



ADMINISTERING & STORAGE OF MEDICINES POLICY

Policy Statement

While it is not 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.

The Manager and, in their absence, the Deputy Manager are 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. The Manager, and in their absence, the Deputy Manager are responsible for administering all medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date, prescribed for the current condition, in the original packaging which states the child's name and include the 'Package Leaflet: Information for user' which details any side effects of the medication.
- Non-prescribed medications can only be authorised for the following reasons;
 - Teething
 - Mild skin conditions
 - Mild allergies such as hay fever
 - Mild eye inflammations/infections
 - For guidance on the provision of barrier cream please refer to the **Nappy Changing Policy**
 - Fever relief, parents should be reminded that administration of Calpol could mask systems of illness and if a child has a consistently high temperature appropriate medical advice should be sought. Calpol will not be administered to a child with no signs or symptoms of fever or pain unless advised otherwise by a medical professional.
- Medicines will not usually be administered unless they are prescribed by a doctor. Non-prescription medication, such as pain or fever relief (e.g., Calpol) and teething gel, may



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be administered, but only with prior written consent of the parent (Child's registration consent form) and only when there is a health reason to do so, such as a high temperature. 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. Non-prescription medicines will not be given to children such as 'Tixylix', 'Benelin' etc.

- If the child's temperature is worryingly high, then we may give them Calpol after first obtaining verbal consent from the parent and when the parent or named person is on their way to collect the child. This is to reduce the risk of febrile convulsions, particularly for babies. The child's consent form will first be checked and Parents/named person will sign the medication administration record form when they collect their child.
- Parents must give prior written permission for the administration of medication. The Manager/Deputy manager will ask the parent to sign a *Child Medication Consent & Administration Form* stating the following information. A new Medication consent form will be completed for each course of medication. No medication may be given without these details being provided:
 - the full name of child and date of birth;
 - the name of medication, strength and dosage;
 - times to be given in the setting;
 - Length of medication course;
 - the method of administration;
 - how the medication should be stored and its expiry date;
 - The signature of the parent and the date.
 - On receiving the medication, the Manager/Deputy manager will check that it is in date and prescribed specifically for the current condition.

Administration of medicines

At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

- The Manager and, in their absence, the Deputy Manager is responsible for the correct administration of medication to children. The Manager and in their absence the Deputy Manager are also responsible for administering all medication.
- The administration of medicine is recorded accurately on the child's medication consent & administration form each time it is given and is signed by the person administering the medication and a witness.
- Before administering medication, the Manager/Deputy Manager and witness are to both check the name on the medicine, the dosage and the expiry date. Both members of staff remain present until the medication has been administered to the child and the child's



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- medication administration record form is signed each time by the person administering the medication and a witness.
- Parents are shown the record at the end of each day and asked to counter sign the medication and consent administration form to acknowledge the administration of the medicine. Parents will therefore be aware of how many doses the child has had and when the last dose was administered.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training by a health professional which in most cases is arranged by the parent. This information will be recorded on the child's *first aid/medicine plan*.
- 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.

Storage of medicines

- All medication is stored in the original container and clearly labelled with the child's name, date and dosage (pharmacy label). The medication is stored safely in the first aid cupboard or refrigerated as required. Where the refrigerator is not used solely for storing medicines, they are kept in a marked plastic bag. Measures are taken to make the kitchen restricted to children and the kitchen door kept closed.
- The Manager or Deputy Manager is responsible for ensuring that the 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 Manager will check 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 may require ongoing medication

- We complete a child's *first aid/medicine plan* for each child with a long-term medical condition that requires on-going medication i.e., inhalers. This is the responsibility of the Manager alongside the key person. Other medical or social care personnel may need to be involved as required and dependent on the condition.
- Parents will contribute to the child's *first aid/medical plan*. 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 staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly i.e., Epi pens. The training needs will be discussed with the parents and provided by qualified health professionals, please see **Managing children who are Sick, Infectious, or with Allergies Policy**.
- The child's first aid/medicine plan includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.



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- The first aid/medicine plan should include the measures to be taken in an emergency.
- We review the first aid/medicine plan alongside the parents 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 first aid/medicine plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- Arrangements will be made for taking any necessary medicines on trips. Staff supervising the trip will be informed of the child's needs and/or medication including any emergency procedures.
- Medication for a child is taken in a sealed plastic bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the *child medication consent & administration form* to record. Where the Manager or Deputy Manager has not attended the trip, a pre-nominated person will be responsible for administering the medication alongside a nominated witness.
- On returning the parent signs the medication administration record form as usual.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the consent form signed by the parent.
- An outing planner form will need to include the care and arrangements required for each child taking medication or who has a first aid/medicine plan. This will include the nominated person responsible for administering the medication.