**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.

## 3.2 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.

Where possible, medicines should be administered at home. We will only administer medicine in the setting where this is necessary to support the child's health, welfare and attendance, or where not doing so would be detrimental to the child's health. If a child has not taken a medicine before, parents/carers should normally administer the first dose at home and monitor the child for possible adverse effects. Where the medicine has previously been taken, the child will continue to be observed in the setting and parents/carers will be contacted if the child becomes unwell or needs to be collected.

The manager is responsible for ensuring that this policy is implemented, that staff understand the procedures, and that records are completed accurately. Medicines are administered only by authorised members of staff who are competent to do so. Where administration requires medical or technical knowledge, appropriate training will be obtained from a qualified health professional before staff administer the medicine. 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.
- Prescription medicines will only be administered when they are prescribed for the named child, in date, provided in the original container where possible, and clearly labelled with the child's name, dosage, method and timing of administration.
- Non-prescription medication, such as pain or fever relief and teething gel, may be administered only where there is a clear health reason to do so, where the medicine is suitable for the child's age and needs, and where prior written consent has been provided by the parent/carer. We will follow the manufacturer's instructions, check the maximum daily dose and timing of any previous dose, and record the administration in the same way as prescribed medication. 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.
- Medication will not be administered if the label, consent form or parent/carer instructions are unclear, if the medicine is out of date, or if staff have concerns about safe administration. In these circumstances, the parent/carer will be contacted and, where appropriate, advice will be sought from a health professional.
- Parents/carers must give prior written permission for the administration of any medication. The staff member receiving the medication will ask the parent/carer to complete and sign a consent form before any medicine is given. No medication may be administered without these details being provided:
  - the full name of child and date of birth
  - the name of medication and strength
  - who prescribed it
  - the dosage and times to be given in the setting
  - the method of administration
  - how the medication should be stored and its expiry date
  - any possible side effects that may be expected
  - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately each time it is given and is signed by the person administering the medication and a witness. Parents/carers are shown the record at the end of the day and asked to sign to acknowledge the administration of the medicine. Medication records are kept securely and treated as confidential personal data. The medication record includes the:
  - name of the child
  - name and strength of the medication
  - name of the doctor that prescribed it
  - date and time of the dose
  - dose given and method
  - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
  - parent's signature (at the end of the day).
- Medication records are monitored regularly by the manager or delegated senior member of staff to identify patterns, ensure safe practice, and confirm that consent, administration and storage procedures are being followed.
- 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 a staff member what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- The manager monitors the medication record book to review the frequency and type 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 further infection prevention and control measures.

*Storage of medicines*

- All medication is stored safely, securely and in accordance with the product instructions. Medicines are kept inaccessible to children, in a locked cupboard or refrigerated as required. Where a cupboard or refrigerator is not used solely for storing medicines, medicines are kept in a clearly marked container.
- All staff are responsible for ensuring that 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. Staff check that medication held in the setting remains in date, correctly labelled and stored as required. Out-of-date or no longer required medication is returned to the parent/carer promptly and this is recorded where appropriate.

*Inhalers or medication that does not require refrigeration are kept securely in a cupboard in the kitchen. Any medication that requires refrigeration is kept in a clearly marked container in the kitchen fridge. The kitchen is not accessible to children and staff check that medicines remain secure and stored at the required temperature.*

*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 alongside trained First Aid practitioners. 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.
- 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 adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health 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 individual health plan and each contributor, including the parent, signs it.

*Managing medicines on trips and outings*

- If children are going on outings, the Manager/Deputy will accompany the children with a risk assessment.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the 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. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.

- 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 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 outing's procedure.

**Legal framework**

- Statutory Framework for the Early Years Foundation Stage, safeguarding and welfare requirements, including medicines and promoting good health
- Childcare Act 2006 and associated Early Years Foundation Stage welfare requirements regulations
- The Human Medicines Regulations 2012
- Health and Safety at Work etc. Act 1974
- Data Protection Act 2018 and UK GDPR, where medication and health information is recorded and stored

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| This policy was adopted by | Stowey Bears Preschool | *(name of provider)* |
| On | | *(date)* |
| Date to be reviewed | Reviewed Annually | *(date)* |
| Signed on behalf of the provider | *Rachel Penny* | |
| Name of signatory | Julia Jameson | |
| Role of signatory (e.g. chair, director or owner) | Chairperson | |

**Other useful Pre-school Learning Alliance publications**

- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)