

# Administering Medicines Policy

## Statement

General welfare requirements: Safeguarding and promoting children's welfare. The setting must promote the good health of children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill. Promoting health and hygiene.

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 illness.

In many cases, it is possible for children's GP to prescribe medicine that can be taken at home in the morning or evening. Administering medicines will only take place at the setting where it becomes detrimental to the child's health if not carried out. If the child has not had the medicine before, especially if under the age of one, parents are advised to give the first dose at home, and wait 48 hours before returning to nursery, in case of any adverse effects, as well as allowing time for the medicine 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 in ensuring all staff understand and follow these procedures. This includes ensuring parent consent forms have been completed, that medicines are stored correctly and that records are kept in line with the procedures.

## Procedures

- \*Children taking prescribed medicines must be well enough to attend nursery
- \*Only prescribed medicines are administered. It must be in date and prescribed for the current condition
- \*Children's medicines must be stored in their original container, clearly labelled and inaccessible to children
- \*Parents give prior written consent for the medicine to be administered. The staff receiving the medication must ask the parent to sign the consent form stating the information. No medication can be given without these detailed

1. Full name and date of birth of the child
2. Name of medication and strength
3. Who prescribed it
4. Dosage to be given in the setting
5. How the medication should be stored and expiry date
6. Any possible side effects to be aware of
7. When last dose was administered
8. Signature, print name of parent and date

The administration is recorded accurately each time it is given and is signed by staff. Parents sign the medicine sheet to acknowledge the administration of the medicine. The medication form should include:

- \* Child name
- \* Name and strength of medicine
- \* Date and time of dose
- \* Dose given and method
- \* Signed by key person and verified by parent at the end of the day

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### \* Storage of Medicines

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- \* All medicines are stored safely in a cupboard not accessible to the children or will be stored in the refrigerator. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- \* The child 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 person check that any medication held to administer as when required, is in date and returns any out of date medicines back to parents.
- \* If the administration of medicine 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-sign the medication form.
- \* 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 and responding when a child requires medicine.

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## \*Long term Medical Conditions

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\*For children who have long term medical conditions or who require ongoing medication, the following procedures will take place:

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\*A risk assessment is carried out for each child with long term illness. This is the responsibility of the manager, alongside with the key person. Other medical or social care personnel may need to be involved in the risk assessment.

\*Parents may also contribute to the 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 to their child.

\*For some medical conditions key staff will need training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs 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 Childs health.

\*A risk assessment includes arrangements for taking medicines on outings and the GP`s advice is sought if necessary where there are concerns.

\*Health care plan for the child is drawn up with the parent, outlining the key persons role and what information must be shared with other staff who care for the child.

\*The health care plan should include measures to be taken in an emergency

\*The health care plan should be reviewed very six months or when necessary, including changes to medication, dosage etc.

\*Parents receive a copy of the health care plan as well as all other contributors.

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## \*Managing Medicines on Outings

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\*When on an outing, 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 of there Childs needs or medication.

\*Medication for the child is taken in a sealed plastic box clearly labelled with the Childs name, name of medication, inside the box including copy of the consent form, and a pen to record when it was given.

\*On returning to the setting the parent will sign the form as normal.

\*If a child on medication has to be take to hospital, the Childs medication is taken in the sealed box clearly labelled with the Childs name and name of medication.