**ADMINISTERING MEDICINES POLICY**

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 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 medication before, it is advised that the

parent keeps the child at home for the first 48 hours to ensure 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 pre-school leader is responsible for ensuring all staff understand and follow these procedures.

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, the pre-school manager is responsible for the overseeing of administering medication.

**Procedures**

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

➢ Only prescribed medication is administered. It must be in-date and prescribed for the current condition, by a doctor, dentist or with a prescription label.

➢ Children’s prescribed medicines are stored in their original containers, are clearly labelled with a prescription label and are inaccessible to the children.

Non-prescription medication (e.g. pain and fever relief or teething gel) may be administered, but only with the prior written consent of the parent and only when there is a health reason to do so. A child under 16 should never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.

➢ 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. No medication may be given without these details being provided:

• Full name of child and date of birth

• Name of medication and strength

• Who prescribed it

• Dosage 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

➢ The consent form should also have space for recording which member of staff received the medication, and asked the parent to complete the consent form.

➢ The administration is recorded accurately each time it is given and is signed

by staff. Parents sign the record sheet to acknowledge the administration of a

medicine. The medication record sheet records:

• Name of child

• Name and strength of medication

• The date and time of dose

• Dose given and method

• Signed by key person/pre-school leader; and is verified by parent

signature at the end of the day

Storage of Medicines

➢ All medication is stored safely in a locked cupboard or refrigerated. Where the

cupboard or refrigerator is not used solely for storing medicines, they are kept

in a marked plastic box.

➢ Asthma inhalers will be stored in a named bag on a high shelf, but in sight of

children and staff.

➢ Staff members are responsible for ensuring medicines are handed back at the

end of the day to the parent.

➢ For some conditions, medication may be kept in the setting. Management

staff check that any medication held to administer on an as and when

required basis, or on a regular basis, is in date and returns any out-of-date

medication back to the parent. Management staff to check dates half termly

and inform the parent in a timely manner if expiry dates are approaching.

➢ The pre-school manager will be responsible for ensuring all staff are aware of

where medication should be stored.

➢ 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-sign 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 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

pre-school manager alongside the key person. Other medical or social care

personnel may need to be involved in the risk assessment.

➢ Parents should 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 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 is part of the risk

assessment.

➢ The risk assessment includes vigorous activities and any other pre-school

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 term or more if necessary. This

includes reviewing the medication, e.g. changes to the medication or 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 bag clearly labelled with the

child’s name and named medication. Inside the bag is a copy of the

medication consent form which details when and who administered the

medication

➢ On returning to the setting, the card is stapled to the medicine record file 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 outings procedure.

**EYFS key themes and commitments**

|  |  |  |  |
| --- | --- | --- | --- |
| **A Unique child** | **Positive relationships** | **Enabling Environments** | **Learning and Development** |
| 1.4 Health and well-being | 2.2 Parents as partners2.4 Key person | 3.2 Supporting every child |  |

**Legal framework**

➢ Medicines Act (1968)

Date of next review: September 2024

Signed ………………………………………………………………. Position ……………………………………… Date……………………………….