**18 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. 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, 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.

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 and that records are kept according to procedures. The manager is responsible for the overseeing of administering medication.

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is 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 and its expiry date
* any possible side effects that may be expected
* the signature of the parent, their printed name and the date
* The administration of medicine is recorded accurately in our health care plan record book on a medicine form each time it is given and is signed by the person administering the medication and a witness. 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 record book records the:
* name of the child
* name and strength of the medication
* date and time of the dose
* dose given and method
* signature of the person administering the medication and a witness who verifies that the medication has been given correctly
* parent’s signature (at the end of the day).
* 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 a staff member what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

**Non-Prescription medication**

In an event where a child requires emergency medication e.g. piriton/epi pen staff can administer this medication to the child, written or verbal consent (over the phone) must be given. Staff must check with parents if medication has already been given on that day before administering emergency medication.

In an emergency if advice is given by 999 to administer medication then consent from parents can be bypassed.Our Lady of Pity Pre-School will keep their own supply of childrens antihistamine in the medicine box within the cupboard. If emergency non-prescription medication is given to a child a medicine form must be completed when the child is collected from the setting.

**Childrens paracetamol/Calpol**

In the event that a child becomes unwell during the school day or displays a temperature above 38oc parents will be contacted to collect the child. We will keep a supply of calpol in pre-school, this will only be administered after consent has been given over the phone by a parent/career. Calpol is only to be given to a child to make them comfortable whilst a parent/career is on their way to collect the child, the child is not able to stay in pre-school after calpol has been administered. The usual procedure for administering medication will be followed as detailed above (procedures section) in this policy.

*Storage of medicines*

* All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
* For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. The management team check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*Medicines are kept in the locked cupboard in a clearly labelled medicine box. All medications are clearly labelled and checked regularly for expiry dates.*

*Staff are made aware of children who have medication and full details and health care plans are kept in the register box for their information.*

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

* 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.
* An individual health 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 individual health plan should include the measures to be taken in an emergency.
* We review the individual health 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 individual health plan and each contributor, including the parent, signs it.

*Managing medicines on trips and outings*

* Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name, the original pharmacist’s label 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 the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child’s details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
* 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 consent form signed by the parent.
* This procedure should be read alongside the outings procedure.