



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 the setting, we will agree to administer medicine as part of maintaining their health and wellbeing 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 home in the morning and the 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 had not had a medication before, especially a baby/child under two, 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 setting**; in policy folder and recording medicines folder. The manager is responsible for all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring the 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. **Any medicines that require that child to be restrained WILL NOT be administered at playgroup**

Procedures

- children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by the 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 children's paracetamol (unprescribed) is administered only for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
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- 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**

The child's keyworker (managers in key person absence) will receive the medication and ask the parent to complete a consent form on the day of the child's return. If the key worker is not available, then the manager will be responsible. Other staff members will be notified and made aware of this and information will be kept in a separate poly wallet, alongside the record of medication and consent form, within the first aid folder. All staff will be given **Managing medicines in schools and early years setting** to read.

- the administration of medicine is accurately on the medication record sheet each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day and asked to sign the record sheet to acknowledge the administration of the medicine. The medicine record sheet records the:
 - name of the child;
 - name and strength of the medicine
 - date and time of the dose;
 - dose given and method;
 - signature of the keyperson / manager and
 - parent's signature.



We use a Coaley playgroup record sheet for recording administration of medicine.

Storage of medicines

- all medication is stored safely in a white locked cupboard in office or refrigerated as required, they are to kept in a marked plastic box.
- The child's key person is responsible for ensuring the medicine is hand 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 basis or as and when required basis. Key persons or (managers in key person absence) check that any medication held in the setting, is in date and return any out of date medication back to the parent.
Medications will be stored in the white cupboard or fridge in a labelled plastic box.
Staff will be informed through reading of the policy and made aware by the key person.
- If the administration of prescribe medication requires medical knowledge, induvial training is provided 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 book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example 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.

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 requires ongoing medication. This is the responsibility of the manager alongside the SENDCo and 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 form 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 persons 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 and care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the keyperson for the child with a written 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 (poly wallet) is a copy of the written risk assessment, consent form and a card to record when it has been given, including al the details that need t be recorded in the medication record as stated above.
- On returning to the setting the cards is stapled to the medicine record book and the parents 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 whit the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read and alongside the outing's procedures.
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Staff Medication

Staff medication on the premises must be securely stored in the white cupboard located in the manager's office, if the medication needs to have refrigerated them it must be stored in the fridge in the office in a lidded and labelled box or bag. Staff must inform their manager if they are bringing any medicine on to the premises and ensure that it doesn't impair their ability work. Providers must ensure that those practitioners taking medication, medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.

Legal framework

- The Human Medicines regulation (2012)

Read and updated by Becky Court



Administration of medicine Consent Form

Child's full name		Date of birth	
Medicine to be administered		Type	Prescribed/ over the counter
Strength of the medicine			

Details of administration

When should this medicine be administered? Time of day	Time
Specific circumstance in which it should be administered – describe in full	
Dose to be given in setting?	
How should it be stored?	
How should it be administered? Give full details of exactly how it should be given.	
End date The last date it should be given	
Expiry date	
Side effects to look out for	Any other instructions or notes

Over the counter medicines- please tick to confirm the following:

<input type="checkbox"/>	I was directed to use this medicine for my child by a qualified pharmacist, doctor, nurse or dentist
<input type="checkbox"/>	I have administered this medicine to my child before with no adverse effects
<input type="checkbox"/>	I know the expiry date of the medicine I have provided and will provide a replacement before that date
<input type="checkbox"/>	This medicine does not contain aspirin

Prescription medicines

Name of prescribing doctor	
Name and address of clinic or GP practice	

Parental consent – please sign to confirm your consent to the medicine being administered by playgroup staff

Parent full name - PRINT	Signature	Date



Record of administering medicine

child's name

[illegible]


