



Effective From	AY 2024/25 (Fall term)
Compliance From	AY 2025/26 (Fall term)

## EARLY EDUCATION INSTITUTION **POLICY**

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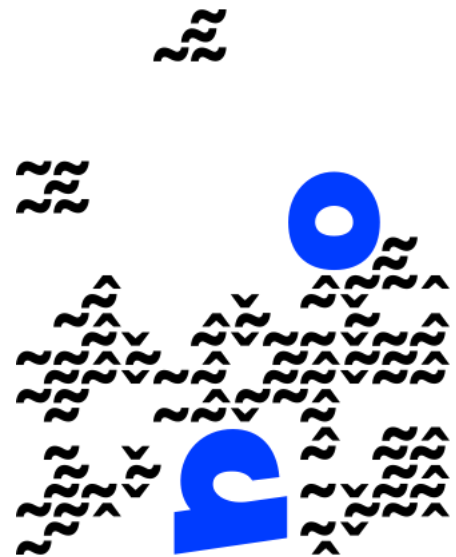
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# MEDICATION ADMINISTRATION

### Purpose

This policy establishes standards and procedures for the safe and appropriate administration and storage of medication in Early Education Institutions (EEIs). It ensures consistency in staff qualifications and sets clear expectations for all stakeholders, including EEI management, staff, parents, regulators, and service providers.

The primary goal of this policy is to prioritize children's safety and wellbeing by promoting best practices in medication administration. It provides guidelines for responsible handling and storage of medications, minimizing risks and errors.



## Definitions

<b>Administration</b>	The staff responsible for carrying out the administrative affairs of the EEI such as the accountant, receptionist, secretary, clerk, nurses, and others.
<b>Anti-Febrile Medication</b>	Medication used to reduce a raised body temperature. The most common anti-febrile medications used are Paracetamol and Ibuprofen.
<b>Authorized Staff Member</b>	A member of staff who is responsible for administering medication to children in the absence of a nurse and holds the necessary training in Basic Life Support (BLS).
<b>Child</b>	A person under the age of 4 years, as per Federal Decree Law No. (51) of 2022 Regulating Nurseries.
<b>Early Education Institutions (EEIs)</b>	All ADEK-licensed institutions that offer early years service (e.g., nurseries).
<b>First Aid Room</b>	A space to provide basic first aid care and treatment.
<b>Healthcare Professional</b>	Professionals in the healthcare sector licensed to practice their profession by the Department of Health – Abu Dhabi (DOH). Examples include doctors, public health nurses (PHN), and allied health professionals (e.g., pharmacists). This definition excludes nurses employed at the EEI, who are specifically referred to and defined as “nurses”.
<b>Individual Care Plan</b>	A document developed by a healthcare professional that details a child’s care requirements, medications, and treatments.
<b>Management</b>	The staff responsible for overseeing the EEI-based staff and daily operations, such as the EE Director, their deputy, as well as any other member of staff to whom they have delegated specific authorities.
<b>Medicine Administration Consent Form</b>	A document that seeks and records permission from parents to administer medication to their children in the EEI.
<b>Medication Administration Record Form</b>	A document that records the medication given to a child, the dosage, and the timing when it was given. It is signed by the authorized person who has administered the medication.
<b>Medication (or Medicine)</b>	A substance that is taken into or placed on the body to cure or treat a disease or condition, to relieve symptoms of an illness, or to prevent diseases. It includes both prescribed and nonprescribed medication.
<b>Nonprescribed Medication/Medicines</b>	Medication that is administered by the nurse or authorized staff at the EEI in emergency situations without the need for a prescription. This is restricted to the items listed under List of Accepted Non-Prescription Medication in Appendix 1 of the <a href="#">ADEK EEI Medication Administration Policy Guide</a> .

<b>Nurse</b>	A medical professional licensed by the DOH responsible for providing effective nursing care and health promotion to all children and staff at the EEI.
<b>Parent</b>	The person legally liable for a child or entrusted with their care, defined as the custodian of the child as per Federal Decree Law No. (3) of 2016 Concerning Child Rights (Wadeema).
<b>Prescribed Medication/Medicines</b>	<p>Simple or compound substances or mixtures of substances that are prescribed for the cure, mitigation, or prevention of disease or for health maintenance and that are prescribed by a licensed practitioner.</p> <p>Medications are only administered by the nurse or authorized staff at the EEI based on dosage instructions by a licensed healthcare professional.</p>



## Policy

All EEIs shall develop and implement a Medication Administration Policy, which includes the following core elements:

1. Consent from parents
2. Conditions for administering medicines
3. Authorization of staff (including staff training)
4. Procedures for administering medicine
5. Record keeping
6. Storage of medication
7. Communication with parents

EEIs shall conduct an annual review and evaluation of their Medication Administration Policy to ensure alignment with the most recent Department of Health (DOH) guidelines and to confirm the policy's continued effectiveness in addressing the needs of both children and staff.

### 1. General Principles

- a) EEIs shall uphold a duty of care in medication administration, ensuring timely prevention and response to medication-related adverse events or medication misuse, in line with parental consent, DOH standards, and ADEK requirements (see the [ADEK EEI Emergency Management Policy](#) for further information on responses to medical emergencies).
- b) EEIs in Abu Dhabi have the option of establishing a DOH-licensed clinic managed by a DOH-licensed nurse or maintaining a first aid room, where children are attended to by a staff member who is BLS and PAL certified, in addition to holding a valid first aid certificate (see the [ADEK EEI Staffing Policy](#)).
- c) In the absence of a licensed clinic, the EEI shall maintain a first aid room. This room shall be available to provide first aid treatment or to isolate a child in case of illness (see [ADEK EEI Physical Environment Policy](#)).

#### 1.1 Consent

EEIs shall obtain written parent consent using their own consent form(s) before administering prescribed and nonprescribed medicines.

#### 1.2 Instructions from Healthcare Professionals and Individual Care Plans

EEIs shall clearly state that they only administer prescribed medications as per the instructions of a healthcare professional and will not change this at the request of parents without signed consent. In the case an Individual Care Plan (ICP) has been developed for a child, they shall ensure that the medication required in the plan is administered as detailed.

#### 1.3 Conditions for Administration of Medicines

To ensure children requiring medication receive proper and appropriate care, EEIs shall:

- a) Clearly state in their Medication Administration Policy that they will only accept prescribed medicines that have been provided in the original container marked with the date, name of the dispensing pharmacist, and expiry date, along with clear storage and administration directions.
- b) Ensure that all medication handled by the nurse or authorized staff member of the EEI is labeled with the date the medication bottle/box was opened, is used or returned to parents by the expiry date, and is not used beyond the period noted in the instructions accompanying the medicine (whether provided by the healthcare professional or the manufacturer).
- c) Not add medication to the child's bottle or food unless there are clear instructions to do so by the manufacturer or the healthcare professional who prescribed the medicine (e.g., the doctor or pharmacist). In such cases, only the nurse or authorized staff member is authorized to add medicine to the food/bottle.
- d) Clearly state in their Medication Administration Policy the conditions in which nonprescribed medicines are given to children. These include, but are not restricted to the following:
  - Nonprescribed medicines shall only be administered in response to urgent medical conditions and physical injury (see [Section 3.2 Procedures for Medical Emergencies](#) in the *ADEK EEI Emergency Management Policy*).
  - Nonprescribed medicines shall be appropriate for the child's age and condition.
  - Parent's written consent to administering non-prescribed medication shall be/have been obtained (see Section 1.1 Consent).
  - The consent shall clearly mention if a child is allergic to any medicinal ingredient(s).
  - Parents shall also be informed of the time when the medication is going to be administered to verify there are no major risks from administration (e.g., contraindication or duplication of therapies).
  - The recommended dosage of nonprescribed medicines (available on the medicine's packaging/instructions) shall be followed.
- e) The nurse/authorized staff member shall immediately administer epinephrine (adrenaline) in case the child displays signs of an anaphylactic reaction to any nonprescribed medication administered.
- f) Hold nonprescribed medication on site in line with the types of medication approved by the DOH to address emergencies appropriately.

## 2. Authorization of Staff to Administer Medication

### 2.1 Authorization to Administer Prescribed Medication

EEIs shall ensure that only the nurse/authorized staff member receives and/or handles any prescription medication provided by parents. As per the guidelines set out by the health authorities, appointing a nurse is optional for EEIs. If they choose not to appoint a nurse, they shall ensure that at least one of their staff who holds a

BLS certificate is nominated as the “authorized staff member” to administer medication.

## **2.2 Authorization to Administer First Aid and Nonprescribed Medication**

EEIs shall ensure that all nonprescribed medication in emergencies is administered by the nurse/authorized staff if there is no immediate risk to the child’s health from doing so.

If it is not possible to wait for the necessary medical support to arrive for whatever reason, or if there is a risk to the child’s health, staff shall administer first aid, provided they have received and completed the certificate in first aid training as detailed in [Section 2.3 Training of Staff](#) and in line with *Circular No (2021/123): Update on Licensing Procedures for Healthcare Professionals in Nurseries Clinics* issued by DOH, which states that an EEI shall train all staff in basic first aid and provide 10% of staff (minimum 2 staff members) with the BLS training. Any member of staff providing first aid care who does not have the appropriate training in administering medication for children shall not do so.

EEIs shall also ensure that in addition to non-medication related care (e.g., resuscitation, treating wounds), members of staff only administer the below-listed types of medications in emergencies, in which case they shall report the administration to the management/nurse for adequate recording in the Medical Administration Record Form:

- a) Injector pens (e.g., insulin, epinephrine)
- b) Inhalers (e.g., for asthmatic children)
- c) Soothing gels/ointments (e.g., aloe vera, calamine lotion, or hydrocortisone creams)

## **2.3 Staff Training**

To ensure staff are adequately qualified to administer medication and perform first aid, EEIs shall:

- a) Provide first aid training to all staff and ensure that 10% of the staff (or at least 2 members if an EEI has less than 20 staff) hold a Basic Life Support (BLS) certificate in line with DOH and requirements listed in the [ADEK EEI Staffing Policy](#).
- b) Ensure that at least 1 of the BLS trained staff are available on site at all times.
- c) Communicate the Medication Administration Policy to all new staff during staff induction.
- d) Cover and review the Medication Administration Policy with staff during Continuous Professional Development (CPD) sessions or any other training sessions.
- e) Regularly remind staff of the procedures listed in the Medication Administration Policy, along with the restrictions, limitations, and recommended actions. This is

critical to ensure children's health and wellbeing and protect the EEI from any medical liability.

### 3. Procedures for Administering Medication

#### 3.1 Before Administering Medicine

EEIs shall explicitly state that 2 staff members (including the nurse or the authorized staff) shall be present when medications are administered. Before the administration of medicine to the child, both the nurse/authorized staff and the accompanying member of staff shall check:

- a) Consent has been given by parents.
- b) The recipient's name.
- c) The child's identification matches the medication being administered.
- d) The date and time the medication was last given (if applicable).
- e) The prescribed strength and dose are as prescribed.
- f) The time and day of the week/date of the dose are as prescribed.
- g) The expiry date of the medicine.
- h) There are written instructions provided by the prescriber on the label/container as dispensed by the pharmacist.
- i) The child does not have any known allergic reactions to the content of the medicine (as checked against the child's medical record).
- j) They are fully aware of the possible side effects of the medicine.
- k) The conditions and environment in which the administration of medicine will take place are hygienic (e.g., hands have been washed and dried, surfaces are clean, etc.).
- l) The condition/storage requirements of the medication have been met (e.g., that the medication is kept in the refrigerator)
- m) The medication is administered in the clinic/first-aid room, privately and confidentially, only in the presence of the two staff members.

#### 3.2 While Administering Medicine

EEIs shall ensure that both the nurse/authorized staff and the second member of staff are present during the administration of medicine and that they:

- a) Administer the prescribed dose in the right way in line with the provided instructions.
- b) Use the appropriate equipment to administer the medication dose. For liquids, the correct measuring tool shall be provided with the medication.

- c) Use only clean, hygienic, and/or sanitized medical equipment.
- d) Administer the entirety of the prescribed dosage.
- e) Protect the dignity and privacy of the child (e.g., when using suppositories).

### **3.3 After Administering Medicine**

Following the administration of the medicine, both the nurse/authorized staff and the second member of staff present shall:

- a) Observe the child for immediate response to the medication or side effects (e.g., for anti-febrile medicine).
- b) Return medication to the appropriate container and store it appropriately.
- c) Manage or dispose of any equipment used in administration.
- d) Promptly and accurately fill in the Medication Administration Record Form (see [Medication Administration Record Form](#) shown in Appendix 4 of the [ADEK EEI Medication Administration Policy Guide](#)) and sign it in confirmation of the completion of the process.

### **3.4 Notification of Adverse Reaction**

EEIs shall identify the procedures to be taken with regards to notifying parents, seeking medical attention if necessary, and documenting any incidents or near-misses, such as a child spitting up or vomiting the medication out, if there is an error while managing the medication, or an adverse reaction is observed. These shall include:

- a) When to seek medical attention from DOH.
- b) Contact details of the nearby clinic or hospital affiliated with the EEI.
- c) Steps for contacting emergency services if advised by health authorities.
- d) Steps to follow in case medication has to be re-administered if a child vomits or spits it out (see [ADEK EEI Medication Administration Policy Guide](#) for more details).

## **4. Record Keeping and Storage**

### **4.1 Maintaining Records of Medication Administration**

EEIs shall keep accurate records of medication administration (including, but not restricted to the Medication Administration Record Form shown in Appendix 4 of the [ADEK EEI Medication Administration Policy Guide](#)). In addition, EEIs shall:

- a) Keep original records for as long as the child is enrolled and hand the original records to parents when the child transfers or leaves the EEI permanently.

- b) Ensure they maintain strict confidentiality regarding children’s medical records and their medical information.

## **4.2 Storage of Medication**

EEIs shall receive and immediately store all medication to be administered by the EEI in the first aid room/clinic (or the fridge, if required) in line with the instructions determined by the manufacturer and the DOH (where applicable) while adhering to the following general storage guidelines:

- a) Medication shall be stored in a locked and labeled cabinet, safely away from children’s reach, and in line with the manufacturer’s instructions.
- b) As soon as the medication is received, it should be stored in its original form and container. The nurse/authorized person shall ensure that all prescribed medication is appropriately labeled as noted under [Section 4.3 Conditions for Administration of Medicines](#).
- c) All medicines shall be kept in a cool, dry place, where there is no risk of their original content being affected.
- d) Medicines shall never be transferred from their original container as dispensed by a pharmacist, which includes the prescriber’s instructions for administration.

## **4.3 Disposal of Medication**

EEIs shall identify protocols for the safe and environmentally friendly disposal of unused medication, in accordance with relevant health and safety regulations.

# **5. Communication with Parents**

EEIs shall share the Medication Administration Policy and procedures with parents at the time of admission, keep them updated on any changes, and notify them every time a medication is used, even when administering prescribed medication.

# **6. Specific Provisions and Expectations**

## **6.1 Administering Topical Medication During Nappy Changes**

For practical purposes, the administration of topical ointment on rashes and itches for children using nappies/during nappy changing may not fully align with all the provisions listed in this policy. For this purpose, the following requirements can be forgone when topical medication shall be administered during nappy-changing:

- a) The requirement that only the nurse/authorized staff can administer prescribed medication (see [Section 2.1 Authorization to Administer Prescribed Medication](#)).
- b) The requirement that two members of staff (including the nurse/authorized staff member) shall be present during the administration of medication (see [Section 3. Procedures for Administering Medication](#)).

Otherwise, all other provisions detailed in this policy related to the administration of medicine, specifically prescribed medicine, apply to the administration of topical medicines during nappy changes.

## 7. Compliance

- 7.1** This policy shall be effective as of the start of the Academic Year 2024/25 (Fall term). EEIs are expected to be fully compliant with this policy by the start of the Academic Year 2025/26 (Fall term). EEIs shall be compliant with the updated requirements in version 1.1 of this policy by Academic Year 2026/27 (Fall term).
- 7.2** Failure to comply with this policy shall be subject to legal accountability and the penalties stipulated in accordance with the ADEK's regulations, policies, and requirements, notwithstanding any other penalties imposed by Federal Decree Law No. (31) of 2021 Promulgating the Crimes and Penalties and its amendments or any other relevant law. ADEK reserves the right to intervene if the EEI is found to be in violation of its obligations.



## References

- Department of Health - Abu Dhabi (DOH). (2021). Circular No (2021/123): Update on Licensing Procedures for Healthcare Professionals in Nurseries Clinics.
- Federal Decree Law No. (3) of 2016 Concerning Child Rights (Wadeema)
- Federal Decree Law No. (31) of 2021 Promulgating the Crimes and Penalties and its amendments
- Federal Decree Law No. (51) of 2022 Regulating Nurseries

### Publication

2026 (March) ADEK\_EEI\_Medication Administration Policy\_v.1.1

Department of Education and Knowledge, Abu Dhabi (ADEK)

This policy applies to Early Educational Institutions (EEI) in Abu Dhabi.

### Current version:

*Amended to remove the redundant element of the mandated agreement with a nearby hospital to deal with a medical emergency. Amended to mandate an annual review of the EEI's Medication Administration Policy and clarify the need to verify risks with parents at the time of administration. Additionally, the update requires appropriate action and reporting procedures in the event of an anaphylactic reaction. The policy update also requires to strengthen staff competency by clarifying BLS training requirements and expanding the pre-administration checklist to ensure safe medication practices.*

### Past versions:

- 2024 (September) ADEK\_EEI\_Medication Administration Policy\_v.1.0  
First published

