

# Procedure for the administration of medicine

## Aim of the policy

To give guidance as to how we approach situations where the setting staff are required to administer

medication. We put the safety, comfort and welfare of the children first. We would, therefore, expect a

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*\*Some policies continue to the next page. Please check you are referring to the complete policy content. These policies are reviewed annually and updated inline with changes to government legislation.*

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child suffering from a short-term illness to be cared for at home until they are fully recovered. However,

We accept that there are occasions when staff need to administer medication.

### Points to consider

**'Medication', in this context, is taken to mean any medicinal preparations specifically prescribed for**

**the treatment of non-contagious conditions.**

We ask that parents keep their children at home for at least 24 hours after starting antibiotics. This is

especially important if the child has not had that type of antibiotic before. This is in case the children

have a reaction to antibiotics.

Only the senior member of staff is authorised to administer medicines. Details of all medicines administered must be recorded on the Medication Authorisation form.

### We aim to achieve this by:

- Requiring written instruction from a parent for a senior member of staff or senior staff member to administer prescribed medication or paracetamol suspension
- Requiring children not to attend the setting if suffering from a communicable disease or one that requires special treatment during the day (change of dressings, etc.) unless staff have received the necessary training
- Assessing long-term illnesses or conditions requiring specialist training and support (such as diabetes) as described in our special needs policy and individual health care plan, with assessments completed and agreed with the parent/carer
- Storing medication away from the children in a secure place. At this setting, medication is stored in the kitchen medication cupboard and the kitchen fridge
- Storing medication in their original bottles, clearly labelled to indicate:
  - o Name of the child
  - o Date of prescription
  - o Use-by date

- o Dosage
- o Any other relevant information
- Having parents/guardians enter medication details on the Medicine Authorisation form, including:
  - o Date of instruction
  - o Name of the child
  - o Type of medication and dosage
  - o Method of administering dose
  - o Time of dose and duration of treatment
- Ensuring this instruction is signed by the parent and countersigned by the manager
- Having two members of staff present to administer medication, one of whom shall be the senior member of staff.
- Checking the medication label, the authorisation form and the child's identity carefully prior to administering the medication
- Not administering further medication if the child spits out, vomits or spills part of the dose, and recording this on the administration form (comments).
- Replacing the medication in the designated area for medication.
- Recording times of doses on the child's daily record sheet and Medicine Authorisation form and altering them accordingly and recording the reason if the previous dose is administered earlier or later than stated
- Making individual protocols for long-term medication, such as inhalers and epi-pens, documenting more detailed information about when and how the medication should be administered
- Having the parent sign the administration record at the end of the child's day/session

## Temperature Reduction Medicine Administration Policy

- After having temperature-reducing medication, ensure that the child meets the criteria of the

well-child policy, as well as having a lower temperature, in order for them to remain at the setting.

#### To help lower a child's raised temperature:

- Take off the child's outer clothes, leaving them in only their vest and pants/nappy, covering them with a cotton sheet if they shiver and keeping their privacy in mind
- Keep the room at a normal temperature (18–20°C) or cooler by opening windows, and use a fan to circulate the air, but do not aim it directly at the child
- Give plenty of fluids to drink
- Sponge the child's body and head – not hands and feet – with lukewarm water using a face flannel
- When judging the child's fitness to stay at the setting, take into account the well-child policy

## Procedure for accidents and incidents

### Aim of the policy

To have a rigorous procedure in place to deal with accidents and incidents. Refer to the current setting risk assessments.

### Points to consider

Staff dealing with accidents must wear the appropriate protective clothing at all times (disposable gloves and aprons) wherever it is required or reasonably practical.

Even if you do not see the accident or a mark appears on the child, a form must be completed regardless.

Parents/carers must inform you of any incidents/accidents/injuries that have happened at home so that you can write an Incident at Home form.

Marks in an area of concern should be reported to your DSL and complete a safeguarding record log.

### We aim to achieve this by:

Minor accidents/incidents E.g. sprains, strains, bruising, scratches, cuts, grazes, minor burns and scalds, minor head injuries and insect and animal bites

- The staff member present assesses the injury.
- The injury is treated by qualified first aiders.