



Waltham Pre-School

Administrating 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 the health of a child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for child's GP to prescribe medicines that can be taken at home in the morning and evening. As far as possible, administrating 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 medication before, especially a baby / child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, 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 manager is responsible for ensuring all staff understand and follow these procedures.

The Keyperson/Room Leader is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed..

Procedures

- Children taking prescribed or un-prescribed medication must be well enough to attend.
- Medication prescribed by a doctor (or other medically qualified person) will be administered. It must be in date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). NB Children's paracetamol (un-prescribed) is administered for children under the age of two year with the verbal / written consent of the parents in the case of a high temperature (38 degrees or above) . A bottle of Calpol is kept on site and used with parent permission. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's 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 and date of birth;
 - The name of medication;
 - Who prescribed it;
 - The dosage to be given in the setting;
 - Time of the last dose given; - (Please be aware that paracetamol can only be given for 3 consecutive days, before the child should be seen by their GP).
 - How the medication should be stored and expiry date;

- Signature of the parent, their printed name, and the date.
- The administration of medicine is recorded accurately on our medication forms each time it is given and is signed by the Keyperson/Room Leader. Parents are shown the record at the end of the day and asked to sign the record to acknowledge the administration of the medicine. The medication form records the:
 - Name of the child;
 - Name of the medication;
 - Date and time of dose;
 - Dose given;
 - Signature of the Keyperson;
 - Parent's signature.

Non-Prescribed Medication

The Pre-School does not take responsibility for the administration of non-prescribed medicine such as Calpol and Nurofen, as these mask the symptoms of the illness. When the effect wears off the child becomes ill again with symptoms. In these cases, we feel that the child should not be attending the Pre-School as it is unfair on the child to be attending when they need to be with their parent/carers.

Storage of medicines

- All medication is stored safely out of reach of children.
- The child's Keyperson/Room Leader 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. Keypersons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, eg, with Asthma, they should be encouraged to tell their Keyperson what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- In cases of teething, we recommend teething granules/gel.

Long Term Medical Conditions

- 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 Keyperson. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to the 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 the 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 form part of the risk assessment.
- 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 keyperson's role and what information must be shared with other staff who care for the child.
- The Health Care Plan should include the actions 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 eg 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 Keyperson 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 medication form to be completed.
- 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 medication form signed by the parent.
- This policy is read alongside the outings policy.

Oral Medication

Asthma inhalers are now regarded as 'Oral Medication'.

- Oral medication must be prescribed by a GP and have dosage instructions clearly printed on them.
- The setting must be provided with clear written instructions on how to administer medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting must have the parents/carers prior consent. This consent must be kept on file

Life Saving Medication and Invasive Treatments

Medication such as adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy). Pre-School must have;

- a letter from the child's GP / consultant stating the child's condition and what medication if any is to be administered;
- written consent from the parent / carer allowing staff to administer medication;
- Training in the administration of such medication by the child's GP, district nurse, children's nurse specialist or a community paediatric nurse..

Keyperson for special needs children – children requiring assistance with tubes to help them with everyday living eg. Breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent must be obtained from the child's parent / carer to give treatment and / or medication prescribed by the child's GP.

The keyperson must have the relevant medical training / experience, which may include those who have received appropriate instructions from parents / carers, or who have qualifications.

- Copies of all letters relating to these children must be sent to the insurance company. Written confirmation that the insurance has been extended will be issued by return.

Further Guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
Insurance requirements for children with allergies and disabilities

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)

