



General 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.

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 or part of an on-going condition. 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 key person 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 buddy key person is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Staff and Volunteers are informed at induction that any personal medication must be kept secure and out of children's reach. Lockers are provided for this and a space provided in high kitchen cupboard. Staff and volunteers are reminded of this duty at INSET days during the year.

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, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. 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 under the age of one year 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.**
- 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 staff member 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; and
 - the signature of the parent, their printed name and the date.

The child's key person will receive medication from the parents and get them to sign consent forms. All staff will be advised of children's specific medication arrangements at induction. They will also be regularly reminded at team meetings and Inset days.

- The administration is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication, and by a witness. Parents sign the record book, at the end of the session, to acknowledge the administration of a medicine. The medication record book records:
 - name of child;
 - name and strength of medication;
 - name of the doctor that prescribed it
 - the date and time of dose;
 - dose given and method; and is
 - signed by key person and witness, and is verified by parent signature at the end of the day.
- We use the Pre-school Learning Alliance's publication *Medication Administration Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided 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.** 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.
- 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 (this includes any medication for staff use) 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.
- 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. Key persons 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.

All medicines will be stored in separately labelled containers in the First Aid Cupboard in the kitchen. Staff will be advised of this at induction and then reminded at team meetings and Inset days. If there are any changes to a child's medication requirements then the child's key person will advise staff at team meetings.

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 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 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 individual 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 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, 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, with the details as given above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, the key person 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, 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)

This policy was adopted at a meeting of	<u>Lake Street Nursery</u>
Held on	<u>8th November 2021</u>
Date to be reviewed	<u>November 2022</u>
Signed on behalf of the management committee	<u></u>
Name of signatory	<u>Catherine Morey</u>
Role of signatory (e.g. chair/owner)	<u>Manager</u>

Other useful Pre-school Learning Alliance publications

- Medication Administration Record (Pre-school Learning Alliance 2017)
- Daily Register and Outings Record (Pre-school Learning Alliance 2018)