**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. We deem that if a child requires Calpol to get through the day then they are not well enough to be at Preschool & should stay at home to recover.

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 guidance in ‘*Managing Medicines in Schools and Early Years Settings*; the Setting lead is responsible for ensuring all staff understand and follow these procedures.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. 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 person, the setting lead 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.
* Non-prescription medication, such teething gel, Piriton, 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 hay fever symptoms, after a sting. 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.
* 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/I check] that it is in date and prescribed specifically 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;
* the 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
* the signature of the parent, their printed name and the date.

Medication is given the Setting Lead/Deputy Lead. They oversee the completion of the consent form and addresses any training needs. The staff will be informed of the care plan at the next available staff meeting or Review session.

* The administration is recorded accurately in our Medication Record Book (2nd drawer down in Filing Cabinet) each time it is given and is signed by staff administering the medication and a witness. Parents are shown the record at the end of session and asked to 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;
  + the signature of the person administering the medication (witness) and parent’s signature..
* We use the *Pre-school Learning Alliance’s Medication Record book* for recording administration of medicine and comply with the detailed procedures set out in that publication.
* If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant members 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 person 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 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 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. The Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medication is stored in a locked cabinet in the Children’s cloakroom. Care plans are stored with individual children’s records and first aid advice in the cabinet.

*Children who have long term medical conditions and who may require on on-going medication*

* A risk assessment is carried out for each child with long term medical conditions that require on-going 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 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.
* 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 adults who care for the child.
* The individual health plan should include the measures to be taken in an emergency.
* We review the individual health plan every six months, or more frequently 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, the key person for the child will accompany 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, including all the details that need to be recorded in the medication record as stated 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.
* This procedure should be read alongside the outings procedure.

**Legal framework**

* The Human Medicines Regulations (2012)

**Further guidance**

* Managing Medicines in Schools and Early Years Settings (DfES 2005)  
  http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf

|  |  |  |
| --- | --- | --- |
| This policy was adopted at a meeting of | NBU5s Preschool | name of setting |
| Held on | June 6th 2023 | (date) |
| Date to be reviewed | June 6th 2024 | (date) |
| Signed on behalf of the management committee |  | |
| Name of signatory | Marie Whiting | |
| Role of signatory (e.g. chair/owner) | Setting Lead | |

**Other useful Pre-school Learning Alliance publications**

* Medication Record (2013)