



**Bishop Cornish Education Centre**  
**Ofsted Registration No: EY397520**



## **Administration of Medicine Policy**

### **Policy statement**

While it is not the preschools policy to care for sick children (see Poorly Children Policy), who should be at home until they are well enough to return to the setting, the preschool will agree to administer medication as part of maintaining their health and wellbeing or when they are recovering from an illness and are well enough to return to the setting. The preschool will ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements. In many cases, it is possible for children's GPs 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, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Wrap around care are aware of and follow our Medicine Policy for pre-schoolers in their care outside of pre-school hours. School children in Wraparound care follow the school Medicine Policy to keep continuity.

### **Consent for administering medication**

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs a Key Worker. The setting manager should be also be informed.
- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.

- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth
  - name of medication and strength
  - who prescribed it
  - dosage to be given
  - how the medication should be stored and expiry date
  - a note of any possible side effects that may be expected
  - signature and printed name of parent and date

### **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in kitchen fridge, or in a marked box/bottle in medicine if not required to be refrigerated.

- Key Workers are responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

### **Record of administering medicines**

A record of medicines administered is kept. They are signed by parent at the end of each session if medicine has been administered.

The medicine record book records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person administering medicine
- verified by parent signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- 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.

A child in need of an inhaler is able to keep a pump/spacer, labelled with prescription at the setting in the medicine box. It is recognised that some children will need this more frequently than others. Staff will be made aware of who has a inhaler kept on the premises for use as advised/required.

### **Children with long term medical conditions requiring ongoing medication/treatment**

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.

- Parents may be asked to contribute to risk assessment. They may be required to be shown around the setting, discussing routines and activities and any risk factors for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- Health care plan (form 2a) is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

### **Managing medicines on trips and outings**

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later 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 as above.

### **Staff taking medication**

Staff taking medication must inform their manager. The medication must be stored securely in staff cupboard away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

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