

Safeguarding and Welfare Requirement: Health

Providers must have an implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping information up-to-date.

6.1 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 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.

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 this oral medication before, parents should keep the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication. Most medication is administered by a Level 3 qualified and first aid trained practitioner (the key person where possible) and witnessed by a Lead Practitioner and/or a member of the Management and Leadership team.

Practitioners ensure 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 team are responsible for the overseeing of administering medication. We 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 usually 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.
- Non-prescription medication, such as pain or fever relief (e.g. the settings emergency medication; Calpol and Piriton) and teething gel, may be administered, but only with prior written consent of the parent and/or only when there is a health reason to do so, such as

a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. NB We may administer children's paracetamol (un-prescribed) for children with verbal consent over the telephone from the parents/named emergency contacts in the unexpected case of a high temperature.

- **Parents of children with a temperature of 37.8°C or above will be asked to collect as soon as possible in all circumstances.** Children who have been fever free for 24hrs (without calpol/paracetamol) can return to setting providing they are fit and well enough to do so.
- We have a separate Calpol Awareness Form for completion with parents. This is only for use when we have cases of extreme teething or with GP advice to parents following vaccinations. **If the temperature reaches 39°C or above we will request immediate collection.**
- Piriton can and will only be given to children aged 1 years and over and will not be given unless in the event of an emergency and full confirmation has been given by emergency services.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in the name of the child, date prescribed, dosage and the prescription 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 child and date of birth
 - the name of medication
 - who prescribed it
 - the dosage and times to be given in the setting (start and finish date)
 - the method of administration
 - how the medication should be stored and its 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 in our medical forms each time it is given. It is signed by the qualified practitioner administering the medication and a Lead Practitioner and/or a member of the Management and Leadership team as a witness to the preparation and administering of the medication. Parents are shown the record at the end of the day and asked to sign it to acknowledge the administration of the medicine. The medication form records the following:
 - name of the child and known allergies

- name of the medication
- 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

We use our own medication forms for our records.

- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant members of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book/forms.
- 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 records 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.

In very rare cases where management are able to authorise medication that has only been dispensed by a hospital pharmacy, and 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 our relevant documentation.

Storage of medicines

All medication is stored safely in a dedicated box within a high-level cupboard or is 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/buddy is responsible for ensuring medicine is handed back at the end of the day to the parent.

For some conditions (e.g. Severe Allergies) 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.

Children who have long term medical conditions and who may require ongoing medication

- Staff will ensure parents have completed an 'ongoing medical form' for all children with long term medical conditions, of whom are required to have ongoing medication administered in the setting. Also, in most cases, the nursery will request a full doctor's report/letter confirming details around this i.e., an allergy plan.
- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person/room lead practitioner. 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.
- An individual medical health plan (similar to an allergy plan) for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual medical health plan should include the measures to be taken in an emergency.

We review the individual medical health plan 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 individual medical 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 where possible, 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 ongoing medical consent form and/or a copy of the allergy/individual medical health

plan. In the event of the medication needed to be given, the relevant forms including all the details that need to be recorded in the medication record, will be completed as stated above.

- On returning to the setting the relevant medical consent forms will be shown to the parents for them to sign.
- 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 outing procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by

Sparkling Minds Pre-school & Day Nursery

On

8th March 2021

Record of review dates:

Dates electronically saved securely & also on hard copy on site

Other useful publications

- Medication Administration Record (Pre-school Learning Alliance 2017)
- Daily Register and Outings Record (Pre-school Learning Alliance 2018)