



## 04 Health procedures

### 04.02 Administration of medicine

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. Children should not attend Pre-school if they have taken pain or fever relief medication for any medical reason and must be kept at home, as they can mask temperatures and other viruses.

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. 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, 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 manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

#### Consent for administering medication

- 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.
- Non-prescription medication, such as pain or fever relief, will not be administered at pre-school. In some exceptions, non-prescription medication, such as Piriton, may be administered at pre-school in agreement with Pre-school Management and with written consent from someone with parental responsibility.
- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent/carer's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/back up key person, or room senior if the key person is not available. The setting manager should also be informed.

*Medication will be received by the Key person or the Manager in their absence. They will ask the parent to complete a consent form, taking into account all the above. Staff will be made aware of this in their induction.*

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication ask the parent/carer to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth
  - name of medication and strength
  - who prescribed it (if applicable)
  - dosage to be given
  - how the medication should be stored and expiry date
  - a note of any side effects that may be expected
  - signature and printed name of parent/carer and date

### Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the fridge.

*Refrigerated medicines are stored in a named container in the fridge. All other medication is kept in a named zipped pouch, showing a photograph of the child in the safe lockable cupboard in the classroom. A picture and details of the medicine may be placed on the front of this cupboard.*

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent/carer.
- For some conditions, medication for an individual child may be kept at the setting. Key persons check that it is in date and return any out-of-date medication to the parent/carer.
- Parents/carers do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

### Record of administering medicines

A record of medicines administered is kept in the medicine cabinet in the child's group room.

The medicine record form records:

- name of child
  - name and strength of medication
  - the date and time of dose
  - dose given and method
  - signed by key person/setting manager
  - verified by parent/carer signature at the end of the day
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- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
  - The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

### Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents/carers contribute to risk assessment. They are shown around the setting, understand routines and activities, and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- A health care plan form is completed fully with the parent/carer; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more often, if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

### Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic bag labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later stapled to the medicine record book and the parent signs it.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

### Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

### Further guidance

Medication Administration Record (Alliance Publication)