

PEMBURY SCHOOL HOUSE NURSERY



HEALTH

Administering Medicines

Statement of Intent

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. They must be prescribed by a medical professional and have a printed dispensing label. In many cases, it is possible for children's GPs 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 to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). 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 must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given 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 in our medication record file each time it is given and is signed by the person administering the medication. Parents are shown the record at the end of the day and asked to sign the record to acknowledge the administration of the medicine. The medication record file records 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).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- The medication record 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

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are clearly labelled.
- We ensure 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. We check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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. 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.
- Where appropriate, an individual health plan for the child is drawn up with the parent; outlining 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

- Medication for a child is taken in a box and clearly labelled with the child's name, the original pharmacist's label and the name of the medication.
- If a child on medication has to be taken to hospital, the child's medication is taken with them 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.

Legal framework

- The Human Medicines Regulations (2012)

Other useful Pre-school Learning Alliance publications

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

This policy was updated and adopted by the Trustees of Pembury School House Nursery.