



Administration of Medicines Policy

While it is not our policy to care for sick children, 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 GPs to prescribe medicine that can be taken at home in the morning and evening. 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 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/Supervisor is responsible for ensuring all staff understand and follow these procedures.

The Manager/Supervisor is responsible for the correct administration of medication. 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 prescribed medication is administered. It must be in-date and prescribed for the current condition.

Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

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;
- Condition being treated;
- dosage to be given in the setting;
- how the medication should be stored and expiry date;
- and signature, printed name of parent and date.

The administration is recorded accurately each time it is given and is signed by staff, and is verified by parent signature at the end of the day.

Storage of medicines

All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

For some conditions, medication may be kept in the setting. The Manager/Supervisor will 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any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional with help from the parent/carer

No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to seek help from staff. 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 on 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/supervisor.

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 is 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 manager/supervisors

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 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 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 form to record when it has been given, with the details as given above.

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 name of the medication. Inside the box is a copy of the consent form signed by the parent.

Date of policy approval **Sept 2018**

Date of policy review **Sept 2019**

Administration of medicines consent form

Name of child in full

Date of birth of child

Name and strength of medication

Name of prescriber

Condition being treated.....

Dosage required and times

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Medicine storage and expiry date

Signature of parent

Printed name of parent

Date

Dosage and time administered and staff signature

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Signature of parent acknowledging administration.....