

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy and procedure 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.



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 pre-school, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. The pre-school ensures 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 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. If a child has not had medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

Pre-school staff are responsible for the correct administration of medication to children for whom they are key persons. This includes ensuring that 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 pre-school manager or deputy are responsible for overseeing the administering of medication. The pre-school 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.
- Only medication prescribed for a child by a doctor (or other medically qualified person) 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. The medication is checked on receipt to ensure it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The key person 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 pre-school;
 - the method of administration
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and
 - the signature of the parent, their printed name and the date
- The administration of medicines is recorded accurately in the pre-school medication record book each time it is given and is signed by the person administering the medication and a witness where appropriate. Parents are shown the record book each time it is given and sign to acknowledge the administration of a medicine. The medication record book records:
 - name of child
 - name and strength of medication
 - name of the doctor that prescribed it
 - the date and time of dose
 - dose given and method
 - signature of the person administering the medication and witness where appropriate
 - parent signature
- We use the Pre-school Learning Alliance Medication Administration Record Book for recording the medicine and comply with the detailed procedures set out in the publication.

- If the administration of prescribed medication requires medical knowledge, we obtain training 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 how when they need their 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.
- We monitor the medication record book to look at the frequency of medication given in the pre-school. 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 the kitchen or the fridge 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. The Health and Safety Officer checks 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.

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 pre-school manager alongside the health and safety officer. 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 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.
- An individual health 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 individual health plan should include the measures to be taken in an emergency.
- The individual health 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 individual health 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, including all the details that need to be recorded in the medication record as stated 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.
- This procedure is read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

Further guidance

- Pre-school Learning Alliance medication record book (2013)

This policy was adopted at a meeting of

Bradford Abbas Pre-school
Committee

Held on

Date to be reviewed

June 2020

Signed on behalf of the management
committee

Name of signatory

Sally Taylor

Role of signatory (e.g. chair)

Chairperson
