

SAFEGUARDING & WELFARE REQUIREMENT: HEALTH

6.1 Administering Medicines



Policy Statement

While it is not St John's Playtime Pre-school's 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 our 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.

The Key Person is 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 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.
- We do not administer non-prescription medicines such as pain or fever relief (e.g. Calpol) or teething gel in our setting.
- 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 date and prescribed specifically for the current condition.
- Parents give prior written permission for the administration of prescribed 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 the child and date of birth;

- the name of the medication and strength;
 - who prescribed it;
 - the dosage and times to be given in the setting;
 - the method of administration;
 - 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.
- ***All our staff are made aware of any child needing regular medication at the morning meeting or by looking in the staff message book or on the notice board in the kitchen.***
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the Key Person/Manager and a 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;
 - name of the doctor that prescribed it;
 - date and time of the dose;
 - dose given and method;
 - signature of the Key Person/Manager administering the medication and a witness;
 - and parent's signature.
- We use the Pre-school Learning Alliance Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
 - If the administration of prescribed medication requires medical knowledge, we 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 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.
 - We monitor the medication record book 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 an allocated labelled storage box in the staff office or in an allocated labelled box in the refrigerator as required. All staff are informed as to where any medication is currently being stored.
- 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, such as asthma, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. The Key Person will check that any medication held in our setting is in date and will return any out-of-date medication back to the parent.

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. 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 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 individual health care plan should include the measures to be taken in an emergency.
- The individual 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 dosage, any side effects noted etc.
- Parents receive a copy of the individual health 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 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.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted at a meeting held by St John's Playtime Pre-school committee on 17th June 2009.

This policy was reviewed & updated on: March 2018

This policy will be reviewed again on: March 2019

Signed on behalf of the Management committee and provider:



Name of Signatory: Christina Jordan

Role of Signatory: Committee Chairperson