

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

Administering Medicines

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.

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. 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. A child who has been prescribed antibiotics must not return to nursery for 48 hours from start of taking medication

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

The key person is responsible for the correct administration of medication to children for whom they are the key person. 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 key person, the manager is responsible for the overseeing of administering medication.

When we use the word 'prescribe' we mean medicine that is recommended.

When we use the word 'prescription' we mean written instructions from a doctor or dentist.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered, for the named person and for the dosage stated. It must be in-date and prescribed for the current condition.

- NB Children's paracetamol (un-prescribed) is administered only for children under the age of one year with the written permission 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.
- Paracetamol will not be administered for more than 3 consecutive days.
- Parents are able to provide calpol for teething if prescribed by a GP and dated within the last 8 months of the date on the label this will be given for a period of 24 hours and then the parents must seek medical advice to ensure there is not underlying illness. Calpol will be returned to the child's parents when not being used. And must only be provided if needed.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Children's paracetamol (un-prescribed) is administered only for children under the age of one year, in the event that they have a high temperature and their parents will be collecting within the hour, (to prevent the chance of the child having a febrile convulsion). Written permission from the child's parents for calpol is obtained on a Childs medical form (within the registration process), and must state the dosage to be given). in the event a child has a temperature the parents will be contacted and informed of their child's ill health, at this point verbal consent will also be sought (this must be heard by 2 witnesses). In the event that the parents cannot be contacted the manager/deputy or senior member of staff will take into consideration the risk to the child, how long they have been unwell and how long they have been in the setting to make an executive decision from there, as to if calpol should be given. Practitioners must complete a medication form as per the medication policy and parents will be informed and asked to sign it on collection.
- Parents give prior written permission for the administration of medication. The key person receiving the medication must ask the parent to sign a 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 should be noted; and
 - signature, printed name of parent and date.
- If a child is teething please follow the teething policy

- The administration is recorded accurately each time it is given and is signed by the key person. Parents sign their child's medicine form to acknowledge the administration of a medicine. The individual medication forms record:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by the key person; and is verified by parent signature at the end of the day.
- In the event that a child obtains a repeat prescription, parents/practitioners must complete a new medication form on each occasion to ensure all the information is correct i.e. expiry date.
- Each time the dosage changes a new form must be completed.
- For any non-prescription cream for skin conditions e.g. Sudocrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child's name

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated. 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 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. Key persons 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.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- 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.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child 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.
- The health care plan should include the measures to be taken in an emergency.
- 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 the dosage, any side effects noted etc.

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

Managing medicines on trips and outings

- 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.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

Staff medication

The first aid box for staff should be kept in a readily accessible position, but out of reach of the children.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressing, bandages, and eye pads. No other medical items, such as paracetamol should be kept in the first aid box.

Staff medication must be kept out of the children's reach at all times and must be stored in the allocated locker within the staff room.

Storage

All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is out of reach of all children and under supervision at all times.

Emergency medication, such as inhalers and epipens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach and under supervision at all times.

Any antibiotics requiring refrigeration must be kept in an area inaccessible to children.

All medications must be in their original containers, legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

Legal framework

- Medicines Act (1968)

This policy was adopted at a meeting of

Smart Kids Childcare

Held on

27th October 2017

Date to be reviewed

15th May 2018

Signed on behalf of the Trustees

Name of signatory

Lynda Hayes