**Promoting Health and Hygiene**

**Administering medicines**

**Policy Statement**

In this policy key person is referred to throughout, whenever a child’s key person is not in attendance on the relevant session the ‘buddy system’ comes into play (which would be manager Hayley Coombes or Deputy manager Alice Penfold)

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

The key person is responsible for the correct administration of medication to children for whom they are the key person, if the child's key person is not at the pre-school on the appropriate session the medicine will be administered by the manager (Hayley Coombes) or the Deputy manager (Alice Penfold). 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 supervisor of the session is responsible for the overseeing of administering the medication.

**EYFS key themes and commitments**

**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.
* There may be on occasion that a parent requests un-prescribed paracetamol, this will be given at the discretion of the supervisor and will not be given if it is felt that the child should not be at pre-school or that the reason for administering the medicine is for an illness that is, or could possibly be, contagious to other children or adults. There must be written consent from the parents and put in the medication book each day.
* Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children
* Parents give prior permission for the administration of medication. The staff receiving the medication must ask the parent to sign the medication book 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.
* The administration is recorded accurately each time it is given and signed by the member of staff who administered the medicine and by the witness member of staff who must be present during the administration of the medicine. The medication record book records:
* Name of child
* Name and strength of medication’
* The date and time of dose;
* Dose given and method; and is
* Signed by key person/supervisor/deputy supervisor; and is verified by parent’s signature at the end of the day.

**Storage of medicines**

* All medication is stored safely in a locked cabinet in the large toilet or in the fridge in the kitchen, depending if refrigeration is required, 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 session (if key person is not in on this session it is the responsibility of the supervisor of that session).
* For some conditions, medication may be kept in the pre-school. The owners (Hayley Coombes and Alice Penfold) 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 all the current 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 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 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 supervisor 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 pre-school, 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 pre-school 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 persons role and what information must be shared with the 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 which is signed when it has been given with the details as given above.
* On returning to the pre-school the form is returned to the medicine record book and the parent signs it.
* If a child is 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.

**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>

This policy was adopted on ................................................................

Date to be reviewed ...................................................................

Signed (All Staff)..........................................................................................................................

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