

# **PROMOTING HEALTH AND HYGIENE 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.

In many cases, it is possible for children's GP's 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 at the setting.

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 absence of the key person, the pre-school leader 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.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form. No medication may be given without this.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine.

## **Storage of medicines**

- All medication is stored safely in a clear marked plastic container in the kitchen area, or in the refrigerator if needed, also in a clear marked plastic container.
- 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 basis 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 Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- If the administration of prescribed medication requires knowledge, individual training is provided for the relevant members of staff by a health professional.
- 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 leader 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 conditions 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 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 six months or more if necessary. This includes reviewing the medication, e.g. changes to 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, 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 box clearly labelled with the child's name, name of the medication, inside the box is a copy of the consent form and a card to record when it has been given.
- 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, name of medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure is read alongside the outings procedure.

## Legal Framework

- The Human Medicines Regulations (2012)

June 2018
This policy was adopted on: _____
June 2019
Date to be reviewed: _____
<i>Karen Richardson (Treasurer)</i>
Signed on behalf of the Committee: _____

Changes made Y/N