

Banwell Buddies Policy for the Administration of Medication

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 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 there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings and the Statutory Framework for the Early Years Foundation Stage*; the Management Committee and Leader are responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children in their key group. 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 back up key person is responsible for the overseeing of administering medication.

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 (medicines containing aspirin will only be given if prescribed by a doctor). NB No un-prescribed pain and fever relief is given to children. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must 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 to be given in the setting;
 - - how the medication should be stored and its expiry date;
 - - any possible side effects that may be expected; and
 - - the signature of the parent, their printed name and the date.
- When administering medication a witness is required. The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the key person or back up who administered it, and the witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child;
 - name and strength of the medication;
 - date and time of the dose;
 - dose given and method;
 - signature of the key person/Leader and
 - parent's signature.
 - We use the Pre-school Learning Alliance's Medication Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.

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.
- The child's key person or back up is responsible for ensuring 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. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent. Parents are informed that they must ensure their child's inhaler is brought to the setting every session their child attends.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

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 Committee 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 form part of the risk assessment.
- 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.
- 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 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 health care plan and each contributor, including the parent, signs it.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- 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.
- Medical information must be updated termly by the key person.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the 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 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 is read alongside the outings procedure.

Sickness Policy

All parents are requested to view this policy within the policy and procedure file on induction, so that they are aware of our policy on the exclusion of ill or infectious children. Information regarding exclusion from pre-school is provided in the 'New Starter Induction Pack' also.

We do not provide care for children, who are unwell, have a temperature, or sickness and diarrhoea or who have an infectious disease. This is in line with the Health Protection Agency's Guidance on infection control in schools and other childcare settings.

The setting adopts a 48 hour rule from the last bout for sickness and diarrhoea. This means that children and staff cannot return to Banwell Buddies until 48 hours between their last bout of sickness and/or diarrhoea and the start of the session.

If a child's temperature is taken and it is 37.5 degrees C or above, and remains so for half an hour, the child will be sent home.

Nappies will be individually monitored. If a child is displaying obvious sickness and diarrhoea they will be sent home. However, loose nappies will be monitored and after 2 loose nappies, parents will be notified and asked to take the child home. In the event of your child/children becoming ill whilst at the pre-school the staff will follow the outlined procedure below:

- Key person and Lead Early Years Educator to be informed
- Description of the symptoms/problem to be relayed to the staff listed above
- Key person to assess the child/ren and decide on appropriate action required.

Exclusion Procedure for Illness/Communicable Disease

Minimum periods of Exclusion from Pre-school

See official guidance for up to date advice.

[https://www.publichealth.hscni.net/sites/default/files/Guidance on infection control in%20schools poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance%20on%20infection%20control%20in%20schools%20poster.pdf)

Disease/Illness	Minimum Exclusion Period
Antibiotics Prescribed	48 hours
Temperature	If sent home ill, child must be off for 24 hours
Vomiting	If sent home ill, child must be off for 48 hours from the last bout
Conjunctivitis	Keep at home for a minimum of 1 day; longer if eyes are still weeping
Diarrhoea	48 hours from last bout
Chickenpox	7 days from appearance of the rash
Gastro-enteritis, food poisoning, salmonellosis and dysentery	Until authorised by GP
Infective hepatitis	7 days from onset of jaundice
Measles	7 days from appearance of the rash
Meningococcal infection	Until recovered from the illness
Mumps	Until the swelling has subsided and in no less than 7 days from onset of illness
Pertussis (whooping cough)	21 days from onset of cough
Poliomyelitis	Until declared free from infection by GP
Scarlet fever and streptococcal infection of the throat	Until appropriate medical treatment has been given and in no case for less than 3 days from the start of treatment
Typhoid fever	Until declared free from infection by the GP
Impetigo	Until skin has healed
Pediculosis (lice)	No exclusion
Plantar warts	No exclusion. Should be treated and covered
Ringworm of scalp	Until cured
Ringworm of body	Seldom necessary to exclude provided treatment is

	being given
Scabies	Need not be excluded once appropriate treatment has been given

- Children with head lice are not excluded, but must be treated to remedy the condition.
- Parents are notified if there is a case of head lice in the setting.
- Parents are notified if there is an infectious disease, such as chicken pox.
- HIV (Human Immunodeficiency Virus) may affect children or families attending the setting. Staff may or may not be informed about it.
- Children or families are not excluded because of HIV.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times.
- Our Local Health Protection Unit is South West (North) Health Protection Unit: 0843 504 8668, South West Acute Response Centre, Fax: 0117 9300 205 is notified of any infectious diseases that a qualified medical person considers notifiable. Ofsted is also informed where this is the case.

At least one person who has a current 12 hour paediatric first aid certificate must be on the premises at all times when children are present. At least one member of staff on outings has a current paediatric first aid certificate. Staff only attend first aid training which is available through North Somerset's Training Directory and therefore consistent with guidance within the Practice Guidance for the Early Years Foundation Stage.

Legal framework

- The Human Medicines Regulations (2012)

Further guidance

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

This Policy was adopted at the staff meeting at:

Banwell Buddies

Held on:

July 2019

Signed on behalf of the Committee:



Role of Signatory:

Chair of Management Committee

Last update: 20/08/2019

Other useful Pre-school Learning Alliance publications

- Medication Record (2010)
- Daily Register and Outings Record (2012)

