Administering Medication Procedure

General Welfare Requirement:
Safeguarding and Promoting Children's Welfare
The provider must promote children's good health, take the necessary steps to prevent the spread of infection, and take appropriate action when children are ill.

Statement of intent

It is not our policy to care for sick children; they should remain at home until they are well enough to attend to the setting. However, we will agree to administer prescribed medication to maintain a child's health and well-being or support their recovery from an illness.

Aim:
Wherever possible, medicines will only be administered in the setting if not giving them would be detrimental to the child's health. In many cases a child's GP can prescribe medication that can be taken at home in the morning and evening. If a child has not taken a medication before, parents are advised to keep the child at home for the first 48 hours to check for adverse effects and allow time for the medication to take effect.

Method:
These procedures are written in line with the current guidance in 'Managing Medicines in Schools and Early Years Settings'. Managers are responsible for ensuring all staff understand and follow these procedures.
A supervisor is responsible for ensuring that medication is administered correctly to the children. This includes checking that parental consent forms are complete, medicines are stored correctly, and records are kept in accordance with these procedures. In the absence of a supervisor, a qualified first aider is responsible for overseeing the administration of 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 child's current condition. Non-prescribed paracetamol or ibruprofen based medication will only be given, at the manager's discretion, in the event of a serious accident, an extremely high, spiking temperature or for teething.
3. Children's prescribed medicines must be stored in their original containers, clearly labelled And kept out of children's reach.
4. Parents must give prior written permission for all medication to be administered. The staff member receiving the medication must ask the parent to sign an 'Administration of Medicine and Treatment Consent' form containing the information below. No medication may be given unless all these details have been provided:

- Child's full name and date of birth
- Name and strength of the medication
- Name of the prescriber
- Dosage to be given in the setting
- Storage instructions and expiry date
- Any possible side effects that may be expected

- Parents signature, printed name, and date

Records:
1. Each administration of medication must be recorded accurately and witnessed, and signed by two members of staff.
2. Parents must sign the consent form to acknowledge that medicine has been administered.
3. The consent form must record the following information:
    - Date and time of administration
    - Dose given and method of administration
    - Signature of the staff member administering the medication
    - Signature of the staff member witnessing the administration
    - Parent's signature verifying the record at the end of the session.

Storage:
1. All medication must be stored safely in a secure cupboard or refrigerator, out of children's reach.
2. The supervisor is responsible for returning medication to the parent or carer at the end of the session
3. Medication for some conditions may be kept in the setting. Supervisors must check that medication held for regular use, or use as needed, is in date and return any out-of-date medication to the parent.
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Administration:
1. If administering prescribed medication requires medical knowledge, individual training from a health professional will be arranged for the key person and managers (and ideally other staff members) before the child joins the setting.
2. Children must not self administer medication. Children who can recognise when they need medication, for example for asthma, should be encouraged to tell a staff member. However, this does not replace staff vigilance in recognising and responding to a child's need for medication.

Children with long term medical conditions who may require ongoing medication:
1. Supervisors, together with the key person, are responsible for carrying out a risk assessment for each child with a long term medical condition requiring ongoing medication. Other medical or social care professionals may need to be involved.
2. Parents will also contribute to the risk assessment. They should be shown around the setting, understand it's routines and activities, and identify anything they believe could pose a risk to their child.
3. For some medical conditions, key staff will need training to understand the condition and administer the medication correctly. Staff training needs must form part of the risk assessment.
4. The risk assessment must include activities that may raise concerns about the individual child's health needs.
5. The risk assessment must include arrangements for taking medication out on outings. Advice from the child's GP should be sought where necessary if there are concerns.
6. A healthcare plan must be drawn up with the parent, outlining the key person's role and the information that must be shared with other staff who care for the child.
7. The health care plan must include the measures to be taken in an emergency.

8. The healthcare plan should be reviewed every six months, or more frequently if necessary. The review includes the medication, any changes to the medicine or dosage, and any side effects noted
9. Everyone who contributes to the healthcare plan, including the parent, must sign it.

We reserve the right to defer the start date of any child with a long term medical condition until staff feel confident and have received appropriate training.

A child who needs an EpiPen will not be accepted into the setting unless 2 pens have been provided.

Managing medicines on trips and outings:
1. Staff accompanying children on outings must include the key person for any child who has a risk assessment, or another staff member who is fully informed about the child's needs and/or medication.
2. The child's medication must be taken in a sealed plastic box, clearly labelled with the child's name and name of the medication.
3. The consent form must be placed in the box so that any administration of medicine can be recorded.
4. If a child taking medication needs to go to hospital, their medication and a copy of the consent form must accompany them.

Emergencies:
If a child suffers a severe injury or has an extremely high temperature that puts them at risk of a febrile convulsion, we reserve the right to administer calpol without parental consent. For a child with a known allergy to paracetamol, alternative pain relief may be administered. To enable us to do this safely, we strongly request that no pain relief medication is given to a child during the four hours before they arrive at the setting. Under no circumstances should medication be given to mask a temperature or illness before attendance. If we are made aware that a child has received pain relief less than 4 hours before arriving at preschool, we reserve the right to refuse them entry.

If a child is unwell enough to need Calpol or a similar type of pain relief before attending preschool, they are NOT well enough to attend.

Parents will be informed at the time of any head injury, however minor. A head injury advice sheet will be provided where applicable.

Any adult administering first aid within the setting is legally protected by The Social Action, Responsibility and Heroism (SARAH) Act 2015

Legal framework:

- The Human Medicines Regulations 2018
- The Social Action, Responsibility and Heroism (SARAH) Act 2015

Further guidance:

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

Version	Changes made	Author	Date
1.0	Baseline version	Lyn D	12th 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: Medicine Act 1968 changed to reflect The Human Medicines Regulations 2012	Lyn D	5th Nov 2015
1.1	Reviewed, no changes made	Lyn D	28thSept 2016
1.2	Change to reflect update to: The Human Medicines Regulations 2014	Lyn D	1st Sept 2017
1.3	Change to reflect update to: The Human Medicines Regulations 2018	Lyn D	1st Aug 2018
1.4	Procedure 2) change of wording to include reference to non-prescribed medication	Lyn	30thMarch 2019
1.5	Paragraph re Emergencies added	Lyn	10th Nov 2020
1.6	Emergencies: amended to request pain relief is not given prior to a child attending	Lyn	28th Sept 2022
1.7	Reference to the SARAH Act 2015	Lyn	17th Dec 2023
1.8	Reference to Calpol (and similar pain relief)	Lyn	15th Jan 2024
1.8	Reviewed, no changes made	Lyn	9th Nov 2024
1.9	Reworded with the aid of co-pilot	Lyn	9th Nov 2026