

009 Administering medicines policy and procedure

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 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. If a child has not had medication before, it is advised that the parent keeps the child at home for the first 48hrs to ensure there are no adverse effects, as well as to give time for the medication to take effect.

The key person is responsible for the correct administration of medication, 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 supervisor or deputy is responsible for the overseeing of administering medication.

Legal framework

3.45 Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.46 Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable.

Statutory Framework for the Early Years Foundation Stage 2017

Prescribed medication

- Children taking prescribed medication must be well enough to attend the setting.
- Prescription medicine will only be given to the person named on the bottle for the dosage stated.
- It must be in-date and prescribed for the current condition.
- Medicines must be in their original containers.
- Parents give prior written permission for the administration of medication.

- The staff member receiving the medication must ask the parents to sign a consent form. Details of the medication and dose must be recorded.
- Parents will provide clear instruction on how to administer the medication.
- The parent must be asked when the child had last been given the medication before coming to pre-school; this information will be recorded on the consent form. Similarly, when the child is picked up the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times.
- The parent must give prior written permission for the administration of each and every medication. However, we will accept written permission for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
 - The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed.
 - The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.
 - Parents should notify us IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.
- We will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.
- The administration is recorded accurately each time it is given and is signed by the member of staff responsible.
- If the child refuses to take the medication this will be recorded on the medication form and the parent informed.
- Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate response.
- If the administration of prescribed medicine requires medical knowledge, individual training is provided 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 form.
- 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.

Non-prescription medication

- We will administer non-prescription medication for a short period, dependant on the medication or the condition of the child. After this time medical attention should be sought.
- If any child is brought to the pre-school in a condition in which he/she may require medication sometime during the day, the Supervisor will decide if the child is fit to be left at the pre-school. If the child is staying, **the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form.**
- If a child needs liquid paracetamol or similar medication during their time at nursery, such medication will be treated as prescription medication with the onus being on the parent to provide the medicine.
- As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the pre-school, together with the times and dosage given.
- For any non-prescription cream for skin conditions e.g. Sudocrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child's name.

Storage of medicines

- All medication is stored safely in a cupboard or fridge. Where the cupboard or fridge is not solely used 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 session to the parent.
- For some conditions medicine may be kept in the setting. It is the responsibility of the key person to check that the medication is in-date and return any out of date medication back to parents.

Children who have long term medical conditions and who may require 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 supervisor 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 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 is part of the risk assessment.

- The risk assessment includes arrangements for taking medicines on outings and the child GP's advice is sought 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 that cares for the child.
- The health care plan should include the measures to be taken in case of an emergency.
- The 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.
- 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 health 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 name of the medication. Inside the box is a copy of the consent form and a medication form to record when it has been given, with the details given as above.
- On returning to the setting the parent signs the medication form.
- 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 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.

Insurance requirements

The Public Liability section of the insurance includes cover for administration of medication provided that the setting is fully compliant with the Safeguarding and Welfare requirements of the Early Years Foundation Stage in relation to administering medicine.

Oral medication

Details do not need to be forwarded to the Pre-school Learning Alliance, provided that

- a. It is prescribed by the child's GP or has the manufacturer's instructions clearly written on it and
- b. the setting has the parent's/guardian's written consent and clear instructions on how to administer such medication.

Asthma inhalers and nebulisers are treated as "oral medication" for the purpose of this insurance.

Life saving or invasive medication (e.g. rectal diazepam or Buccal Midazolam for epilepsy or adrenalin injections/Epipens/Anapens and Jext Pens for anaphylactic shock caused by reaction to substances such as nuts and injections such as Insulin for Diabetes).

To extend the settings cover we will need to confirm in writing to the insurance team at the Early Years Alliance that, for each applicable child, we have received the following and can provide evidence if so required:

- a) A letter or care plan from the child's GP/consultant stating the child's condition and the treatment required.
- b) Parent's/guardian's written consent to allow staff to administer medication.
- c) Proof of staff training in the administration of such medication by a qualified nurse or doctor. In the case of children requiring adrenalin injections for anaphylaxis, the AllergyWise online training provided at www.anaphylaxis.org.uk has been approved.

Assistance with everyday living

When a child requires help with everyday living e.g. breathing apparatus, colostomy bags or feeding tubes, and has a key person, the setting will need to confirm in writing to the insurance team at the Early Years Alliance that, for each applicable child, we have received the following and can provide evidence if so required:

- a) A letter from the child's GP/consultant stating the child's condition and the treatment required.
- b) Parent's/guardian's written consent to allow staff to administer treatment.
- c) Written confirmation that the key person has the relevant medical training or experience to administer the treatment. This can include training by the parents.

If you are unsure about any aspect, contact the Early Years Alliance Insurance Department on 020 7697 2585 or email Insurance@eyalliance.org.uk

Further guidance

Health protection in schools and other childcare facilities (Sept 2017)

Supporting pupils with medical conditions: links to other useful resources (Aug 2017)

Documentation

This policy is part of our health policies and procedures and should be read in conjunction with:

- 010 GEP Animals in setting
- 011 GEP First aid
- 012 GEP Food and drink
- 013 GEP Health and hygiene
- 014 GEP Managing allergies
- 015 GEP Nappy changing
- 016 GEP Sun protection

This policy was adopted at a meeting of Grindleford and Eyam Playgroup:

Held on:

Date to be reviewed:

Signed on behalf of the committee:

Name of signatory:

Role of signatory:

All staff members and committee members will sign to indicate they have read, understood and agreed with the above policy.