

## 3.1 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.

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, especially a baby/child under two, 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.

Our nursery manager is responsible for the correct administration of medication to who attend our setting. 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 manager, the key person of the child is responsible for the overseeing of administering medication.

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only 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.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) will not be administered, unless there is a health reason to do so, such as a high temperature, while the child is in our care, and only with the parents written consent (Registration form). Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. We may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- 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, and that the child's full name and date of birth are clearly displayed.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a Medication 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 form 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 form to acknowledge the administration of the medicine. The medication record form 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 medication requires technical/medical knowledge e.g. insulin injections, suppositories etc, then individual training must be provided for staff from a qualified health professional which is to be arranged by the parent prior to the child attending; training must be specific to the individual child concerned. For Epipens, staff will be trained in-house.
  - 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.
  - We monitor the medication record form 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.
  - Prescription medication can only be given to that particular child; we cannot administer to any other child, including a sibling, any medication that is prescribed for another named child.
  - We cannot administer both paracetamol and ibuprofen at the same dosage time; these must be given at separate times according to the instructions.
  - If a child refuses to take medicine, staff will make every attempt to encourage them but cannot force them. In this instance the parent will be contacted immediately to inform them.

### ***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.
- The child's key person/Nursery Manager 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 to be administered on a regular or as-and-when- required basis. The nursery manager checks 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. This is the responsibility of our 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 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 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 outings procedure.

**The following chart details which medication we can administer and for how long:**

<b>Medication Chart</b>			
<b>Type of medication</b>	<b>Examples of reasons for administering</b>	<b>Examples of medication (This list is not exhaustive)</b>	<b>Where there is a health reason to do so we can administer:</b>
Short term prescribed	Child requires short term treatment or pain relief and has been prescribed a course of treatment by their GP which lasts for no more than 2 weeks.	Antibiotics Paracetamol Ibuprofen Aspirin Eye drops Ear drops Cough syrup Cream/lotions Homeopathic	As per the length of time stated on the instructions
Long term prescribed	Child has been diagnosed with a long-term condition (which they suffer from regularly or constantly) and has been prescribed a course of treatment by their GP.	Epipen Insulin Inhaler Eczema cream Paracetamol* Ibuprofen* Aspirin* * a supporting letter is required from their GP	As and when required