



Christchurch Kindergarten Children's Nursery Limited

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## Promoting health and hygiene

### 19 Administering medicines

#### Policy 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 prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness. **We will not administer off the shelf medication.**

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 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 principal is responsible for ensuring all staff understand and follow these procedures.

The key person/Deputy is 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 is responsible for the overseeing of administering medication.

## Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- 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).
- NB Children's paracetamol or any other (un-prescribed) medicine is administered only for children with the written consent from 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.
- The administration is recorded accurately each time medicine is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
  - name of child;
  - Illness
  - name and strength of medication;
  - the date and time of dose;
  - Duration period;
  - Special note;
  - When was it last administered (date)
  - Consent given by:
  - signed by key person/Deputy or Manager; and is verified by parent signature at the end of the day.
- A template on *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.

### *Storage of medicines*

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- All medication is stored safely in a locked cupboard or refrigerated. 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 or deputy 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. 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.

*All medicines are stored away safely in the cupboard. If required to be refrigerated, then it is first put in a marked plastic box and is clearly marked 'medication' with child's name.*

- 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.

#### *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 Deputy 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 vigorous activities and any other nursery 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 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.

#### *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 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 and a card to record when it has been given, with the details as given above.
- 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, 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
- This procedure is read alongside the outings procedure.
- **In the event of any child contracting meningitis or any other noticeable diseases, the nursery management will notify Ofsted and the local Health Authority**

#### **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>

#### **Other useful Pre-school Learning Alliance publications**

- Medication Record (2006)
- Register and Outings Record (2006)

Medication Consent/Record



Consent

I hereby give permission for my child to be given the following medicine at times as indicated:

CHILD'S NAME: -----

ILLNESS: -----

NAME AND STRENGTH OF MEDICATION-----

DURATION PERIOD-----

SPECIAL NOTE: -----

DATE AND TIME OF DOSE TO BE GIVEN-----

WHEN WAS IT LAST ADMINSTERED AT HOME:

DATE:---/---/--- TIME-----BY WHOM-----

CONSENT GIVEN BY (PLEASE PRINT) -----

SIGNATURE: ----- DATE: -----

Information checked Y/N Medicine Stored Y/N Other Staff Informed Y/N

Signature: -----

DATE	TIME	DOSE	GIVEN BY	CHECKED BY	COMMENTS	PARENTS SIGNATURE

N.B - Please make sure you make the parents sign for the day the medication is given.

