

Administering Medicines

Policy statement

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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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, 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.

The Manager/Safeguarding officer is responsible for the correct administration of medication to children for whom attend the setting (sometimes they can be assisted by the child 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.

Procedures

Children taking prescribed medication must be well enough to attend the setting.

- 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).
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but must be approved and certified by a medical body. We also ask for written consent of the parent and if applicable authorisation by a doctor (or other medically qualified person). 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. NB We may administer children's paracetamol (un-prescribed) for children attending the setting with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

Safeguarding and Welfare Requirement: Health

- 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 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:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it;
 - dosage to be given in the setting;
 - the method of administration;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and
 - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately on our medication forms 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]; and
 - parent's signature.
- We use our Childs medication form for recording the administration of medicine.
- If the administration of prescribed medication requires medical knowledge, [we/I] 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 medical documents].
- 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/me] what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

We monitor the medication record book 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.

Safeguarding and Welfare Requirement: Health

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The manager/safeguarding officer 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. Manager/Safeguarding officer check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- We have no stored medications at present, but if required they will be kept inaccessible behind two locked/doors/cupboards at all times.

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

- We carry out a risk assessment (Care Plan) for each child with a long term medical condition that requires on-going medication. This is the responsibility of our manager alongside the safeguarding officer (and to a lesser extent 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 (Care plan). 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 training needs form part of the risk assessment.
- 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.

Safeguarding and Welfare Requirement: Health

- 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, 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, 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 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.

This procedure is read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations 2012

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of Little Lambs Pre-School held on 10th February 2017.....

Signed by.....Position.....

Name.....Review date.....