

Safeguarding and Welfare Requirement: Health

Providers must have and 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 this information up-to-date.

6.1 Administering medicines



Little 1 Nursery

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 GP's to prescribe medicine that can be taken at home in the morning and evening such as antibiotics. 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. The child must stay at home for the first 24 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person and seniors 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 room senior, a person from the management team is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed or un-prescribed medication must be well enough to attend the setting.
- Medication must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- Inhalers can be kept on the premises named in the medicine cupboard in the office and an ongoing medication form will be completed.
- NB Children's paracetamol (un-prescribed) is administered only for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and is limited to one dose whilst in the setting and in some cases 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.
- Children taking antibiotics must take for 24 hours before attending setting in case of adverse reaction.

- Parents give prior written permission for the administration of one dose 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:
 - full name of child and date of birth;
 - name of medication (and strength);
 - who prescribed it;
 - dosage to be given in the setting;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.

Parents will complete and sign a form which is countersigned by room senior every time medication is given. Phone permission is obtained if a child spikes a temperature, the parent will sign on collection.

- If we don't have prior signed permission, we will always call and gain verbal parental permission over the phone before administering any medicine
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record acknowledge the administration of a medicine.
- We use the Pre-school Learning Alliance's publication *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.

Storage of medicines

- All medication is stored safely in the office upstairs or the top shelf of the refrigerator door as required.
- All medication is to be labelled correctly and if prescribed by a GP must have
 - a pharmacy label attached.
- 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. Management check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- 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.

Children who have long term medical conditions and who may require on 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 is 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 the child's GP's advice is sought 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 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.

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, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given 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, 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 alongside the outing's procedure.

Legal framework

- The Human Medicines Regulations 2012
- Managing Medicines in Schools and Early Years Settings (DfES 2005)
Policy Updated in line with new EYFS September 2012
Revised March 2023 by Beth Henery