

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.

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.

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

The Manager/ room supervisor is 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.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- 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.
- 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:
 - the full name of child and date of birth;
 - the name of medicine and reason for medication;
 - who prescribed it;
 - the dosage to be given in the setting and times to be given;
 - how the medication should be stored and its expiry date;
 - any additional information (where to be applied, which eye etc)
 - any possible side effects that may be expected; and
 - the signature of the parent, their printed name and the date.
- Medicines are to be given to a child only as per the instruction of the medication form. These should be checked with the instruction of the bottle/ container and any discrepancies brought to the attention of the parent.

- The nursery will endeavour to follow the parents/ carers instructions, but reserve the right to refuse a request to administer medicines whilst a child is in our care.

The staff responsible for administering medicines are;

Manager

Deputy Manager

Supervisors

- The administration of medicine is recorded accurately on the medication form each time it is given and is signed by the manager administering the medicine. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. This also includes:
 - name of the child
 - name of medication
 - date and time of the dose
 - signature of person administering medicine
 - witness signature; and
 - parent's signature
- A new medication form needs to be completed every five days to ensure all information is correct and must be signed daily for each dose of medicine given at pick up time.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required.
- The child's key person is responsible for ensuring medicine is handed back at the end of each 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.
- Medication is stored in the office in a locked filing cabinet unless this needs to be stored in the fridge.
- If the administration of prescribed medication requires medical knowledge, individual training is provided by a health professional.
- No child may self-administer medicine.

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 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 the staff form 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 advice is sought from the child's GP 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 frequently if necessary. This includes reviewing the medication e.g. changes to the medication or 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 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 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, including all of 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 form 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 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.
- This procedure is read alongside the outings procedure.

Staff Medication

The nursery manager must be informed if staff are taking any medicine. Practitioners must not be under the influence of any substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to work with children, they must seek medical advice.

Management are responsible for ensuring staff members on medication are able to care for children properly. All medication must be stored appropriately and out of the reach of children.

Medication Request Forms will be retained with children's records for 3 years.

Parent partnerships

The above information is shared with parents in the following ways:

- Information in prospectus given to prospective parents/new parents
- Induction materials - main points of policy given as part of induction, parents required to sign to agree to points, recommended absence information given

Further Guidance

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