

## Promoting health and hygiene

### 2.1 Administering medicines

#### Policy statement

We will agree to administer medication as part of maintaining children's health and well-being or when they are recovering from an illness.

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 no adverse effect as well as to give time for the medication to take effect.

It is the key persons responsibility to ensure that the Medication Record Book, including parental consent is 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.

#### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

## Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the Medication Record Book.
- The administration is recorded accurately each time it is given and is signed by staff. Parents will be informed when medication has been administered.
- We use the Pre-school Learning Alliance's publication *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided 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.

### *Storage of medicines*

- All medication is stored safely in a marked container in the first aid cupboard out of the children's reach, or the refrigerator (fitted with a safety catch). The child's key

person is responsible for ensuring medicine is handed back at the end of the day to the parent when necessary.

- 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.

*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 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.

- The manager will inform the nursery insurance company of any any child requiring invasive /regular medical treatment (e.g. Epipens)

*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 clearly labelled with the child's name, name of the medication, and dosage instructions. Means of recording the medication when given is also included.
- If a child on medication has to be taken to hospital, the medication should either accompany the child, or note be provided of the child's medication.
- **This procedure is read alongside the outings procedure.**

**Legal framework**

- Medicines Act (1968)

**Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

<b><u>Adopted by:</u></b>	<b><u>Signature:</u></b>	<b><u>Date:</u></b>	<b><u>Position:</u></b>
<b><u>H Budd</u></b>		<b><u>13/08/12</u></b>	<b><u>manager</u></b>
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