

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. 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 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.

All Staff are 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. We notify our insurance provider of all required conditions, as laid out in our insurance policy. Insurance cover is not automatically included for Life Saving or Invasive Medication (e.g. rectal diazepam or Buccal midazolam for epilepsy or adrenaline injections and JExt pens for anaphylactic shock caused by reaction to substances such as nuts and Injections such as Insulin for Diabetes) or Assistance with Everyday Living (e.g. breathing apparatus, colostomy bags or feeding tubes). In order to extend the cover, confirmation from medical professionals, parental consent and evidence of staff training will need to be sent to the insurance provider.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Children's paracetamol (un-prescribed) is administered in an emergency with the verbal consent of the parents (if collection of the child is delayed), e.g. in the case of a high temperature. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Only medication, other than paracetamol as mentioned above, prescribed by a doctor (or other medically qualified person) is administered. It must be in-date, clearly labelled 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, the member of staff checks that it is in date and prescribed specifically for the current condition.

- Parents give prior written permission for the administration of prescribed 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 and times to be given in the setting;
 - the method of administration;
 - 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.

All staff (excluding bank staff) are aware of the procedure of accepting medication. Blank forms are stored in the filing cabinet and require parental consent before medicine can be received. Administer times are recorded on the form.

- The administration of medication is recorded accurately each time it is given and is witnessed and signed by two members of 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;
 - name of the doctor that prescribed it
 - the date and time of dose;
 - dose given and method; and is
 - signed by a member of staff; and is
 - verified by parent signature at the end of the day.
- 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 (or any other medicine administered rectally) 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 an adult what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- Staff monitor 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.

With regard to the administration of life saving medication such as insulin/adrenaline injections or the use of nebulisers, they are kept in a secure place so that all staff can access them in an emergency. Parents fill out a

medication form so medication can be administered quickly. This is verified with the parent at the end of the session.

Storage of medicines

- All medication is stored safely in the kitchen area or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The staff on duty 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. The Manager checks 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.

Medication is stored in the fridge where specified, only staff have access to this.

Inhalers are stored in the kitchen, for easy access in an emergency.

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 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 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.
- An individual 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 individual health care plan should include the measures to be taken in an emergency.
- The individual 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 individual 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 person 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 bag clearly labelled with the child's name and name of the medication. We take a copy of the consent form and a form to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- On returning to the setting the forms are 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 container clearly labelled with the child's name and the name of the medication. Inside the container is a copy of the consent form signed by the parent.
- This procedure should be read in conjunction with the outings procedure.

Legal framework

- The Human Medicines Regulations 2012

This policy was adopted at a meeting of

Crick Pre-School

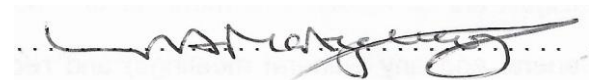
Held on

19th January 2022

Date to be reviewed

January 2023

Signed on behalf of the management committee



Name of signatory

Laura Montgomery

Role of signatory (e.g. chair/owner)

Chair

Other useful Pre-school Learning Alliance publications

- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)