

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

While it is not in 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 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, especially a baby/child under two, 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. Please note when a child is given antibiotics they must be administered first by the parent in case of any allergic reaction (usually within the first 24 hours).

Designated officers are 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 including having a named witness when administering medication.

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. We will telephone a parent first if a child becomes unwell with a high temperature and seek permission to give calpol, this is to prevent a febrile convulsion.
- 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 unless it is a non - prescribed medication such as calpol.

- Parents must give prior written permission for the administration of medication. The medicine is recorded accurately on a medication form and kept in the medication file, each form is signed by the parent as they hand over the medication and then on collection of the child. The medication form 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.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training [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 when a child requires medication.

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.
- A designated medication officer ensures 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. Senior members of staff check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Staff are made aware of where medication is stored on their induction, staff medication is also locked in the medication cabinet.

Medicine is kept in the kitchen in a locked cabinet

Medicine is kept in a clearly labelled container in the fridge

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

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. [This is the responsibility of our 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/I] 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 which is put together with the health professional.
- 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, manager'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.
- 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, [the designated medication officer] will accompany the children with a risk assessment and the medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name 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, including all the details that need to be recorded in the medication record as stated 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by _____ *(name of provider)*

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____

Other useful Pre-school Learning Alliance publications

- Medication Record (2013)
- Daily Register and Outings Record (2012)