



Administration of Medication Policy & Procedure

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.

These procedures are written in line with current guidance in '*Managing Medicines in Schools and Early Years Settings*'.

- 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.
- The key person 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 member of staff given the medication by the parent is responsible for the overseeing of administering medication.
- All forms related to the administration of medication can be found in the red additional needs file. Completed and ongoing medication forms can also be found here, alongside any health care plans that are in place.
- Prescribed medication may be administered where it would be detrimental to the child's health if not given in the setting. It must be in-date and prescribed for the specified child and for the current condition.
- In line with the Early Years Foundations Stage, Welfare requirements 2014, we do not administer un-prescribed medication (pain and fever relief) to children. Medications such as Calpol or Paracetamol that are required for a health condition can be prescribed by a GP or Nurse.
- No medication containing aspirin will be given to any child attending this setting, unless it has been prescribed by a medical professional.
- Children's prescribed drugs are stored in their original containers, in accordance with product and prescriber's instructions and are clearly labelled with the child's full name. Medications are always kept out of reach of the children in the kitchen.

Short course medications:

- Parents give prior written permission for the administration of medication on the day the medicine is to be given, using Parental permission form – Administering medicines (1)
- This is dated, and states the name of the child, name/s of parent(s), the name of the medication, date the medication started, when last dose was given, the dosage and time of administration whilst in our care, or how and when the medication is to be administered. If there are any changes to dosage from the initial prescription (for example with an inhaler) this needs to be in writing from the child's Doctor, nurse or pharmacist. At the end of the day, parents should sign to confirm they have been made aware of the staff having administered the medication.

Ongoing conditions

- For some ongoing conditions, medication may be kept in the setting. Key persons check that any medication held to administer on a 'as and when' required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent. Prior written permission will be held, and completed by key person then signed by parents upon collection, when medication is given – Ongoing Medication Permission + Log

If the administration of prescribed medication requires medical or technical knowledge, tailored training is provided for at least 2 relevant members of staff by a health professional prior to the child attending the setting and at least 2 staff should be present during administration of medications.

- Wherever possible and under advice of a trained health professional individual children will be supported with **any** ongoing medical needs. This may include the attendance by the child's key person at any care plan meetings.

Each child with an ongoing medical condition has a health management plan/ risk management plan devised by the child's keyworker, Incco within the setting and the parents, using guidance from any other professionals involved. We ask parents to review their child's medical forms regularly (every six months if not before) to ensure they are up to date, however we expect all parents to keep us informed of any changes to their child's health. This plan is then shared with other staff and includes any emergency dosages to be given.

No child may self administer without an adult to oversee the administering. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key worker what they need. However this does not replace staff vigilance in knowing and responding when a child requires medication, and all paperwork is completed and signed by staff and parents in accordance with current guidance.

Staff medications:

If a practitioner at this setting is taking medication which they believe may affect their ability to care for children, they should inform the manager and only work directly with children after seeking medical advice and a thorough risk assessment being carried out. The provider will require evidence of this before the practitioner is able to work directly with children.

All staff medication whether prescribed or un-prescribed will be securely stored and out of the reach of children in the kitchen.

Managing medications on trips and outings:

Staff accompanying children who require medication on trips must have a good understanding of each child's health care plan and this should be taken on the outing, along with the consent / record of administration form and medication in a locked case. Medications should be clearly labelled with the child's name, name of medication.

At least two staff (both trained in the administration of the medication where required) should be present during outings. Ideally one of these should be the child's key worker.

On return to the setting forms and medications should be returned to their correct place and parents should sign to acknowledge your administration whilst out.

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