

## 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 prescribed by a Doctor, Dentist or Nurse 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 child of 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. This includes ensuring that parent consent forms and medicine book have been completed, that medicines are stored correctly and that records are kept according to procedures.

### 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) **will not** be administered.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission in the medicine book for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent in the medicine book stating the following information. The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. No medication may be given without these details being provided:
  - the full name of child
  - time the last dose was given
  - date to be taken
  - parents consent/authorisation
  - type of medication

- the dosage
  - reason for medication
  - prescribed time
  - who it is administered by and witness
  - the signature of the parent when collected at the end of the session
- 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 a member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

### **Storage of medicines**

- All medication is stored safely in a cupboard out of reach of children or refrigerated as required.
- 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

### **Children who have long-term medical conditions and who require ongoing medication**

- We carry out a risk assessment for each child with a long-term medical condition that requires ongoing medication. This is the responsibility of our manager. 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 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 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 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 care plan and each contributor, signs it.