

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of the children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or have infections, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.



6.1 Administering medicines

Policy statement

Sick children should remain at home until they are well enough to return to the setting. However, we will administer medication to maintain their health and well-being or when they are recovering from an illness. Where medicines are necessary to maintain health of the child, we ensure 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.

The key person is responsible for correctly administering medication to their assigned children, including obtaining signed parent consent forms, storing medicines correctly and following all recording procedures. In the absence of the key person, the manager is responsible for overseeing the administering of 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 administer prescription medication only if it has been prescribed for a child by suitably qualified medical personnel, is in date and is for the current condition.
- We will administer non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. We record administering of non-prescription medicines in the same way as any other medication.
- Children under 16 years of age are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the key person 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 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 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 in our medication record book each time it is given and is signed by the person administering the medication. Parents are shown and asked to sign the record at the end of the day to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child;
 - name and strength of the medication;
 - name of the person who prescribed it;
 - date and time of the dose;
 - dose given and method;
 - signature of the person administering the medication [and a witness]; and
 - parent's signature.
- We record the administration of medicine in the Pre-school Learning Alliance Medication Administration Record book and comply with the detailed procedures it sets out.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- For rectal administration of medication, another member of staff must be present and must co-sign the record book.
- No child may self-administer. Children who understand when they need medication, for example children with asthma, are 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.
- The medication record book is monitored 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 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.
- 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 with a long-term medical condition requiring ongoing medication

- The Manager and the relevant key person carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. Other medical or social care personnel are involved as appropriate.
- 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 a basic understanding of the condition, including correct administration of any medication. 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 parents, 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 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 plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- During outings, the key person (or another member of staff who is fully informed about the child's needs and/or medication) will accompany the child with a risk assessment.
- Medication for a child is kept in a sealed plastic box clearly labelled with the names of the child and the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
 - This box accompanies the child if they are taken to hospital.
 - On return to the setting, the card is stapled to the medicine record book to be signed by the parent.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

Other useful Pre-school Learning Alliance publications

- Medication Record (2013)
- Daily Register and Outings Record (2012)

Policy approved and adopted by LWPS Board of Trustees on 17 October 2016	
Signed on behalf of the provider	
Name of signatory	Jenny Caw
Role of signatory	Co-Chair
Reviewed February	Signed: Dated:

Reviewed June

**Signed:
Dated:**

