

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

At Trinket Box, 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 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.

Our staff are responsible for the correct administration of medication to children for whom they are the key person unless the staff member is not first aid trained and then another staff member will be appointed by the Manager/Deputy. The Manager/Deputy ensures that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. All administration of medicines will be overseen by a second staff member who acts as a witness, checking that the medicine relates to the correct child and that the correct dose is given as per the parental consent form. 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.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the Manager/Deputy 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 Manager/Deputy 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 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 on our medication record sheets each time it is given and is signed by the person administering the medication, a qualified first aider, and a witness. Parents are shown the record at the end of the day and asked to sign the 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, any reactions 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 relevant members of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present, as with other medications.
- 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 sheets 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 the main office, in the First Aid bag, which is locked in a cupboard when unoccupied or refrigerated as required. Where the refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

- The onus is upon the parent to request their child's medication at the end of the session if it is required to be taken home.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. The Manager/Deputy check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

All medication, excluding as and when medication that is required to be refrigerated, is stored in the First Aid Bag in the office. This is taken outside during outside play but is not left unattended for children to tamper with. Each child's medication is in a zip wallet which also contains a copy of the child's healthcare plan detailing condition, dosage and what constitutes an emergency together with emergency contact details. All refrigerated medicine which is normally temporary 'as and when' medication is kept in the children's fridge, which is clearly marked. The accompanying 'as and when' parental consent form is located above the fridge on the worktop and this details dosage etc.

Staff are aware of safe storage of medicines from their induction process and regular updates.

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

- A risk assessment is carried out for each child with a long term medical condition that requires on-going 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 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 annually, 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, 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 their zipped wallet clearly labelled with the child's name, name of the medication. Inside the wallet is a copy of the consent form and a medication record sheet to note down when it has been given, with the details as given above.
- On returning to the setting the medication sheet is signed by the parent as normal and stored in the orange medication folder in the wooden cupboard in the main office.
- If a child on medication has to be taken to hospital, the child's medication is taken in a plastic zipped wallet clearly labelled with the child's name and the name of the medication. Inside the wallet 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 is approved by the Committee and reviewed annually

Other useful Pre-school Learning Alliance publications

- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)