



*Safeguarding and Welfare Requirements: 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.*

## H1: Administering Medicines Policy

(including staff taking medicines)

### Policy Statement

While it is not the Cabin's 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 will 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 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 a 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.

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 manager is responsible for the overseeing of administering 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.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Children's paracetamol (un-prescribed)(eg Calpol) is administered only for children with the verbal consent of the parents in the case of a high temperature, or under guidance of a GP. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- 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 with the child's name, and are inaccessible to the children, in the (high) bathroom cupboard or if refrigeration required, in the fridge in the kitchen.
- Parents must 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;



- ~ 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
  - ~ signature, printed name of parent and 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 [and a witness]. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
    - ~ name of child;
    - ~ name and strength of medication;
    - ~ the date and time of dose;
    - ~ dose given and method;
    - ~ and is signed by key person/manager; and
    - ~ verified by parent signature at the end of the day.
  - We use the Pre-school Learning Alliance's publication Medication Record for recording administration of medicine and comply with the detailed procedures set out in that publication.
  - If the administration of prescribed medication requires medical knowledge, we will obtain individual training [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.
  - 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

- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- All medication is stored safely in a locked cupboard or refrigerated as required. Where refrigerator is not used solely for medicines, they are kept in a marked plastic box.
- 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 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.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

### 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 manager 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 procedure.

#### Staff taking Medication/substances

- Staff are fully aware that they cannot be working at the Cabin Pre-school under the influence of alcohol or any other substance.
- Staff may work at the Cabin Pre-school whilst on medication so long that it will not affect their ability to look after the children. If they are in doubt they must seek medical advice.
- Staff needing to take medicine whilst at the Cabin Pre-school must inform the manager, who will ensure the medication will not impair their ability to look after the children properly.
- Staff may administer medicines in the kitchen –out of sight of the children.
- Staff medicines that need to be kept in the fridge may be do so in a labelled container, other medicines must be kept with personnel possessions.



This policy was adopted at a meeting of the Pre School Committee	
Date of Meeting	13/12/2016
Signed on behalf of the Management Committee	J Rolfe
Role of Signatory (e.g Chairperson/owner)	Chairperson
Review Date	13/12/2107