

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 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.

Butterfly Preschool and Bumbles OOS staff are 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 manager/director is responsible for the overseeing of administering medication.

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 and in its original box with labels
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent (over the phone if required) and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years 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 member of staff checks that it is in date and prescribed specifically for the current condition.

- Parents must give prior written permission for the administration of medication using our Medication consent form. 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;
 - the dosage and times to be given in the setting;
 - the signature of the parent.

- The administration of medicine is recorded accurately on our medication form 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 form to acknowledge the administration of the medicine. .
- 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 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.

Storage of medicines

- All medication is stored safely in a kitchen cupboard (with the 1st Aid box) or refrigerated as required. Medicines 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.

*All Medicines are kept in a labelled plastic box in the cupboard in the afterschool club room, labelled 1st Aid
All staff are verbally told if a child needs medication and it is wrote on the white board as a reminder*

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 manager/director 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.
- 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 adults who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- We review the 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 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 for the child will accompany the children 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 box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the Medication consent form, which is to be completed in the same way as being in the setting.
- On returning to the setting the consent form is signed by the parent.
- 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 the name of the medication. Inside the box 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 was adopted by	Butterfly Preschool LTD and Bumbles OOSC	<i>(name of provider)</i>
On	_____	<i>(date)</i>
Date to be reviewed	_____	<i>(date)</i>
Signed on behalf of the provider	_____	
Name of signatory	_____	
Signed by director	_____	

Other useful Pre-school Learning Alliance publications

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