

6.0 Health

6.1 Administering Medicines

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. 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 a 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.

Manager's or person in charge on the day is responsible for the correct administration of medication to children. The exception to this rule is when children go on outings away from the setting. A senior member of staff must always go on outings. If a child is on long term medication such as asthma inhalers or antihistamines for allergies, the senior member of staff will be trained by the manager how to administer said medication. They will take the medication form out with them to record when and how it was given, and witnessed by accompanying staff. They should ensure that the parent fills in the parent consent forms and that they have been completed fully and signed and dated. They are to ensure that medicines are stored correctly and that records are kept according to procedures.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition, with a clear, legible prescription label.
- In addition to this, we will administer children's paracetamol (un-prescribed) and or ibuprofen (un-prescribed) with written parental consent that is gained on the enrolment form, although we do contact parent by phone if we need to administer this (recorded on medication form) and only if it is of benefit to the children. This will be for the following reasons: reduction of a temperature that has been recorded as being above 38°C (if temperature does not reduce within 60 minutes parents will be contacted and asked to collect their child, a second dose will not be given), if the child has history of febrile convulsions, if younger babies and children are teething and in pain, or if child has a confirmed ear infection and is on antibiotics for this. Children will not be given paracetamol for 'being a bit grumpy'

or 'having a cold'.

- Children's prescribed medicines must be provided in their original containers clearly labelled and, if labels are on the outside packaging that must be provided too. They are stored in a locked medicine cabinet, in a room the children do not have access to or in the fridge in the kitchen, again not accessible to the children.
- Where children with specific medical needs have to have medication with them at all time, a risk assessment will be written on safe storage of this medication in the child's play room. This will be stored in a labelled box out of reach for children.
- If children are taking a larger dose than that stated on the prescription label then a doctor's letter is required. For example this may be in the case of a child using asthma inhalers, who is in crisis and temporarily needs to increase the numbers of puffs they have in a day.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to go to the manager's office to sign a consent form stating the following information. No medication will be given without the parent's written consent (this must be done when the parent leaves child and not when the collect them) and the following details being provided:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it and why;
 - dosage to be given in the setting;
 - times medication is to be administered and time of last dose administered;
 - 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.

The administration of medication is recorded accurately each time it is given and is signed by the manager or person in charge administering and a staff witness. Parents sign the medication form to acknowledge the administration of a medicine. The medication form records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method; and is
- Signed by Manager/person in charge and witnessed by room member of staff, and is verified by parent signature at the end of the day.

Storage of medicines

- All medication is stored safely in a locked medicine cabinet or refrigerated.
- Manager or person in charge 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. Managers are responsible for checking that any medication held, to administer on an as and when required basis, or on a regular basis, is in date and return any out-of-date medication back to the parent for safe disposal. Staff must never dispose of any medication down nursery sinks or put on nursery bins.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional. Records of this training are stored within the medication cabinet detailing when training was received, and the members of staff in attendance. This is then verified by the health professional through the form of a dated signature to confirm the training.
- If rectal diazepam is to be 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.
- Life saving medication, such as Epipen or medication for epilepsy will be taken out in the garden bag, when the children go outside to play. Bag will be stored up high out of reach of children.

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

- A health care plan and/or 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 and all staff working with this child MUST sign the health care plan. Other medical or social care personnel may need to be involved in the risk assessment/health care plan.
- Parents will also contribute to a health care plan/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 staffs are part of the risk assessment/health care plan and may allow staff who are not in a senior position to administer medication in some circumstances i.e. life saving medication
- The risk assessment/health care plan includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment/health care plans 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.
- Bank and floating staff will be made aware of any children attending that day who have life threatening conditions that may require medication and will be asked to read and sign the health care plan

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/health care plan, 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 name of the medication, inside the box is a copy of the medication form detailing the consent given, and a pen to record when it has been given, with the details as given above.
- On returning to the setting the medication is returned to the cabinet or refrigerator, and the parent/carer is asked to sign to acknowledge the administration on collection of the child (ren).
- 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 medication form signed by the parent.

Legal framework

- Medicines Act (1968)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DFES 2005)
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

This policy was adopted on

June 2016

Due to be reviewed

June 2017

Signed By

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Director – Jude Evans

