

## Health

### 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.

Staff will only administer medicine prescribed by a child's GP (**see exclusion**).

#### Exclusion

**If a child has a high/rising temperature, and parents are unavoidably held up, we may decide to administer a dose of Calpol in order to reduce fever and risk of convulsion after consultation and verbal permission from parents.**

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, 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 current guidance in 'Managing Medicines in Schools and Early Years Settings.' The supervisor is responsible for ensuring all staff understand and follow these procedures.

The relevant key person is responsible for the correct administration of medication to children. In the absence of the key person, the supervisor is responsible for the overseeing of administering medication.

#### Procedures

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

- If a child has been given any type of medication at home prior to attending preschool, e.g. Calpol, Tixilyn parents must inform the staff.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. Medication must not be left in the child's bag.
  - Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information:
  - Full name of child and date of birth
  - Name of medication and strength
  - Who prescribed it
  - Dosage and at what times the medicine is to be given in the setting
  - How the medication should be stored and expiry date
  - Any possible side effects that may be expected should be noted
  - Signature, printed name of parent and date.

No medication may be given without these details being provided.

The administration of medicine is recorded accurately in our medication record book each time medication is given and this is signed by the key person/supervisor. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:

- Name of child
- Name and strength of medication
- The date and time of dose
- Dose given and method
- Signature of the key person/supervisor; and is verified by parent signature at the end of the day.

#### *Storage of medicines*

- All medication is stored safely in a marked plastic box or refrigerated as required and out of reach from children.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on a 'as and when required basis or on a regular basis, is in date and any out-of-date medication is returned to the parent.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional. (In some cases all staff are trained).
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- 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 on 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, 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 requirements for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other preschool 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 the child's GP's advice is sought 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 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 health care plan and each contributor, including the parent, signs 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 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, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details that need to be recorded in the medication records as stated above.
- On returning to the setting the card is stapled to the medicine 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 name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the supervision of children on outings procedure.

**If a child becomes unwell during the day (not to be followed for serious accidents or in event child has a suspected life threatening illness)**

- The parent/carer will be telephoned immediately.
- Staff inform Supervisor who will provide support in session if necessary.
- The child is kept away from the other children under the constant care of an adult wherever possible (within the room).
- The child will be made comfortable while awaiting collection by the parents/carers.
- If the child deteriorates rapidly, Deputy Supervisor/Supervisor will be informed and if necessary an ambulance will be called.
- In cases of sickness and diarrhoea we follow infection control measures as advised by Public Health England, which include disinfecting surfaces and door handles and washing absorbent materials.
- Children and staff are not permitted to return to the EYFS for 48 hours after the last incidence of sickness or diarrhoea.
- All staff and children show extra vigilance with hand washing.

## Legal framework

- The Human Medicines Regulations (2012)

## Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

## Other useful Pre-school Learning Alliance publications

- Medication Record (2010)
- Register and Outings Record (2012)

## Authorisation & Review

This policy was adopted at a meeting of	Wroughton Preschool
Held on	_____
Date to be reviewed	Yearly at AGM
Signed on behalf of the management committee	_____
Name of signatory	_____
Role of signatory (e.g. chair/owner)	Chairperson
	_____