

## Promoting health and hygiene

### 1.16 Administering Medicines

#### Policy statement

*When we use the term 'prescribed' within this policy we mean medicine that is recommended by a doctor, qualified nurse, pharmacist or dentist, but not necessarily written. When we use the term 'prescription' we mean written instructions from a doctor, qualified nurse, pharmacist or dentist.*

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 a child's GP 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 no adverse effect 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 Pre-School Leader is responsible for ensuring all staff understand and follow these procedures.

The Deputy Pre-School Leader is responsible for the correct administration of medication. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

The Pre-School Leader or Deputy **may** agree to administer pain relief, when asked to do so by a parent and if there is an accepted health reason to do so or in an emergency for a high fever, with written permission beforehand, following the same recording procedures as those for prescribed medication. We are able to administer pain relief medication without prescription i.e.

Calpol, Nurofen or similar providing that the child is well enough to be in session. The medication must be in its original container/bottle/box. We will only administer fever pain relief if your child has a high temperature

Children under the age of 16 should never be given medicines containing aspirin unless a doctor has prescribed that medicine for that child.

For administration of adrenaline auto-injectors we will refer to guidance from the Department of Health:-

*“Schools may administer their “spare” adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.”*

For administration of emergency salbutamol inhalers we will refer to guidance from the Department of Health:-

*“The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.”*

## **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- Prescribed medication can be 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 are asked to complete and sign a consent form, via the office, 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.
- time of last dose given.
- who the medication was prescribed by.

The medication records are monitored to look at the frequency of medication being given. 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.

- The administration is recorded accurately each time it is given and is signed by the member of staff who administers.
- Medication will be administered in the office and a member of the administration staff will countersign the form to double check all details and to witness the medicine being administered.
- The member of staff administering the medication checks the name label, the expiry date and ensures that the medication is in its original container. Medication dispensed by a hospital will not have the child's name but should have a dispensing label.
- The Deputy Pre-School Leader will, wherever possible, administer medication. In her absence any first aid trained member of staff can administer medication.
- Parents sign to acknowledge the administration of a medicine.

#### *Storage of medicines*

- All medication is stored in a wall cupboard located in the utility room, which is not accessible to the children, or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a named plastic box or wallet.
- The Deputy Pre-School Leader is responsible for ensuring medicine is handed back at the end of the day to the parent, for short term medication.
- For some conditions, medication may be kept in the setting. The Deputy Pre-School Leader checks 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 a member of staff 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 ongoing medication*

- A *risk assessment/individual care plan* is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Pre-School Leader, the Deputy Pre-School Leader and the administration staff. Other medical or social care personnel may need to be involved in the risk assessment.
- The individual care plan is stored in a named medication box.
- Parents can also contribute to a *risk assessment/individual care plan*. 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/individual care plan*.
- The *risk assessment/individual care plan* includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The *risk assessment/individual care plan* includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary, where there are concerns.
- An Individual Care Plan for the child is drawn up with the parent; outlining the role of the staff and what information must be shared.
- The Individual Care Plan should include the measures to be taken in an emergency.
- The Individual 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 Individual Care Plan and each contributor, including the parent, signs it.

### *If a child becomes ill during a session*

If any child becomes ill during a session, we would initially monitor the child, we would deliver the agreed medication or first aid as appropriate.

If the child does not respond to treatment or if it is felt the child's needs would be better met at home or the child needs to see a professional, then the parent/carer will be called to be advised to collect the child. If the parent/carer is not available, we then use the emergency contacts listed on the child's record card. We continue to try to contact the parent/carer until successful.

In the case of the need for emergency treatment, a staff member would accompany the child and arrangements would be made to meet the parent/carer as soon as possible.

The normal recording procedure for accident/incidents/administering medication is followed.

### *Managing medicines on trips and outings*

- If children are going on outings, staff accompanying the children must include a senior member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a wallet/bag clearly labelled with the child's name. Any medication administered during an outing is recorded.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box or wallet clearly labelled with the child's name. Inside the box/wallet is the administration of medication form signed by the parent.
- This policy is read alongside the 'Supervision of Children on Outings and Visits' policy.

### **Staff taking medication**

Staff taking medication must inform their manager. The medication must be stored securely in the lockable wall mounted first aid locker in the office so that it is away from the children. The manager must be made aware of any contra-indications (side effects) for the medicine so that they can risk assess and take appropriate action as required.

### **Further guidance**

Medication Administration Record (Early Years Alliance 2019)

This policy was adopted at a meeting of	<u>Cullompton Pre-School</u>	name of setting
Held on	<u>16<sup>th</sup> February 2011</u>	(date)
Date to be reviewed	<u>February 2012</u>	(date)
Signed on behalf of the management committee	<u>Emma Jones</u>	
Name of signatory	<u>Emma Jones</u>	
Role of signatory (e.g. chair/owner)	<u>Chairperson</u>	

This policy has an annual review period and, as such, will be reviewed and signed off at a management committee meeting of Cullompton Pre-School each year, as shown below.

Previously reviewed on:-	14 <sup>th</sup> September 2015	by	Sarah Lush Chairperson
Previously reviewed on:-	27 <sup>th</sup> March 2017	by	Sarah Lush Chairperson
Previously reviewed on:-	25 <sup>th</sup> March 2019	by	Alex Fox Chairperson
Previously reviewed on:-	16 <sup>th</sup> May 2022	by	Jack Madge Chairperson
Previously reviewed on:-	17 <sup>th</sup> November 2023	By	James Shere Chairperson

Reviewed by Staff on:	19 <sup>th</sup> September 2024
Reviewed by Committee on:	25 <sup>th</sup> September 2024
Date of next review:	September 2025
Signed on behalf of the Management Committee:	Rob Gillings
Name of Signatory (printed):	Rob Gillings
Role of Signatory (e.g. Chairperson)	Committee Member

