



Administering Medicines POLICY

Circulate to all Directors, Senior Managers & Nursery
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6.1 Administering Medicines



Policy statement

At Hungry Caterpillars 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.

In many cases, it is possible of 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 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 years settings; the manager is responsible for ensuring all staff understand and follow these procedures.

The manager is responsible for the correct administration of medication to children for whom they are responsible for. This includes ensuring that the medication from has been complete4d, that medicines are stored correctly and that records are kept according to procedures. In the absence of the manager, the deputy manager is responsible for the overseeing of administering medication.

Procedures

Children taking prescribed medication must be well enough to attend the setting.

Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor) NB Children paracetamol (un-prescribed) is administered only for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parents to sign a consent form stating the following information. No medication may be given without these details being provided:

- The full name of child
- The full name of medication

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- Who prescribed it
- The dosage to be given in the setting
- The time and dosage last given at home
- 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

Children's medication must be received into the nursery by the manager only (in their absence the next senior person) it is their responsibility to ensure the medication form is filled out correctly and signed by the parents. Staff are aware of this as it part of their induction and is regularly revisited during staff meetings and training.

The administration of medicine is recorded accurately on our medication form each time it is given and is signed by the manager and witness. Parents are shown the record at the end of the day and asked to sign the medication form to acknowledge the administration of the medicine. The medication form records the:

- Name of the child
- Date and strength of the medication
- Dose given and method
- Signature of the key person/manager
- Parent's signature

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 medicine is handed back at the end of the day. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medicines are always stored in line with individual medication guidelines. All medicines are stored cupboard which is kept locked. If medicines require refrigeration they are stored in a clearly marked Tupperware medication container and stored in the nursery fridge. Access is restricted to nursery staff only. Staff are aware of this as it forms part of their induction and is regularly revisited at staff meetings and training.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional. If rectal diazepam is given, another member of staff must be present and co-signs the medication

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form. 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.

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

A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the 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, understanding 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.

This risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns. 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 staff who care for the child.

The health care plan should include the measures to be taken in an emergency.

The health care plan is reviewed termly during the key conference, 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, sign it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk
- 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 started above.
- On returning to the setting the card is stapled to the medication record book and the parent signs it. 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

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the parent. As a precaution, children should not eat when travelling in vehicles. This procedure is read alongside the outings procedure.

Legal Framework

The Human Medicines Regulations (2012)

Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

Other useful Hungry Caterpillar documents

-Medication Sheet

-Daily Register and Head Count Record

Health Care Plan