



## Embsay with Eastby Pre-School Playgroup

### Administering Medicines

#### **Statement**

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. 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.

Our staff are 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 deputy key person is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

#### **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- We only administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.

- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, will not be administered by staff.
- Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- Staff must ensure children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition and that particular child.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth
  - the name of medication and strength
  - who prescribed it
  - the dosage and times to be given in the setting
  - the method of administration
  - how the medication should be stored and its expiry date
  - any possible side effects that may be expected
  - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately on the child's medication record each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record records the:
  - name of the child
  - date and time of the dose
  - dose given and method
  - any reactions and any actions taken by staff
  - signature of the person administering the medication and a witness who verifies that the medication has been given correctly

- parent's signature (at the end of the day).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- 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.
- We monitor the medication record book to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control, or excessive use of medication (see safeguarding policy)

#### *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 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*Medicines are stored in the locked medication cupboard near the kitchen. If the medication must be stored in the fridge, it is stored in a clearly labelled Tupperware.*

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

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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 form part of the risk assessment.
- The risk assessment includes vigorous activities and any other 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 advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan 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 individual health plan and each contributor, including the parent, signs it.

#### *Managing medicines on trips and outings*

- If children are going on outings, the key person for the child will accompany the children 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, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a medication form to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not

on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.

- On returning to the setting the medication form 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

### Legal framework

- The Human Medicines Regulations (2012)
  - Member of Staff responsible for Health & Safety: Grace Hill
  - Member of Staff responsible for Deputy H&S : Emma Cranston
  - Member of Committee responsible for Health & Safety: Sarah Anderson
  - Member of Staff responsible for First Aid: Kazia Hutchinson

This Policy was reviewed in January 2020 and adopted at a Meeting of the Playgroup Management Committee to be held on 14<sup>th</sup> January 2020

..... Signed on Behalf of the Playgroup Management Committee

Position Held: Chair of Management Committee

To be Reviewed: October 2020

Links to Relevant Policies:	Food and Drink	Settling-In	Hygiene
	Child Protection	Safety	
	Managing Sick Children	Outings	

Links: EYFS Statutory Framework, (2017)  
The Management of Health & Safety At Work Regulations, 1999  
Health & Safety At Work Act, 1974  
The Children Act, 1989 / 2004  
'Managing Medication and Complex Health Care Needs of Children and Young People,' 2012, North Yorkshire County Council  
Cancer Research UK's 'Sunsmart Guidelines' - Online at: [www.sunsmart.org.uk](http://www.sunsmart.org.uk)  
Ofsted - [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

Useful Contacts: Ofsted - Tel. 0300 123 1231  
PLA Insurance - Tel. 020 7697 2500  
Local Authority Environmental Health Department - Tel. 01756 700600  
Health Protection Agency - Tel. 0113 284 0600  
Health and Safety Executive - Tel. 0845 300 9923 or  
Online at: [www.hse.gov.uk/riddor/index.htm](http://www.hse.gov.uk/riddor/index.htm)  
Health Visitors - Becky Westwood - Settle team - 07717677357  
Settle Health Centre - Tel. 01423 557567  
Dyneley House Surgery - 01756 790042  
Fisher Medical Centre - 01756 702344  
Skipton Children's Centre Health Clinics - Tel. 01609 798094  
CYPS Health and Safety Risk Management - Tel. 01609 532589 for  
Advice or Support on any Health, Safety and Welfare Issues or  
Assistance