



## **Administering Medicines**

Co-ordinator: Simone Pattison

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### **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 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 a child's health if not given in the setting. If a child has not had a medication before it is advised (by the Public Health Agency) that the parent/carer 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.

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 Key Person (if first aid trained and present) or Co-Key Person is responsible for the correct administration of medication to children whom the Manager has asked them to be responsible for. This includes ensuring that parent/carer consent forms have been completed, that medicines are stored correctly and that records are kept according to this procedure.

### **Medication prescribed by a doctor, dentist or pharmacist**

- Children taking prescribed medication must be well enough to attend the setting.
- Medicines must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Prescribed medications may only be used for the child whose name appears on the medicine. This includes emergency adrenaline injections (Epipen).
- Parents/carers give prior written permission for the administration of medication. This applies to all new medicines. The staff receiving the medication must ask the parent/carer to sign a consent form (appendix 1) stating the following information:
  - The full name of child and date of birth
  - The child's address
  - Contact telephone numbers for parents/carer
  - Name and telephone number of the child's GP
  - The name of medication and strength
  - Who prescribed it
  - If the child has had medication prior to pre-school, what time and dosage was it given. This includes any other prescribed or unprescribed medication.

- The dosage to be given in the setting and frequency
- How the medication should be stored and its expiry date
- Any possible side effects that may be expected should be noted
- The signature of the parent, their printed name and the date.

No medication can be given without these details being provided.

All medication should be passed to the Key Person (or Co-Key if not present). The Deputy Manager or Manager should be made aware of any child that has medication. It is the responsibility of the Key Person (Co-Key Person) to ensure the consent form is completed and recorded on to the register.

- The administration of medication is recorded accurately each time it is given and is signed by Key Person (or Co-Key person ) and the Deputy Manager/Manager. Parents/carers sign the consent form to acknowledge the administration of a medicine. The medication record sheet (appendix 1) must contain:
  - Full name of the child
  - Name and strength of medication
  - The date and time of dose
  - Dose given and method
  - Signed by Key Person (Co-Key person) and Deputy Manager/Manager
  - Verified by parent/carer signature at the end of the day
  - All children have their own *Medication Record* sheet for recording administration of medicine and is kept in their file at all times.

### **Non-Prescription medication**

- The Pre-School will not administer any non-prescription medication containing aspirin.
- The Pre-School will not administer Calpol and Ibuprofen to a child during the course of the day, we will administer one OR the other.
- The Pre-School will only administer non-prescription medication for a short initial period, (for example Calpol will not be administered more than 3 days in a row), dependent on the medication or the condition of the child. After this time medical attention should be sought.
- If the Pre-School feels the child would benefit from medical attention rather than non-prescription medicine, we reserve the right to refuse Pre-School care until the child is seen by a medical practitioner.
- For any non-prescription cream for skin conditions e.g Sudacrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child's name.
- As with prescribed medication, a medicine record form will be completed as prescribed medicine.

### **Storage of medicines**

- All medication is stored safely in a locked medicine cabinet located in the kitchen out of children's reach or if required, in the refrigerator. Where the cabinet or refrigerator is not used solely for storing medicines, they should be kept in a marked plastic box.
- The member of staff must sign the register when they have stored the medication / inhaler.
- All medicine is clearly marked with the child's name.

- The child's Key Person (or Co-Key person) is responsible for ensuring medicine is handed back at the end of the day to the parent/carer. The register must be initialed by the member of staff who returns the medication to indicate this has been done.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis; as indicated on the medication label. Key Persons should check that any medication held to administer on 'an as and when' basis, or on a regular basis, is in date and return any out-of-date medication back to the parent/carer.
- If an inhaler is administered this must be recorded on the 'Inhaler' form attached, all sections must be completed the parents/carers must sign each day.
- A member of staff must return the medication (some inhalers kept at pre-school) to the parent/carer at the end of the session. The parent/carer signs the register to confirm they have received the medication or inhaler.

Medication will be stored in the locked medicine cabinet located in the kitchen or in the refrigerator, if required.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- All medication administered to a child is done in the presence of the Key Person (or Co-Key Person) and Deputy Manager or Manager and co-signs the record sheet. The parent's signature is required when the child is collected.
- 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 (or Co-Key person) what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

### **Children who have long term medical conditions and who may require 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 and Co-Key Person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents/carers will also contribute to the risk assessment. They should be shown around the setting, understand the routines and activities so that they can 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 form part of the risk assessment. The training will be provided by a health care professional.
- The risk assessment includes rigorous activities and any other activity that may cause 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.
- A health care plan for the child is drawn up with the parent/carer; 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 frequently if necessary. This includes reviewing the medication, for example, 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. The setting's copy of the health care plan will be kept in the child's file at

all times. The files are destroyed 3 years after the child has left the setting or after the next Ofsted inspection depending which is sooner.

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

- If children are going on outings, staff accompanying the children must include the Key Person (or Co-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 the 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 to record when it has been given. This must be signed by the parent/carer.
- 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 name of the medication. A copy of relevant information from the child's file, including a copy of the consent form signed by the parent is passed to the paramedics.
- This procedure is read alongside the outings procedure.

### **Staff Medication**

All Pre-School staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or too unwell to meet children's needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication is affecting their ability they must inform the Manager/Deputy Manager and seek medical advice.

Where staff may occasionally or regularly need medication, any such medication must be clearly labelled and kept in the staff medical box in the office. A staff medicine form must be completed and signed by the Manager/Deputy Manager.

### **Legal framework**

- The Human Medicines Regulations (2012)

### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

Manager to sign and date *SCPattison*

Manager (print name) Simone Pattison