

Mini Cowper Preschool

Birch Green, Nr Hertford, SG14 2LR

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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.

In many cases, it is possible for children’s GPs to prescribe medicine that can be taken at home in the morning and evening. 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, we ask 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.

Our staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly in our locked medical cupboard and that records are kept according to procedures. One member of staff to administer medicine and one member of staff to witness. Both sign the medical book.

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* We only administer medication when it has been prescribed for a child by a GP (or other medically qualified person). It must be in-date and prescribed for the current condition.
* Non-prescription medication, such as nappy rash cream and eczema creams, 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 eczema. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. We will not administer pain relief medicine such as calpol, this should be given at home before preschool if needed.
* Children's prescribed medicines are stored clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is named, in date and prescribed specifically for the current condition.
* Parents must give prior written permission for the administration of medication. The staff member receiving the medication will 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 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;
* any possible side effects that may be expected; and
* the signature of the parent, their printed name and the date.
* The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication, as well as the witness. The medication record book records:
* name of the child;
* name and strength of the medication;
* name of the doctor that prescribed it;
* date and time of the dose;
* dose given and method;
* signature of the person administering the medication and
* parent’s signature.
* If the administration of prescribed medication requires medical knowledge, we obtain individual training [for the relevant member of staff] by a health professional.
* 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.
* 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 as required.
* All staff are 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. Staff check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*Children who have long term medical conditions and who may require ongoing medication*

* We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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 form part of the risk assessment.
* 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 adults who care for the child.
* The health care plan should include the measures to be taken in an emergency.
* We review the health care 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.

**Legal framework**

* The Human Medicines Regulations (2012)

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| This policy was adopted by |  | *(name of provider)* |
| On |  | *(date)* |
| Date to be reviewed |  | *(date)* |
| Signed on behalf of the provider |  |
| Name of signatory |  |
| Role of signatory (e.g. chair, director or owner) |  |