

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

6.1 Administering medicines

Policy statement

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

While it is not our policy to care for acutely unwell children (short term) , we will agree to administer medication as part of maintaining a child's health and well-being, or if they have a long-term medical condition or when they are recovering from an illness.

In many cases, it is possible for children's GPs 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 it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person in conjunction with the manager is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager/deputy manager is responsible for the overseeing of administering medication.

If a child becomes ill whilst at Pre-School we will contact their parents/carers/emergency contact and ask that they are taken home.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Medication is only given when asked to do so by the parents and if there is an accepted health reason to do so.
- medication prescribed by a doctor (or other medically qualified person eg. qualified nurse independent prescriber, pharmacist independent prescriber) can be administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). If the instructions showing the dose exceeds the dose recommended on the packaging the parent will confirm this is the correct dose to give in writing, when they give their written consent for the medication to be administered.
- Over-the-counter medication (such as hay fever relief) can be administered following the same procedures as for licensed medication.
- Children's prescribed medicines are stored in their original containers, are clearly labelled with the child's name and photo and are inaccessible to the children. They are kept on individual hooks, in clear plastic bags in the adult toilet.
- Parents/carers will give prior written permission for the administration of medication. The staff receiving the medication must 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 dose and times or how the medication is to be administered in the setting;

- how the medication should be stored and its expiry date;
- any possible side effects that may be expected; and
- the signature of the parents/carers, 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 staff member and then verified by another staff member, who also signs the record. Parents/carers 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;
 - date and time of the dose;
 - dose given and method;
 - signature of the key person/manager; and
 - parent's signature.
- If the administration of the prescribed medication requires medical knowledge, individual training is provided for relevant staff members by a health professional. Training may be provided by a suitable health professional in contact with the child's parents or through our local health centre.

Storage of medicines

- All medication is stored safely in bags on hooks out of reach of the children or refrigerated as required. Medication kept in the refrigerator is kept in a marked plastic box or bag.
- The child's key person/session leader is 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 key person/manager/deputy manager will check that any medication held in the setting is in date.
- No child may self-administer. 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.

Children who have long term medical conditions and who may require 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 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 form part of the risk assessment.
- The risk assessment should include:
 - Vigorous activities and any other activity that may give cause for concern
 - arrangements for taking medicines on outings and advice is sought from the child's GP 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 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 health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include a member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a plastic bag clearly labelled with the child's name and the name of the medication along with the medication book detailing parental consent and medication dosage.

