

Administering Medication Procedure

General Welfare Requirement:

Safeguarding and Promoting Children's Welfare

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

Statement of intent

Whilst 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.

Aim:

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.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. 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 no adverse effect as well as to give time for the medication to take effect.

Method:

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings', the managers are responsible for ensuring all staff understand and follow these procedures.

A Supervisor is 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. In the absence of a Supervisor, a qualified First Aider would be responsible for the overseeing of administering medication.

Procedure:

1. Children taking prescribed medication must be well enough to attend the setting.
2. Prescribed medication must be in-date and prescribed for the current condition. (Non-prescribed paracetamol or ibuprofen based medication will only be given, at the manager's discretion, for teething purposes only).
3. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
4. Parents give prior written permission for the administration of all medication. The staff receiving the medication must ask the parent to sign an 'Administration of Medicine and treatment Consent' form stating the following information. No medication may be given without these details being provided:
 - Full name of child and date of birth;
 - Name of medication and strength;
 - Who prescribed it;
 - Dosage to be given in the setting;
 - How the medication should be stored and expiry date;
 - Any possible side effects that may be expected
 - Signature, printed name of parent and date.

Records:

1. The administration is recorded accurately each time it is given and must be witnessed and signed by staff.
2. Parents must sign the consent form to acknowledge the administration of a medicine.
3. The consent form must record the following information:
 - The date and time
 - Dose given and method
 - Signature of staff member administering medication
 - Signature of staff member witnessing the administration of medication
 - Verified by parent signature at the end of the session.

Storage:

1. All medication is secured safely in a cupboard, or refrigerated both of which are inaccessible to the children.

2. The Supervisor is responsible for ensuring medicine is handed back at the end of the session to the parent/carer.
3. For some conditions, medication may be kept in the setting. Supervisors check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Administration:

1. If the administration of prescribed medication requires medical knowledge, individual training is provided for the key person and a manager, by a health professional.
2. 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.

Children who have long term medical conditions and who may require ongoing medication:

1. A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Supervisors alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
2. 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.
3. 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 is part of the risk assessment.
4. The risk assessment includes activities that may give cause for concern regarding an individual child's health needs.
5. The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
6. A health care plan is drawn up with the parent, outlining the key person's role and what information must be shared with other staff who care for the child.
7. The health care plan should include the measures to be taken in an emergency.
8. The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or dosage, any side effects noted, etc.

9. Parents receive a copy of the health care plan and each contributor, including the parent signs it.

Managing medicines on trips and outings:

1. If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child’s needs and/or medication.
2. Medication for a child is taken in a sealed plastic box, clearly labelled with the child’s name and the name of the medication.
3. The consent form must be placed in the box to enable any administration of medicine to be recorded.
4. If a child on medication has to be taken to hospital, the child’s medication and a copy of their consent form must accompany them.

Emergencies:

In the case of a child suffering a severe injury, or having an extreme high temperature that puts them at risk of a febrile convulsion, we will administer pain relief in the form of Calpol. However if the child has been in attendance at the setting for less than 4 hours prior to gaining the injury or developing a temperature, parental consent will be sought before pain relief is administered to ensure no other pain relief has been given previously within that 4 hour period.

Legal framework:

- The Human Medicines Regulations 2018

Further guidance:

- Managing Medicines in Schools and Early Years Settings (DfES) 2005

Version	Changes made	Author	Date
1.0	Baseline version	Lyn D	12 th Oct 2015
1.1	Procedure 4) ... wording of ‘consent form’ changed to ‘Administration of Medicine and Treatment Consent form’ Records 2) ... Wording of ‘record book’ changed to ‘consent form’ Legislation:	Lyn D	5 th Nov 2015

	Medicine Act 1968 changed to reflect The Human Medicines Regulations 2012		
1.1	Reviewed, no changes made	Lyn D	28 th Sept 2016
1.2	Change to reflect update to: <ul style="list-style-type: none"> • The Human Medicines Regulations 2014 	Lyn D	1 st Sept 2017
1.3	Change to reflect update to: <ul style="list-style-type: none"> • The Human Medicines Regulations 2018 	Lyn D	1 st Aug 2018
1.4	Procedure 2) change of wording to include reference to non-prescribed medication	Lyn	30 th March 2019
1.5	Paragraph re Emergencies added	Lyn	10 th Nov 2020