

Safeguarding and Welfare Requirement: Health

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

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6.1 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 the 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. If a child must have a dose of

Our staff are responsible for the correct administration of medication to children who attend our setting. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- 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.
- We will administer liquid paracetamol suspension e.g. Calpol and antihistamine e.g. Piriton should this be needed for a temperature or allergic reaction for instance. We will obtain parental permission and will contact the parent before with administer this. If

a parent is not answering the call we will administer the Calpol if a temperature is over 38c or an allergic reaction we will administer Piriton. We have parental consent for this on our registration form.

- 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.
- 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;
 - 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 sheet 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 sheet to acknowledge the administration of the medicine. The medication record sheet 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]; 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

- We monitor the medication record sheet 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.

A parent hands the medication to a team member, and the team member signs it in the medication book and then at the end of the session the parent signs the medication book.

- 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.

Medicines are kept in a named plastic bag hung on a hook near the door out of reach of children, accessible to administer especially EpiPens. If medicines need to be stored in the fridge this will be actioned . Paracetamol suspension e.g. Calpol and antihistamine e.g. Piriton will be kept in the cupboard in the office. If any medicines are left in the building, they will be kept in the cupboard in the office. The cupboard has children's locks on it and out of reach of children.

If any medication is left on the premises we will keep it in the cabinet in the office. The office is locked. We would suggest to the parent to get an EpiPen / inhaler that we can keep onsite where possible.

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.
- 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 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

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, 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 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.
- On returning to the setting the card is stapled to the medicine record sheet and the parent signs it.

- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by	Leverstock Green Playgroup	<i>(name of provider)</i>
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On	26 th February 2026	<i>(date)</i>
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Date to be reviewed	April 2027	<i>(date)</i>
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Signed on behalf of the provider	
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Name of signatory	Britanee Catchpole
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Role of signatory (e.g. chair, director or owner)	Committee member
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