Health

6.1 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 medication as part of maintaining their health and well-being or when they are recovering from an illness. And we ensure that where medicines are necessary to maintain health of a child, they are given correctly and in accordance with legal requirements.

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.

These procedures are written in line with current guidance in ‘Managing Medicines in Schools and Early Years Settings; the supervisor is responsible for ensuring all staff understand and follow these procedures.

The key worker is responsible for the correct administration of medication to children for whom they are the key worker. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to
procedures. In the absence of the key worker, the secondary key worker is responsible for administering medication. All administration of medication will be overseen by a supervisor. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- * Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, it is checked by staff members that it is in date and prescribed for the current condition.
- 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;
  - dosage to be given in the setting;
  - 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 child’s key worker or secondary key worker will receive the child’s medication at the start of the session and ask the parent to complete a consent form. A picture system on the medication cupboard will be used to identify that medication has been taken receipt off, and all staff on duty will be briefed.
The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method; and is
- signed by key worker/supervisor; and is
- verified by parent signature at the end of the day.

We use the Pre-school Learning Alliance’s publication *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.

**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 worker 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 workers 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.
- Medicines will be stored in a locked cupboard in the kitchen. A picture of the child will be posted to make staff aware the cupboard contains medication for this child and all staff on duty will be briefed.
- 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.
- 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 worker 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 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 supervisor alongside the key worker. 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 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 worker’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.

**Managing medicines on trips and outings**

If children are going on outings, staff accompanying the children must include the key worker for the child with a risk assessment, 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, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.

On returning to the setting the card is stapled to the medicine record book and the parent signs it.

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 consent form signed by the parent.
As a precaution, children should not eat when travelling in vehicles.

This procedure is read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This revised policy was adopted at a meeting of Parkgate Pre-school name of setting

Held on 14 May 2018 (date)
Effective from 14 May 2018 (date)
Date to be reviewed 14 May 2019 (date)
Signed on behalf of the management committee C Hallam
Name of signatory Cassie Hallam
Role of signatory (e.g. chair/owner) Chair

Other useful Pre-school Learning Alliance publications

- Medication Record (2013)
- Register and Outings Record (2012)

Associated Forms

Medication Records – Parents/Carer Permission
Risk assessment for long-term medical conditions
Parkgate pre-school record of healthcare professional training

Change control log

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<thead>
<tr>
<th>Version</th>
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<th>Changes</th>
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Policy 6.1 Administering medicines Version 6 Effective May 2018
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<td>- Initial document release</td>
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<tr>
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<td>13-Dec-2012</td>
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<td>- Reference to EYFS key themes and commitments removed.</td>
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<td>- Added medicines containing aspirin will only be given if prescribed by a doctor.</td>
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<td>- Added section on associated forms</td>
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