



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 effects, as well as to give time for the medication to take effect.

The manager is responsible for the correct administration of medication to all children. 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 manager, the deputy is responsible for the overseeing of administering medication. 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.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). 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 must 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 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 and printed name of parent and date.

All medication should be handed in to the setting manager, deputy or person left in charge, who will then inform the relevant key person/staff for administration purposes.

- The administration is recorded accurately each time it is given and is signed by the person administering the medication. Parents sign the record to acknowledge the administration of a medicine. The medication record records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by the person administering the medication and a witness who verifies that the medication has been given correctly; and
 - verified by parent signature at the end of the day.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 medication record.
- 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.
- The medication records are 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 marked plastic box in the storage cupboard in the Rainbow Room or refrigerated as required.
- The child's key person is made aware of any medication being stored for a child in their care.
- 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 to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting, is in date and return 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 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 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 plan should include the measures to be taken in an emergency.
- The individual health 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 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 box clearly labelled with the child's name and the 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 and the 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

On

16/08/2017

Date to be reviewed

August 2019

Signed on behalf of the provider



Name of signatory

Rachel Bell

Role of signatory

Committee Member
