



6.1 Administering medicines

Policy statement

While it is not our policy here at The Learning Meadow 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. We 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 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 for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Either the Manager or the Deputy Manager are responsible for witnessing that the correct administration of medication is given as per the parents instructions. This includes ensuring that parent consent forms have been completed on ey log, that medicines are stored correctly and that records are kept according to procedures. We notify our insurance provider of all required conditions such as epilepsy, as laid out in our insurance policy.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only EVER 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, in it's original packaging with the advice leaflet enclosed, include the child's full name, address and date of birth.
- Non-prescription medication may be administered but only ever in an **EMERGENCY** situation, and only with prior written consent of the parent. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. All medications must be signed in and out of the premises.

- On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition, includes the child's name, address and date of birth.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to complete a consent form on ey log 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
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- The administration of medicine is recorded accurately in our medication record on ey log each time it is given and is signed by the person administering the medication and a witness. Parents are sent a record of this through ey log and they sign to acknowledge the administration of the medicine.
 - 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 on ey log.
 - 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 member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
 - We monitor the medication record on ey log. 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 kept in a marked plastic box or bag.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Staff will check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- Some children have conditions such as constipation that a GP will prescribe something to ease but that may need to be put into a drink so is unidentifiable when it comes in. This bottle must be labelled with the child's name and what is in it. This should be signed into the setting via ey log and given to the child at times when food is consumed. It must be stored safely in between these times.

Medicines will be stored in a lockable first aid cabinet inside.

Medication that requires refrigeration will be stored in a labelled bag or box in the fridge which has a lock guard.

Labelled drinks containing medication can be stored with the snack items in the locked dresser.

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 or Deputy 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 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 key person for the child will accompany the children 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 or bag, clearly labelled with the child's name, the original pharmacist's label and the name of the medication. A record will be made of when it has been given, which is transferred onto the ey log system when we return to the nursery and published to the parents. The parents will then sign and publish their acknowledgement.
- 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.

- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box/bag clearly labelled with the child's name and the name of the medication.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by	<u>The Learning Meadow</u>	<i>(name of provider)</i>
On	<u>October 2018</u>	<i>(date)</i>
Date to be reviewed	<u>October 2019</u>	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	<u>Dawn Pirie</u>	
Role of signatory (e.g. chair, director or owner)	<u>Owner/manager</u>	

Review record.

Date reviewed	comments	Sign	Next review
Oct 2019	Some changes due to changes in practice	DP	Oct 2020
Oct 2020	Updated due to introducing EY Log	DP	Oct 2021
Nov 2021	No changes	DP	Nov 2022