

ADMINISTRATING MEDICINE

Policy introduction

While it is not our policy to care for sick children, who should be at home until they are well enough to return to childcare, 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. 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 medication before, it is advised that the parent keeps the child at home for the first 48 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 Manager, Deputy, Senior or appointed person is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

We will not give any child non-prescriptive medication, unless it is emergency paracetamol given in circumstances where parents cannot collect their child promptly. Parents need to consent to emergency medication on registration. In all cases, the Manager/Senior on site should be consulted before the paracetamol is administered.

Signing in medication

Parents must 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. Staff must ensure that the medicine is prescribed and for the current condition. Staff must also ensure that the medication is in date before allowing parents to sign it in. No medication may be given without these details being provided:

- full name and date of birth of child
- the room the child attends
- child's key person
- name and type of medication
- reason for medication
- dosage to be given and at what time
- how the medication should be stored and expiry date
- the time it was last administered
- date course is due to finish
- any possible side effects that may be expected should be noted
- any other medication which the child is taking
- signature, printed name of parent and date

Administration of medication

Only the manager, deputy manager or senior staff can administrate medication, or when in unusual circumstances where this is not possible, a member of staff will be appointed to administrate medicines. Children should be made to feel comfortable when medicine is administered as sometimes this can be unsettling for young children. 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

If the administration of prescribed medication requires medical knowledge, individual 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

Recording administration of medication

The administration is recorded accurately each time it is given and is signed by staff and a witnessed. Parents sign the record sheet to acknowledge the administration of medicine. The record of administration form is attached to the signing in form. We use the Medicine Administration and Consent Form for recording administration of medicine and ensure the detailed procedures set out on that form are secure.

Staff must record:

- Name and strength of medication
- The date and time of dose
- Dose given, method and is signed by senior/Manager and is verified by parent signature at the end of the day

Storage of medicines

All medication is stored safely in a locked medicine cupboard located in the pre-school room cupboard or both pre-school and baby room refrigerator. Where the refrigerator is not used solely for storing medicines, they are kept in a marked plastic box. The member of staff on shift when the child is collected is responsible for ensuring medicine is handed back at the end of the day to the parent. Asthma inhalers and skin creams are stored in the same way, labelled with each child's name.

On some conditions, medication may be kept on the setting. Key persons 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.

Children with long term medical conditions and who may require on-going medication

A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the Manager alongside the key person. Other medical or social care personnel is to be consulted 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 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 including off site.
- The risk assessment included 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, information must be specific and detailed ('if required' is not sufficient)
- 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, dosage, side effects etc
- The care plan is signed by parents, key person and manager. It is then read and signed by all staff members making them aware of it. Once signed it is stored in a care plan file.

Managing medicines on trips and outings

If children are going on outings, one member of staff will be the appointed person who is fully informed of the child's needs/medication. Medication for a child is taken in a designated plastic box clearly labelled with the child's name and name of medication. Inside the box is a copy of the consent form with the record of when it has been given, with the details as given above.

On returning to childcare the medicine is stored back into the cupboard/fridge and the appointed person informs the manager or senior that medication was administered when on an outing. The form is signed by a parent/carer on collection.

If a child on medication must be taken to hospital, the child's medication is taken in a designated 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 a parent/carer. The procedure is read alongside the outing's procedure.

- **Legal framework**

Medicines Act (1968)

- **Further guidance**

Managing Medicines in Schools and Early Years Settings