

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

Children's behaviour must be managed effectively and in a manner appropriate for their stage of development and particular individual needs.

Promoting health and hygiene

1.17 Administering medicines

Policy statement for St Joseph's Pre-school

Whilst 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. This will only be done after the initial 48 hour period after beginning a course of medication.

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 in the setting. Any child on medication must be kept at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect. Only after this time may pre-school staff administer medication at pre-school.

These procedures are written in line with current guidance in 'Early Years Foundation Stage: Statutory Framework (April 2017)¹, the Lead Practitioner 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 Lead Practitioner is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- St Joseph's Pre-school will **only** administer medicines (both prescription and non-prescription) when essential and with the parent's express permission.
- All medication that is to be administered to a child must be in-date and relevant to the current condition.
- Children with special needs may have an extensive list of health information. This will be documented and understood and appropriate instructions circulated to all staff and volunteers who will be interacting with the child.
- If possible, the child's parent will administer the medicine before/after pre-school.
- Prescribed medication will only be given at pre-school after an initial 48 hour period at home following the beginning of the course of medication.
- Children's medicines (both prescribed and non-prescribed) are stored in their original containers, are clearly labelled and are inaccessible to the children.

¹ See section 3 Health. Paragraphs 3.44 – 3.46 under the heading medicines

- 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; and
 - signature, printed name of parent and date.
- The child's medicine must be taken home at the end of each day.

Natalie Powers, Lead Practitioner, receives from the Parent/Carer any medication a child needs during the session. Upon handover the parent signs the consent form in the medications folder and gives written instruction as to its administering.

- 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. The medication record book records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by key person/Lead Practitioner, and is verified by parent signature at the end of the day.
- See Appendix 1 for the *Medication Record* St Joseph's Pre-school uses for recording administration of medicine.

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.
- 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. Key persons 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.

*Chilled Medicines in a sealed labelled box in the shelf of the fridge.
Other Medicines in a sealed labelled box next to fist aid kit/in locked filing cabinet.*

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member 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 on 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 Lead Practitioner 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 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, 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, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book 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, 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 procedure².

² Policy 1.8 Supervision of children on outings and visits

Legal framework

- Medicines Act (1968)

Further guidance

- Early Years Foundation Stage: Statutory Framework (April 2017)

Version Number	Author	Purpose of change	Date
1.0	K Coupe	Comprehensive review, page numbered & referenced	Sept 2014
2.0	Committee member	Reviewed and updated as necessary	Oct 2016
3.0	K Coupe & N Powers	Reviewed & updated re change of prescribing for over the counter medicines (31 May 2018)	23 Jan 2019
4.0	A Hitchings	Reviewed and updated as necessary. Removal of information relating to rectal diazepam as this is now very rarely prescribed for children	1 July 2021 Cttee Mtg

Appendix 1: Medication Record

Full name of child:

Date of birth:

Who prescribed the medicine (eg. name of doctor):

.....

Name of medication and strength:

..... Expiry date:

Dosage:

.....

Method of administration:

.....

Time(s) at which medication is to be administered:

.....

Circumstances in which medication is to be administered (if for emergency use):

.....

.....

How medication is to be stored:

.....

Note(s) of any possible side effects:

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I confirm that the medication, dosage and timings indicated above are correct, and authorise St Joseph's Pre-school to administer them.

Parent's signature: Date:

Parent's name (please print):

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Date	1.Quantity administered	Time administered	Signature of staff administering dosage & witness	2.Quantity administered	Time administered	Signature of staff administering dosage & witness	Parent’s signature (or person who has been authorised by the parent to collect the child)	Date
				
				
				
				
				
				
				
				
				