

## **Administering medicines**

### **Policy statement**

**While it is not the kindergartens 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.

### **These procedures are written in line with guidance in managing medicines in schools and early year's settings**

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 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 practice manager or her deputy are responsible for the overseeing of administering medication.

We notify our insurance provider of all required conditions, as laid out in our insurance policy.

### **Procedures**

- Children taking prescribed medication must be well enough to attend the kindergarten
- we only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.

- Non-prescription medication, will not be given to any child.
- 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.
  - 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; 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 [and a witness]. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
  - 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 a witness]; and
  - parent's signature.
- We recording the administration of medicine and comply with the relevant procedures
- If the administration of prescribed medication requires medical knowledge, we obtain individual training [for the relevant member of staff] by a health professional.
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- 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.

- We monitor 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. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring that medicine is handed back at the end of the day to the parent. In the absence of the key person, the practice manager or her deputy are responsible for the overseeing of administering medication.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. The key person checks that any medications held in the setting, is in date and return any out-of-date medication back to the parent.
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The practice manager or her deputies will receive the child medicines and ask the parent or carer to complete a consent form. If a child needs regular medication they will be asked to give this information at the time of admission. This information and if the child needs to take medicine in other situations will be passed on to the other members of staff at the staff meetings, and/or before or after the session. There will also be a written statement which will be available for member of staff in the administration of medicines record book.

#### *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, the key staff or /and manager will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. These training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child’s health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child’s GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key persons 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 outing*

*For all outings at kindergarten all the parents or carers are informed that they must accompany their child, therefore at these times it is the parents or carers responsibility to administer their child medicine.*

Signed.....

Date.....

Up dated when required.....

**Legal framework**

- The Human Medicines Regulations (2012)

