

## 04 Health procedures

### 04.2 Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept. In the event the Key person is not in the manager will allocate a person to administer the medication.

Administering medicines during the child's session will only be done if absolutely necessary, Calpol or any other medication to reduce a temperature will not be administered by staff, if a child has a temperature, they are clearly unwell and therefore should not be at Pre-School, any child that develops a temperature whilst at Pre-School will need collecting.

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for at least 48 hours to ensure no adverse effect, and to give it time to take effect. If a child is starting a course of medication, they may have already been prescribed they must stay home for the first 48 hours for the medicine to take effect. You must inform the pre-school manager prior to attending pre-school if your child is taking any medication so the setting can check the insurance policy document to be clear about what conditions and medication must be reported to the insurance provider.

#### Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/back up key person, or room senior if the key person is not available. The setting manager should also be informed.

*The person opening the gate will ask a senior member of staff to take the medication and the parent will be asked to fill out a medication form before leaving their child. No child can be left, or medication given without a medication and consent form being filled out and the medication/condition has been checked with the insurance company.*

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth
  - name of medication and strength

- who prescribed it
- dosage to be given
- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent and date

## **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in a box in the kitchen fridge.

*All medication that needs to be refrigerated is stored in the top of the fridge in the kitchen in a sealed plastic box. Staff are kept informed of this through the staff communication board/book and a note is made on the front of the fridge.*

- The key/nominated person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

## **Record of administering medicines**

A record of medicines administered is kept in the setting manager's office.

1. *A medication form for each child is located in the child's details folder if medication has been given to the child before attending pre-school i.e. hay fever medication or one off medication.*
2. *Medication that is given to a child frequently will be recorded in the medication book inside their named medication box alongside their medication.*

*All staff are advised on both medication forms during their induction into the setting. They will observe how these medication forms are filled out during their first months' probation. During their second months' probation they will fill out the medication forms themselves whilst beginning supervised. Finally, they will fill out the form on their own.*

The medicine record form/book records:

- name of child
- name and strength of medication
- the date and time of dose

- dose given and method
- signed by key person/setting manager
- verified by parent signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. 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.

### **Children with long term medical conditions requiring ongoing medication**

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- 04.2a Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

### **Managing medicines on trips and outings**

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and medication book/form to record administration, with details as above.

- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

### **Staff taking medication**

Staff taking medication must inform their manager. The medication must be stored securely in a secure area away from the children. The manager must be made aware of any medication staff are taking including any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

### **Further guidance**

Medication Administration Record (Early Years Alliance 2019)