11 I experience high quality care and support based on relevant evidence, guidance, and best practice.'

This guidance has been developed by a partnership of Care Inspectorate staff and care professionals and supersedes the 2014 Care Inspectorate's document 'The Management of Medication in Daycare and Childminding Services' (publication code HCR-0514-087).

We have produced this guidance to:

- help service providers have policies and procedures in place to support them in the management of medication
- support Care Inspectorate staff to review the administration of medication, medication policies and procedures in relevant services.

This guidance signposts to general good practice principles of medicines management and is not intended to cover every condition or circumstance relating to medicine use.

Scope

This guidance is primarily intended to inform practice in registered daycare and childminding services which includes nurseries, crèches, childminders, school-aged childcare and playgroups.

Guidance

The guidance covers the following aspects of the management of medicines:

- legal responsibility
- provision of medicines
- authorisation to administer
- sharing administration of medication information
- storage
- administration and return of medicines
- record keeping.

We have also included a frequently asked questions (FAQ) section at the end of the guidance.

Legal responsibility

It is up to the provider to establish who has legal responsibility to make decisions about the child's care. Enrolment is an ideal opportunity to do this. This is also a good time to gather any other relevant information about the child's health to inform any relevant personal plans or individual risk assessments. It is particularly helpful for specific health conditions such as asthma, allergies or epilepsy.

Provision of medicines

Where it is considered that medication will need to be administered in the service by staff, **medication should be supplied by the parents/carers to the service in its original purchased / dispensed packaging**, including any patient information leaflet supplied with the medication. This would apply to both prescribed and non-prescribed medication.

Our guidance on the management of medication in relevant care services is based on the principles found in the Scottish Government document [Supporting children and young people with healthcare needs in schools: Guidance for NHS boards, education authorities and schools, 2017.](#)

It is not recommended practice that services purchase and keep a stock of non-prescribed medicines for the 'communal' use of all children who attend the service. Parents or carers who feel the need for their children to have a particular non-prescribed medicine can bring this into the service.

We are aware that some services believe that ALL medicines administered by a care service need to be prescribed by a doctor, dentist, nurse or pharmacist. **This is not the case.**

Non-prescribed medication can be purchased over the counter at a pharmacy or supermarket by a person with legal responsibility, and this is then given to the service to administer to their child.

Authorisation to administer

Where the care service administers medicines to a child the authorisation for this will come from the person with parental responsibility. Consent to administer each medication should be obtained and recorded in paper or electronic format on receipt of the medicine. It should be for a mutually agreed time limit, the length of which may be dependent on the condition each medication is to treat. For example:

- seven days when a course of antibiotics or treatment of an infection with eye drops is for seven days.
- until two weeks before a rescue medication's expiry date (like a salbutamol inhaler or adrenaline pen) to allow enough time to get a new supply.
- an agreed time frame for a 'when required' medicine for an intermittent condition, such as teething.

The authorisation should also cover the reason for giving the medicines, how much is to be given, when and under what conditions. Services should not request blanket permission to administer medicines if they deem a child to be unwell.

If there is any confusion or difference between the dosage instruction from the parents/carers and that found on the product/patient information leaflet or dispensing label, the service should seek advice from their local pharmacist or GP's surgery as soon as possible. Any advice from the pharmacist or GP should be documented.

Services, should review all consent, check that the medication is still required, and that the dose has not changed every three months or at the start of a new term. When medication is no longer required, this should be returned to the parent or community pharmacy for disposal and the child's medication record should be updated to reflect this.

Some services have a policy where they contact the person with legal responsibility by phone, text or email to get additional consent before they administer any medicine, including 'when required' medicines. This is optional and, while this may give an additional layer of reassurance, services must ensure that it does not compromise a child's wellbeing by delaying treatment. As detailed above, consent for administration should have been provided when the medicines have been supplied to the care service.

Sharing administration of medication information

Each service should have a system in place to:

- identify if any medicine has been administered prior to the child attending the service that day – this may be by verbal communication at drop off and should be recorded by the service.
- verbally inform the person collecting the child when and why any medication has been administered in the service that day. Information should be recorded on the child's medication record, including who the information was shared with, and the record should be signed by the person collecting the child.

Storage

Medication should be supplied to the service in its original container and be clearly identified with the child's name (either by the service or person supplying the medicine). Within the medicine storage area, each child's medication should be kept separate in some way from the medication of other children to prevent mix-ups. For example, storage of medication and consent forms in a container with the child's photograph and full name may be useful.

There should be a system in place to check that the medication has not gone beyond any expiry dates or shelf life (for example liquid antibiotics usually only have a seven-to-ten-day shelf life and eye drops should be discarded 28 days after opening).

The medication's packaging and accompanying patient information leaflet will include instructions about how to store the medicine.

- Where the service is managing and storing medicines at room temperature, except for rescue medication (see below), these should be stored securely and out of reach of children, in an area that is below the temperature limit set by the manufacturer (generally 25°C).
- If the service stores controlled drugs like Methylphenidate, then these should be kept in a locked receptacle which can only be opened or accessed by authorised people. There is no requirement to store such medicines in a controlled drug cabinet.
- Some medication will need to be stored in a fridge at a temperature between 2°C - 8°C. The temperature should be checked and recorded each day using a maximum and minimum thermometer. In larger services it might be appropriate to have a dedicated lockable medicines refrigerator. In a small service where it is uncommon for medication to require refrigerated storage, it can be kept in a plastic labelled container in a domestic fridge which is out of reach of children.

In line with safe storage principles, rescue medicines like inhalers or adrenaline injections need to be stored securely out of reach of children and any others who may gain unauthorised access. However, by their nature, they may also need to be readily accessible to staff when required. The service should

consider how quickly this can be done, and, if appropriate, may need to keep these medicines in a different place, separate from non-rescue medicines.

If medication is stored in the service overnight, all medicines, including rescue medicines, should be stored as securely as possible.

Medicine spoons and oral syringes should be cleaned after use and stored with the child's medication.

Adaptors for inhalers, like 'spacers', should be cleaned as described by the manufacturer's product information to ensure that they continue to work effectively. Spacers should be kept alongside inhalers.

Some older children may be able to self-manage their medicines, including holding onto and storing their medicines and other devices. The service has a responsibility to carry out a risk assessment for this situation which should consider:

- the benefits of children retaining medicines – for example a child may feel more independent and secure with control of their asthma inhaler, which may be needed quickly.
- the likelihood and consequences of others accessing this medicine in the service.
- what action to take if the child forgets to bring or loses their medicine.

Administration and return of medicines

Do not administer medication if you do not know what it is, what it is used for or how to use it. It could be dangerous to give medication to treat a condition that the child does not have.

It is important that all staff (including relief or agency workers) know which children require medication, where the medication is stored, and how to access it. There should be a system to correctly identify the child and ensure they receive the correct medication. Where medication is stored for several children, it can be beneficial to add a photograph of the child to the storage bag or box. This supports safe administration to the correct child.

For some medical conditions, for example, asthma or epilepsy, services should consider what action they will take if the child's health deteriorates, or the medication administered does not relieve the symptoms. This should be recorded in the child's health care plan and/or individual risk assessment.

The Patient Information Leaflet which is supplied when a medicine is dispensed by a dispensing doctor at a pharmacy, or bought over the counter, is a useful source of information about the use of the medicine.

Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers or disposed of via the community pharmacy.

Occasionally, a child may spit out or refuse medication. Staff may also accidentally give too much or too little medication, or give medication to the wrong child. In each of these cases, the service should seek advice from the community pharmacy or GP surgery as required. Parents should also be informed if this occurs. In the event of a medication error, the Care Inspectorate should be notified, and the service should consider how to prevent further incidents.

If medication has to be given on a 'when required' basis, staff must know the symptoms it has been prescribed for - these should be recorded in the child's records. Any additional care required after the administration of medication should be detailed in the child's care plan.



Record keeping

All services should keep an accurate, up to date, indelible record of any medication stored on the premises for the use by children who attend the service. This can be in paper or electronic format and should include medicines received into the service, medicines administered, and medicines returned to parents or disposed of in some other way.

The auditable medicines record should include:

- name of the medicine stated on the dispensing/product label. This may be the generic name of the drug (for example, paracetamol) or brand name (for example, Calpol)
- strength of the medicine as appropriate, for example 500g or 5mg/10ml
- form of the medicine, for example capsule, tablet or liquid
- quantity of medicine, for example quantity received, quantity given
- dosage instructions, for example one tablet to be taken three times a day
- date and time of any activity (receipt, administration and disposal etc)
- record of who medicines were received from and returned to
- signature and name of the person making the record
- reasons why a regular medicine is not given as prescribed, for example child refused the medicine, medicine was not available.

When children present with health conditions, details should be recorded within the child's personal plan. Each medication, the condition it is prescribed to treat, and the indication for administration of any medicine should be recorded. The personal plan, and individual risk assessment where appropriate, should be updated when the child's health conditions change.

Frequently asked questions

Does the above guidance apply in situations when a child is suddenly unwell in the service?

If a service has contacted NHS 24 or any healthcare professional, and advice to administer a medicine is given, the Care Inspectorate will view this as a non-routine duty of care situation. As such, a service's response in this situation should not be viewed against the guidance for the routine management of medication. The response of each service to these non-routine situations will be dependent on the local context. Any advice given by NHS 24 or any other healthcare professional in this situation should be recorded by the service, providing an audit trail of care and evidence for any subsequent actions by the service. This should include informing the parent/carer.

What if NHS 24 or other healthcare professional advises a care service to buy an Over the Counter (OTC) medicine for the above acute unwell situation?

There may be a few occasions where a service considers a child to be unwell and with no medication available for that child, the service contacts NHS 24 for advice. Some umbrella organisations have advised us that on occasions NHS 24 has advised individual services to administer an OTC medicine, such as paracetamol, immediately.

We have clarified that the use of a time frame of 'immediately' when being advised by NHS24 is 'administration as soon as is reasonably possible'.

If a care service is advised by NHS 24 or any healthcare professional to source an OTC medicine and give to a child in an acute non-routine situation, the service should document any advice received and any medicine given. Parents/carers should also be informed of any medication given.

The service should not use this medicine or this approach for routine administration of medicines.

What training should staff who administer medicines have?

All staff with the responsibility to administer medication should be familiar with the service's administration of medication policy, and the provider should ensure that staff are competent to manage medication. This can be covered in several ways, including in-house training. However, for children with complex health needs, you may need to arrange external training, for example, administering an EpiPen.

Where can I find out about management of fever in children?

Information about the causes, assessment and management of fever in children can be found on the [NHS Inform](#).

Can I give a medicine in an altered format if the parent/carer requests this?

Sometimes medicines need to be given in an altered format, for example to ease swallowing difficulties. However, there are certain legal and practical considerations that need to be considered before this happens. For example, altering medication can change how it is absorbed. Services are advised to seek authorisation and advice from the prescriber and local pharmacist respectively if asked to alter (for example, crush, mix with food) a medicine before administration. Any advice should be recorded.

Can the care service give a first dose of a medicine?

Guidance from the Royal Pharmaceutical Society advises that 'The service should not be expected to give the first dose of a new medicine to the child. Parents should have already given at least one dose to ensure the child does not have an adverse reaction to the medication'.

This is a practical point offered to reduce the likelihood of care staff dealing with an adverse reaction at the service. This advice would not include emergency or rescue medication such as an adrenaline pen device where the risk of not giving it would outweigh any potential adverse reaction.

Adverse reactions to medication may include individual sensitivities to a drug, side-effects of the drug itself or an allergic reaction (possibly to a component of the medicine previously exposed to in a different medicine).

Can my nursery store their own stock of salbutamol inhalers or adrenaline auto-injectors for use in an emergency?

Maintained nursery schools (as defined in law) can obtain salbutamol inhalers and adrenaline autoinjectors to hold as stock for emergency use. All services should seek their own legal advice on this matter.

Can/should we provide sunscreen products for children?

Some sunscreen products are regarded as drugs when prescribed for certain conditions. In such instances, the advice for the routine management of medicines should be followed.

Beyond that, the general provision by the service of sunscreen products for children is beyond the scope of this guidance; it is a decision for the service to make and include this as part of their policy.

Services are advised to bear in mind different skin types and sun protection factors for use (though in general highest sun protection factor should be used for children). While sunscreen preparations will offer a degree of protection for children, they are not a substitute for covering the skin.

Are services required to store and administer medication, or can they refuse to provide this as part of their service?

If you accept a child into your service, you would be expected to meet their care needs. This would include the safe storage and administration of any medication needed. If a child only attends the service for a few hours, you may suggest that non-emergency, regular medications are timed to be given outwith service hours. However, this would not apply if a child required an emergency medication, for example, inhaler or EpiPen.

How should we manage medication on outings?

Planned outings away from the service should take account of children's welfare needs and support the staff caring for them. Staff should have access to information on a child's health and medication needs, including any relevant emergency procedures. A risk assessment should be carried out prior to going on outings and the service should consider:

- the arrangements for taking, and storing, any medication that may be needed during the outing
- how staff will safely administer medication
- appropriate lines of communication and procedures to be followed in an emergency
- keeping a record of medication leaving and re-entering the service.



Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

This publication is available in alternative formats on request.



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