

## **Policy and procedures for administering medicines:**

This policy must include systems for obtaining information about a child's needs for medicines and for keeping this information up to date.

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.

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 there are no adverse effects as well as to give time for the medication to take effect. 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 principle person responsible for the correct administration of medication to a child is that child's key worker. This includes ensuring that a parent consent form has been completed, that the medicine is stored correctly and that records are kept according to these procedures. In the absence of the key worker, the Manager is responsible for the overseeing of administering medication

### **Procedures**

- ♣ Children taking prescribed medication must be well enough to attend the setting and be free from sickness and diarrhoea for at least 48 hours.
- ♣ Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- ♣ Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- ♣ Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the 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; - parental consent with signature, printed name of parent and date.

Medication should be handed to either Gina Ferriter(Manager) or Sally Galano (Deputy) or Sarah Smith (Deputy). Parents will be asked to sign all relevant paperwork.

Other staff will be advised verbally and by the way of written notices and via the orange post it notices on the piano.

- ♣ The administration is recorded accurately each time it is given and is signed by the administering member of staff. Parents are shown the record at the end of the session and asked to sign the record book to acknowledge the administration of a medicine.

The medication record book records: - name of child; - name and strength of medication; - the date and time of dose; - dose given and method; - signed by key worker/manager; - verified by parent signature at the end of the day.

### **Storage of medicines**

- ♣ All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

- ♣ The child's key worker 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. The key worker must check that any medication held to administer on an 'as and when' required basis, or on a 'regular' basis, is in date and any out-of-date medication is returned to the parent. All medication will be stored in the or above the fridge. . All staff are made aware of this procedure on induction.

- ♣ 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 worker what they need. However, this does not replace staff vigilance in knowing and responding to when a child requires medication. Children who have long term medical conditions and who may require on ongoing medication

- ♣ 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.