3.1 Administering medication

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 prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, children's GPs can 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 keep 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.

Staff at pre-school will not administer medication, which is not prescribed, such as Calpol. Children who require medication, such as Calpol, to reduce their temperature should be kept at home.

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 most senior staff member in session 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.

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.
Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
Parents 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. 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;
- What the medication is for
- dosage to be given in the setting;
- The date and time of the last dose at home
- how the medication should be stored and the expiry date;
- any possible side effects that may be expected should be noted; and
- signature, printed name of parent and date.

The administration is recorded accurately each time it is given and is signed by staff. 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 key person/manager.

Storage of medicines

All medication is stored safely in a locked cupboard or refrigerated. 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 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. 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.

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 nursery 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 GPs 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.

If a child on medication needs 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.