



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 until they are well enough to return to the setting. We will agree to administer medication as part of maintaining their health and wellbeing 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 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. 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 that there is no adverse reaction and for the medicine to take affect.

Our staff are 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 overseeing of administrating medication. I notify our insurance provider of all required conditions as laid out in our **insurance policy**.

Procedures

- Children taking prescribed medication must be well enough to attend the setting
- We only 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.
- We do not administer non-prescription drugs such pain and fever relief. Children under the age of 16 years are never given medicines containing aspirin unless prescribed by a doctor.
- Children's prescribed medicines are stored in their original containers and are clearly labelled and inaccessible to children. On receiving the medication the member of staff 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 the child and date of birth
 - The name of medication and strength
 - Who prescribed it
 - The dosage and time to be given while at the setting
 - The method of administration
 - How the medication should be stored and it's expiry date
 - Any possible side effects that may be expected
 - The signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately on the medication record form. Each time the child has the medicine administered the person who administered the medicine signs the form and the witness who watched the child receive the medicine. The medication record form shows the following details:
 - Name of the child
 - Name and strength of the medication
 - Name of the Doctor that prescribed it
 - Date and time of the dose
 - Dose given and method
 - Signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - Parents signature (at the end of the day)
 - If administering of prescribed medication requires medical knowledge we will obtain individual training for the relevant member of staff by a health professional.
 - If rectal diazepam is given another member of staff must be present and co-signs the record form
 - 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 monitor the medication record form 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. 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 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 it's required basis. Key persons check that any medication held in the setting is in date and return any out of date medication to the parent.

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 ongoing medication. 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 point out everything 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's child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's doctor if necessary.
- An individual health care plan should include the measures to be taken in an emergency.
- We review the individual health care plan every six months or more frequently if necessary. This includes reviewing the medication, changes to the medication, dosage or any side effects noted.
- Parents receive a copy of the individual health plan and each contributor, including the parent signs it.

Managing medicines on trips and outings

- If children are going on outings the key person for the child 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 taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label 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. 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 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 should be read alongside the outings procedure.

Signed on behalf of Tiny Feet Preschool _____ date: _____

Name of signatory _____

Role of signatory _____