



## **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. 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. It is necessary that the parent keeps the child at home for the first 48 hours of a new medication 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 is responsible for ensuring all staff understand and follow these procedures.

The Deputy Manager is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The child's key person is responsible for overseeing the administering medication. In the absence of either the key person, or the Deputy manager the manager will oversee the administering of medication.

We will only administer non-prescription medicines to children in an emergency and where we have signed permission from parents/carers. If a child requires regular non-prescription medication then they are not well enough to attend the setting. We will never administer medicines containing aspirin to children under 16 years old unless prescribed by a doctor.

### **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 and administering instructions printed on it or on a signed care plan.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are stored on the shelf in the staff cupboard.
- Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the consent section of the medical 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;
  - how the medication should be stored and expiry date; - signature, printed name of parent and date.
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- The setting manager will receive any medication. Key Person will be informed and shown the medication consent form.
  - The administration is recorded accurately on the medical form each time it is given and is signed by staff administering and a staff witness. Parents sign the

record sheet to acknowledge the administration of a medicine. The medication record book records:

- name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by staff administering; and witness
  - verified by parent signature at the end of the day.
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- If staff are in any doubt about the administering of medication the parents/carer of the child or health care professional should be consulted.
  - If non-prescribed medication is given – this should be recorded on a medication form and parents/carers asked to sign when collecting the child.

### **Oral medication**

Asthma inhalers are regarded as "oral medication" by insurers and so the preschool do not need to inform their insurer of these.

- Oral medications must be prescribed by a professional, such as a GP, doctor, dentist, nurse and have manufacturer's instructions clearly written on them. All medicine must be in the original container.
- We must be provided with clear written instructions on how to administer the medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- We require the parents/carers prior written consent to administer the medicine. This consent must be kept on file. It is not necessary to forward copy documents to the insurance provider.
- An emergency inhaler is available to those children who we already have an inhaler for, which has run out or expired.

## **Storage of medicines**

- All medication is stored safely as per instructions. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The setting manager is responsible for ensuring medicine is handed back at the end of the day to the parent, unless an alternative agreement has been arranged.
- 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 will return any out-of-date medication back to the parent. Staff should not dispose of medication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for key members of staff of staff by a health professional.
- No child may self-administer medication. 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.

## **Record Keeping**

Parents/carers should tell the setting about the medication their child needs and provide changes to their prescription or any support required. A written record of all medicines administered to the children will be kept using our medical administering form. The parent will be asked to sign this record to acknowledge this entry.

## **Staff 'Duty of Care'**

Anyone caring for children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe.

## **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 before they start the setting. 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 health care plan and each contributor, including the parent, signs it.

## **Refusing Medication**

If a child refuses medication, staff should not force them to do so. Parents/carers should be informed asap and this should be noted on the medication record form. Depending

on the level of need of the medication, an agreed decision will be made with the parent/carer and if they will need to attend the setting to administer.

### Managing medicines on trips and outings

- If children are going on outings, they must be accompanied by 2 staff who can administer the child's medication with a risk assessment.
- Medication for a child is taken in a sealed plastic box/bag clearly labelled with the child's name, name of the medication, Inside the box is a copy of the child's medical form to record when it has been given, with the details as given above.
- On returning to the setting, the form will be added to the child's records 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/bag clearly labelled with the child's name, name of the medication. Inside the box/bag is a copy of the consent form signed by the parent.
- As a precaution, children will not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

### Legal framework

- Medicines Act (1968)

This policy was adopted at a meeting of .....The Hullbridge Preschool..... (name of setting)

Held on ..... (date)

Date to be reviewed ..... date

Signed by .....

Name of Signatory .....Donna Thresher.....

Role of Signatory (ie manager) ...Manager.....