

## Administering medicines

### 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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.



In many cases, it is possible for children's GPs 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.

These procedures are written in line with current guidance in 'Supporting children at school with medical conditions (DfE, 2015, updated 16 August 2017) the Joint Managers are responsible for ensuring all staff understand and follow these procedures.

The Joint Managers are responsible for ensuring all staff understand and follow setting procedures. Staff members ensure that parent/carer consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. Where relevant, we notify our insurance provider of all required conditions in writing, as laid out in our insurance policy, for example, use of an 'EpiPen'.

### Procedures

- Children taking 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). We are unable to administer children's paracetamol, therefore ask if your child is unwell requiring medicine before the start of their session at the setting to control

their temperature or stop them from feeling unwell, can you please keep them at home as we will not be able to accept them into the setting at the risk of spreading a bug.

- Children's 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
  - dosage to be given in the setting
  - if/when the child last received medication
  - 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.

Staff will take medication from parent/carer and ensure the parent completes the relevant consent form. Details of medication/child to be placed on 'daily actions for staff clip chart'

- The dosage and time of medication is recorded accurately on the consent form, each time it is given and is signed by staff and a witness who verifies that the medication has been given correctly. Parents sign the form when they collect their child, to acknowledge the administration of a medication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff.
- If rectal diazepam is 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 the member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

### *Storage of medicines*

- All medication is stored safely in a cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a separate plastic box.
- Staff are 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. Checks that any medication held on site is in date and returns any out-of-date medication back to the parent.

### *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 managers 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 sign to confirm details within the health plan are correct and in accordance with the child's needs. All parties involved in the health plan receive a copy.

### *Managing medicines on trips and outings*

- If children are going on outings, staff accompanying the children must include another member of staff who is fully informed about the child's needs and/or medication and a risk assessment.
- Medication for a child is clearly labelled with the child's name, name of the medication, Inside the confidential folder is a copy of the consent form. A record is kept of when it has been given, with the details as given above.
- On returning to the setting the form is included in the medication record folders and is signed by the parent, when they collect their child.
- If a child on medication, has to be taken to hospital, the child's medication is taken, clearly labelled with the child's name and name of the medication. Where possible, a copy of the consent form signed by the parent is taken to the hospital.

### **Legal framework**

- The human medicines regulations (2012)

This policy was adopted at a meeting of	NWPS
Held on	
Date to be reviewed	April 2024
Signed on behalf of the provider	
Name of signatory	
Role of signatory (e.g. chair, director or owner)	Chair