
Administering Medicines Policy

Safeguarding and Welfare Requirements: Health

Providers must have and implement a policy and procedures, for administration medicines. It must include systems for obtaining information about a child's needs for medicines, and keeping this information up to date

EYFS Key themes and commitments

The Themes and Principles describe the features of our practice on which the Early Years Foundation Stage is based. They emphasise that the child is of first importance and that all relationships, experiences and the environment together influence how the child will develop, plan and learn.

http://www.foundationyears.org.uk/files/2011/10/EYFS_Principles1.pdf.

This policy is linked to the following Themes and Principles.

A Unique Child – 1.4 Health and Well Being

Positive Relationships – 2.2 Parents as Partners

Enabling Environments – 3.2 Supporting every Child

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 whilst they are recovering from an illness. 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 current guidance in 'Managing Medicines in Schools and Early Years Settings; the Team Leader is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent/carer 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 Team Leader/Named Deputy is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. 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/carers give prior written permission for the administration of medication. The staff receiving the medication must ask the parent/carer 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 to be given in the setting;
 - 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, printed name of parent/carer and date.

The administration is recorded accurately each time it is given and is signed by staff. Parents/carers sign to acknowledge the administration of a medicine upon collection of their child. The medication form records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method;
- is signed by key person/ Team Leader/ Named Deputy;
- is verified by parent/carers signature at the end of the day.

Storage of Medicines

- Medicines are stored in a sealed plastic box clearly labelled in the kitchen cupboard. Staff are informed of this during their induction training. Where medicines require refrigeration, they will be kept in the kitchen fridge, clearly labelled.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent/carer.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent/carer.
- If the administration of prescribed medication 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 administration sheet. The parents/carers are contacted and an ambulance called.
- 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.

Arrangements for Staff Medication

- Staff members who are taking any medication **MUST** inform the Team Leader of the medication and the procedures for administration.
- Staff members who require regular medication or have complex medical needs **MUST** complete a Health Care Plan, a copy of which should be kept in their personnel file. The plan **MUST** include emergency procedures and the name and contact number of a next of kin.
- Where staff are taking medication which they believe may affect their ability to care for children, they **MUST** seek medical advice and only work directly with the children if the advice is, that the medication is unlikely to impair their ability to look after the children.
- Staff medications **MUST** to be stored in a sealed plastic box clearly labelled with their name in the kitchen cupboard.

Children who have long term Medical Conditions and who may require Ongoing Medication

- A health care plan is drawn up for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Admin Manager and Team leader alongside the key person. Other medical or social care team members may need to be involved in the health care plan and ongoing risk assessments.
- Parents/carers will also contribute to a health care plan. 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 will be included as part of the health care plan.
- The health care plan includes vigorous activities and any other pre-school activity that may give cause for concern regarding an individual child's health needs.
- The health care plan includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan outlines the key person's role and what information must be shared with other staff that also cares 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 if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parent/carers receive a copy of the health care plan and each contributor, including the parent/carer signs it.

Emergency Administration of Non-Prescribed Fever - Relief Medication

- An emergency supply of fever relief sachets (Calpol) is kept on site; prior written consent for the administration of this is needed and is obtained at the time of registration in the admission form.
- If a child develops a high temperature (normal temperature usually ranges between 36.5 to 37.5 degrees Celsius) they will be monitored and the temperature recorded every 10 minutes. To record the temperature we take an average of three temperature readings. During this period of initial monitoring a member of staff will attempt to cool the child by:
 - giving the child a cool drink of water
 - removing all clothing except the child's vest/t-shirt and underwear
 - use a warm flannel to sponge the child down
 - refrain from cuddling the child too closely
- If a child has recently woken from sleep and appears feverish their temperature monitoring will commence 15 minutes after the child has been fully awake.
- If after 20 minutes the child maintains a high temperature over 37.5C (99.5F) and the parent/carer has not signed the consent form the Team Leader/ Named Deputy will contact them and:
 1. Inform the parent/carer of their child's temperature.
 2. Ask the parents/carers if they have administered any fever relief prior to the child arriving at pre-school that day.
 3. If the parent/carer has not administered any fever relief before pre-school or if four hours have passed since the last dose. They will ask the parent/carer for verbal consent to administer Calpol from the pre-school emergency supply. The fever relief will be administered as directed on the manufacturer's dosage guidance.
 4. If the parents are not contactable and the child has been at preschool for four hours or more then the Team Leader/ Named Deputy can administer fever relief if permission has been given. The fever relief should be administered as directed on the manufacturer's dosage guidance.
 5. The parents/carers will be asked to collect their child.
- The frequency and dose will be as per the manufacturer's instructions on the sachets.
- Approved staff members must wash their hands prior and after administering medicines.
- A second staff member must be present as a witness during the administration of medicines. This staff member will also sign the administration sheet.
- The child's temperature will be monitored every 10 minutes after the emergency dose.
- If the child's temperature continues to rise and the parents/carers are not contactable or able

to collect their child within the estimated arrival time of an ambulance then an ambulance will be called.

- Temperatures are taken with a digital forehead thermometer.
- Parents/carers must sign the administration sheet at the end of their child's session to acknowledge that medicines have been administered. This information is recorded in the child's incident folder.

Emergency administration of non-prescribed anti-histamines

- We will hold an emergency preschool supply of ant-histamines(Piriton)
- Prior written consent for the administration of this case of emergency is obtained at the time of registration in the admission form.
- Signs and symptoms of an allergic reaction include

Nettle rash

Hives

Swelling

Itchy eyes, ears, lips, throat and palate

- If a child has previously undiagnosed allergic reaction the parents/carers will be contacted by the Team Leader/ Named Deputy and they will
 1. Inform the parents/carers of their child's reaction.
 2. Ask the parents/carers if they have administered any Piriton to their child in the preceding 24 hours, check maximum does in a 24 hour period.
 3. Ask the parent/carer for verbal consent to administer Piriton from the pre-school emergency supply. This will be administered as directed on the manufacturer's dosage guidance.
 4. The fever relief will be administered as directed on the manufacturer's dosage guidance.
 5. The parents/carers must be asked to collect their child.
- Approved staff members must wash their hands prior and after administering medicines
- A second staff member must be present as a witness during the administration of medicines. This staff member will also sign the administration sheet.
- Administration sheets are specific to individual children. All records are stored in the child's individual file in a lockable cabinet.

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 care plan, 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, with the details as given above.
- On returning to the setting the card is stapled to the medicine record form and the parent/carer is asked to sign 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. Inside the box a copy of the consent form signed by the parent/carer will also be included.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

Refusing Medication

- If a child refuses to take medicine staff will not force them to do so, but will note this on the administration sheet. The parents/cares will be contacted regarding the refusal immediately for prescribed medications.

Legal framework ▪ **Medicines Act (1968)**

Further guidance Managing Medicines in Schools and Early Years Settings (DfES 2005)

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

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