



## **Administering Medicines Policy**

### **Policy statement**

Wistanstow Under 5's pre-school believes that medicines should normally be given to children at home. Nevertheless, children with medical needs have the same rights of admission as other children and we will support any child who has medical needs or require ongoing medication whenever she/he is in our care. When children have been away because of illness, it is our policy to re-admit them as soon as they are well enough to attend, and we recognise that these children may still be receiving a course of treatment. We will therefore administer medicines in certain circumstances, with prior parental consent.

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.

Kelly Jones is the member of staff 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. In the absence of Kelly Jones, the manager or pre-school assistant are responsible for the overseeing of administering medication. Our insurance provider is notified 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 usually 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 and clearly show the child's name.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent 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. NB We may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent 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.
- 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.
- 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 in our medication record book 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 book records the:
  - name of the child
  - name and strength of the medication
  - name of the doctor that prescribed it
  - date and time of the dose
  - dose given and method
  - 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).

- We use the form in **Appendix 1** for parental agreement and the form in Appendix 2 for recording the administration of medicine for individual children. We record an overview of medicine given in the setting using the form in Appendix 3.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training, either for the relevant member of staff or for all staff as appropriate, from 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.
- The manager ensures the medication record sheets are monitored 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.
- To fulfil safeguarding responsibilities, there is a medical board in the office with photographs of children who have medical conditions that everyone needs to be aware of and an outline of these needs. There is also a board in the kitchen area of the setting. Children with medical conditions are also identified with a **M** by their name in the register.

### ***Storage of medicines***

- All medication is stored safely in a cupboard in the kitchen area or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box. Staff are informed of this during their induction.
- 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. The key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

### ***Refusing Medication***

If a child refuses to take medication staff will not force them to do so. The refusal will be recorded and the parents informed. If necessary the school will call the emergency services.

### ***Emergency Procedures***

As part of general risk management processes the setting has arrangements in place for dealing with emergency situations. All staff know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need.

A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

### ***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 card 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 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 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.

### ***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. (Appendix 4 shows a Health Plan for asthma. Appendix 5 is a template for an Individual Health Care Plan.)
- 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.

## STAFF MEDICINES

All members of staff must adhere to the following procedures;

- All new staff must complete a health declaration form before they begin their employment with the Pre-School. Managers will assess and use the information provided by the employee to decide any appropriate support and/or risk assessments required.
- Staff must inform the preschool manager of any medical conditions that may affect their daily work.
- Staff must not be under the influence of alcohol or any other substance that may affect their ability to care for children.
- Staff medication on the premises will be securely stored and out of reach of the children at all times.

## Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by:	Signature: <i>Ryan Foulkes</i>
WISTANSTOW UNDER FIVES	Position: MANAGER
Date Policy Adopted: 04.07.18	Date: 09.07.18
Next Review Date Due: September 2019	Signature: <i>Emma Hadwin</i>
	Position: CHAIRPERSON
	Date: 09.07.18



**APPENDIX 1 - Parental Agreement for Setting to Administer Medicine.**  
**The setting will not give your child medicine unless you complete and sign this form.**

Name of child	
Date of birth	
Medical condition or illness	
Name, address and phone no. of GP	

Name/type of medicine <i>(as described on the container)</i>	
Expiry Date	
Storage Requirements	
Dosage/method and number of days	
Method of administration	
Time to be taken in setting	
Is precise timing critical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any precautions, special arrangements or side effects that the school needs to know about?	
Procedures to take in an emergency	

**Emergency Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	

I accept that this is a service that the setting is not obliged to undertake.  
 I understand that I must notify the setting of any changes to my child's medication in writing.  
 I confirm that the medication, dosage and timings indicated above are correct and authorise the setting to administer them.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**Please note:** It is your responsibility to ensure that the setting is kept informed about changes to your child's medicines, including how much they take and when.



**APPENDIX 2 - Record of Medicine Administered to Individual Children**

Name of School: \_\_\_\_\_

Date	Quantity administered	Time administered	Signature of staff administering dosage and witness

Date	Quantity administered	Time administered	Signature of staff administering dosage and witness

I have received the returned medication.

Signed \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_





**APPENDIX 4 – Asthma Health Care Plan**

Child's name	
Date of birth	
Child's Key Worker	
Child's address	
Date Asthma Diagnosed	

**Family Contact Information**

Parents / Guardians Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

**G.P.**

Name	
Phone no.	

**Clinic/Hospital Contact**

Name	
Phone no.	

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose. (E.g. *once or twice a day, just when they have asthma symptoms, before sport*)

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

Who is to be contacted in an emergency? Give three contact telephone numbers

Form copied to: (to be completed by the child's keyworker)

**ADVICE FOR PARENTS**

**Remember:**

- **It is your responsibility to tell the setting about any changes in your child's asthma and/or their asthma medications.**
- **It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer with them in the setting and that it is clearly labelled with their name. You should confirm this with your child's keyworker.**
- **It is your responsibility to ensure that your child's asthma medication has not expired.**



## Individual Health Plan

*This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.*

Date completed: \_\_\_\_\_ Review date: \_\_\_\_\_

### Child's details:

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical condition/diagnosis \_\_\_\_\_

Medical needs and symptoms: \_\_\_\_\_

Daily care requirements: \_\_\_\_\_

Medication details (inc. expiry date/disposal) \_\_\_\_\_

Storage of medication: \_\_\_\_\_

Procedure for administering medication: \_\_\_\_\_

Names of staff trained to carry out health plan procedures and administer medication: \_\_\_\_\_

Other information: \_\_\_\_\_

Date risk assessment completed: \_\_\_\_\_

Risk assessment details: \_\_\_\_\_

Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:

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**Child's main carer(s)**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

**General Practitioner's details:**

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

**Clinic of Hospital details (if app):**

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

**Declaration**

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of key person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of manager:

Date:

Signature:

Date:

For children requiring life saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/consultant:

Date:

Signature:

**To be reviewed at least every six months, or as and when needed.**

**Copied to parents and child's personal file (with registration form)**