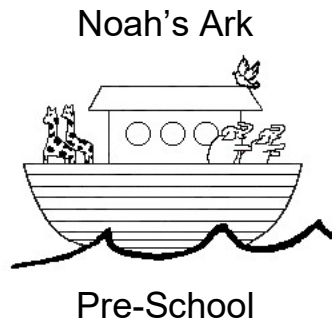


Safeguarding and Welfare Requirement: Health

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.



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 have recovered 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, 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, should they then be symptom free they can return to pre-school.

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 management 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 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.

- Non-prescription medication, such as pain or fever relief e.g. Calpol, may be administered to children in session who spike a high temperature, with parental permission whilst they wait to be collected. Children who have required Calpol or Nurofen prior to arriving at pre-school should not be brought in, but instead be kept at home until their symptoms/fever have passed.
- Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Children's prescribed medicines are stored in their original containers, are clearly labelled, stored in a clear box with the child's name on in the medication/first aid cupboard and are inaccessible to the children. On receiving the medication, the key person/management checks that the medication 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. 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.
 - Who prescribed it.
 - The dosage and times to be given in setting.
 - The method of administration.
 - 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.
- The administration of medicine is recorded accurately on individual medication logs; in our medication file; each time it is given and is signed by the key person/manager administering the medication and a witness.
- Parents are shown the medication log at the end of the day and asked to sign the medication log to acknowledge the administration of the medicine.
- The medication log records the:
 - Name of the child
 - Date of birth
 - Name and strength of medication
 - Name of prescribing Doctor
 - Date and time of the dose.
 - Dose given and method
 - Signature of the person administering the medication and a witness.
 - Parents signature, name printed and date.
 - How the medication should be store and expiry date.
 - How - any possible side effects should be noted.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 log.
- 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 file 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 in a clear name labelled box 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 to the parent and that the medication log is signed by the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons and the First Aid officer 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 the right-hand cupboard above the sink area (with child latch on) and the cupboard is marked as first aid. Some medication may need to be stored in the refrigerator. If so the medicine is kept in a locked, child-proof refrigerator in a named plastic box. Staff are informed of this on induction as are volunteers and committee members.

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 First Aid officer 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 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 adults who care for the child.
- **The individual health care plan should include the measures to be taken in an emergency.**
- We review the individual health care 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 care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person/other informed member of staff will accompany the children with the clear labelled medicine box with the medicine, health risk assessment and health care plan inside.
- On returning to the setting the individual medication box and relating forms are returned to the medication cupboard. Parents would sign the medication log as usual if the medication was used on the outing.
- If a child on medication has to be taken to hospital, the child's medication and relevant forms are taken in their clear name labelled plastic box.

This procedure should be read alongside the outing's procedure.

Legal framework

The Human Medicines Regulations (2012)

This policy was adopted by

Noah's Ark Pre School

On

1st May 2019

Date to be reviewed

1st May 2020

Signed on behalf of the provider

Name of signatory



Charlotte Turpin

Role of signatory (e.g. chair, director or owner)

Chairperson

Other useful Pre-school Learning Alliance publications

Medication Record (2015)

Daily Register and Outings Record (2015)