

## **6.1 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 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.

Mrs Bagnall and Mrs Goodfellow are responsible for the correct administration of medication to children who attend our setting. 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.
- 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, is not administered in our setting. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the office manager 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
  - the signature of the parent, their printed name and the date
  - Forms are available in the office.
- The administration of medicine is recorded accurately on our medication sheets each time it is given and is signed by the person administering the medication and a witness. Parents may be shown the record at the end of the day if required.
  - 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.
  - We may monitor the medication record sheets 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 is stored safely in a locked cupboard or refrigerated as required.
- Parents collect the medication from the school office at the end of the day.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Parents are responsible for ensuring that medicines are in date.
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#### *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. 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, 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 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 our 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 September, 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 both parents, signs it.

#### *Managing medicines on trips and outings*

- If children are going on outings, a key person will accompany the children 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 clearly labelled with the child's name, the original pharmacist's label and the name of the medication. A copy of the consent form and a sheet to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- On returning to the setting the record sheet is given back to the office.
- If a child on medication has to be taken to hospital, the child's medication is taken with the child.

#### **Legal framework**

- The Human Medicines Regulations (2012)

This policy was adopted by	Springfields Pre-school	<i>(name of provider)</i>
On	_____	<i>(date)</i>
Date to be reviewed	March 2019	<i>(date)</i>
Signed on behalf of the provider	_____	
Name of signatory	Mrs Emma Goodfellow	
Role of signatory (e.g. chair, director or owner)	_____	

#### **Other useful Pre-school Learning Alliance publications**

- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)