



Administration of Medicines Policy

Introduction

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. In many cases it is possible for children'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 medication before, it is advised that the parent keeps the child at home for the first 48 hours after taking the initial dose to ensure there are no adverse effects and to give the medicine time to take effect. These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'. The Pre-School Leader is responsible for ensuring all staff understand and follow these procedures. The principle person responsible for the correct administration of medication to a child is that child's key person. This includes ensuring that a parent consent form has been completed, that the medicine is stored correctly and that records are kept according to these procedures. In the absence of the key person, the Leader or Deputy (whoever is leading the session) is responsible for the overseeing of administering medication.

Procedure

- Children taking prescribed medication must be well enough to attend the setting and be free from sickness and diarrhoea for at least 48 hours.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- Children's Paracetamol and/or Ibuprofen (un-prescribed) will not be administered to any child throughout their session at pre-school. The Pre-School Leader may give one single dose of paracetamol to a child who has a temperature of 39 or above, this is to reduce the risk of convulsions. This will only be administered if it is agreed on the child's consent form and verbal consent has been given.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth;
 - name of medication;
 - who prescribed it;
 - dosage to be given in the setting;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted;
 - Parental consent with signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by the administering member of staff and a witness. Parents are shown the record at the end of the session and asked to sign the record to acknowledge the administration of a medicine. The medication record records:
 - name of child;

- the date and time of last dose;
- the date and time of dose;
- dose given;
- signed by the person administering and the witness;
- Verified by parent signature at the end of the day.

Storage of Medicines

- All medication is stored safely within the office or refrigerated as required.
- Whenever possible all stored medicines are to be kept in a marked (named) plastic box.
- The child's key person 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. The key person must check that any medication held to administer on an 'as and when' required basis, or on a 'regular' basis, is in date and any out-of-date medication is returned to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- 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 to 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 Pre-School Leader 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. Training needs for staff form part of the Risk Assessment.
- The Risk Assessment includes vigorous activities and any other pre-school 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 the child's GP's advice is sought 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 six monthly or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child 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 and name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.

Policy Review

This policy will be reviewed annually by the Senior Leadership Team Owner & Pre-School Leader

Next review date: June 2020