



CENTRAL@RLK

POLICIES AND PROCEDURES

6.1 - ADMINISTERING MEDICINES

Policy statement

While it is not Central@RLK's policy to care for sick children, who should be at home until they are well enough to return to the setting, the setting 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, parents must keep their child at home for the first 48 hours to ensure no adverse effects present themselves as a result of the medication, 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 of Central@RLK is responsible for ensuring all staff members 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. 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 Manager or Deputy Manager assumes this responsibility.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Any medication prescribed by a doctor (or other medically qualified person) will be administered. It must be in-date and prescribed for the current condition.
- Central@RLK will administer a one-off dose of Paracetamol based product according to the manufacturer's guidelines, should a child's temperature reach or exceed 38.5 degrees; if parents have signed the consent form. Parents will be contacted in all cases of a raised temperature.
- Any child who has been given un-prescribed medications such as paracetamol, within 6 hours of their start time, should not attend the session without prior discussion with the manager regarding the need for the child to be medicated.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.



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- Parents give prior written permission for the administration of medication via Central@RLK's Medication Form. The staff receiving the medication must ensure the parent has signed a consent form which states 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;
 - reason for the medication;
 - time of last dose at home;
 - time next dose due in setting;
 - whether the medication is on-going or short term (if short term - dates provided);
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.

The child's key-person is responsible for the monitoring and administration of medication to a child.

Where the key-person does not hold a qualification of NVQ Level 3 or above, or in the absence of the key-person, the Manager or Deputy Manager will adopt this responsibility.

The name of the person responsible should be recorded in the second section of the form.

- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the Medication Form to acknowledge the administration of a medicine. The medication record book records:
 - child's full name and date of birth;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by key person or manager/deputy manager (whoever administered the medication); and is
 - verified by staff witness
 - this information is communicated to the parent at the end of the child's session and confirmed by the parent's signature.
- We use the Pre-school Learning Alliance's publication *Medication Record* guidance regarding recording the administration of medicine and comply with the detailed procedures set out in that publication.
- All completed Medication Forms are held on the child's information file.



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Storage & Administering of medicines

- All medication is stored safely in a locked cupboard (located on the wall near the fire exit in each room) or refrigerated as required. Where the refrigerator is not used solely for storing medicines, 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 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.
- 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 ongoing medication

- A risk assessment is carried out for each child with long term medical conditions that require on-going 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, and a basic understanding of the condition as well as how the medication is to be administered correctly. A care plan/risk assessment will identify staff training requirements and these will be carried out accordingly.
- The risk assessment includes vigorous activities and any other 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, setting and health visitor; 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 often 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.



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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 ongoing or short term consent form and/or a medication form to record when it has been given, with the details as given above.
- On returning to the setting the medication form is signed by the parent.
- 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 and the name of the medication. Inside the box is a copy of the ongoing or short term consent form signed by the parent.
- This procedure is read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations 2012

Further guidance:

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

Other useful Pre-school Learning Alliance publications:

- Medication Record (2010)
- Daily Register and Outings Record (2012)

This policy was adopted at a meeting of	Central@RLK
Held on	27th July 2015
Date to be reviewed	July 2016
Signed on behalf of the management committee	
Name of signatory	Rebecca Davies
Role of signatory (e.g. chair/owner)	Chairperson