



## Safeguarding and Welfare Requirement: Health

### 6.1 Administering medicines

#### Policy statement

It is not our policy to care for sick children, who should always be at home until they are well enough to return to the setting. However, we will consider agreeing to administer some medication as part of maintaining long-term health and well-being or when they are recovering from a specific illness where a doctor deems that they are fit for pre-school.

In most cases, it is possible for a child'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 new medication before, 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'; the manager is responsible for ensuring all staff understand and follow these procedures.

The Manager and key person are responsible for the correct administration of medication to children for whom they are the key person. However, this is dependent on the necessary documentation and parental consent forms being completed. Medicines must be in date and stored either in the medication box which is locked away or on in the fridge (out of reach of children) and records kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

#### 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 (or other medically qualified person). It must be in-date and prescribed for the current condition.

- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, will not routinely be administered. If a child comes to pre-school off colour or has been unwell in the night -then they need to be at home. Calpol will only be given with prior written consent of the parent and only when there is a significant long-term health reason to do so.
- With prior written consent and verbal consent from the parents wherever possible we can administer one dose of Calpol. This is to prevent febrile convulsion and parents will be asked to collect their child.
- 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.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The manager or key person receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth
  - the name of medication and strength
  - who prescribed it
  - the dosage and times to be given in the setting
  - the method of administration
  - how the medication should be stored and its expiry date
  - any possible side effects that may be expected
  - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication [and a witness]. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book 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 and a witness who verifies that the medication has been given correctly
- parent's signature (at the end of the day).
- We use a Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in the policy.
- If the administration of prescribed medication requires medical knowledge, we will obtain individual training [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.
- No child may self-administer apart from an inhaler. Where children are capable of understanding 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 will monitor the medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

#### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or fridge is not used solely for storing medicines, they are kept in a marked plastic box.
- The Manager or deputy are responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. The manager must check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- Medication is kept in the cupboard or fridge in the kitchen which is out of bounds to unsupervised children.
- Asthma medication must always be present and accessible when the asthmatic child is in the setting. For health and safety reasons, A potentially asthmatic child will be sent home as a precaution if their inhaler is missing.
- Children with extreme allergy, who may require the administration of their prescribed EpiPen type injector, will only be admitted to the setting if they are accompanied by two EpiPen's. They will be sent home in the absence of this medication.

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

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents 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, 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 form part of the risk assessment.
- NB training for EpiPen and similar type administration is no longer required.
- The risk assessment includes vigorous activities and any other 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 advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

### *Managing medicines on trips and outings*

- If children are going on outings, the manager/key person for the child will accompany the children 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, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's

details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.

- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outing's procedure.

This policy was adopted by	Sennen and Land's End Pre-school
On	
Date to be reviewed	
Name of signatory	
Role of signatory	