Administering Medicines Policy

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, Binfield Preschool will agree to administer prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness. We 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, thus avoiding the need for medication to be administered at Preschool. 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 there are no adverse effects, as well as to give time for the medication to take effect.

Where a prescribed medicine has to be given during the day, staff ensure the correct administration of medication to children as per the guidelines, and the administration is overseen by a member of the management team. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Binfield Preschool will not administer non-prescribed, over-the-counter medication in setting. If a child is ill enough to require a non-prescribed medication, such as Calpol, they should not be in setting. A child, who has been given a non-prescribed medication, may seem well enough to attend Preschool once it has taken effect. However, as soon as the medication has worn off, the child may show signs of being unwell in setting and in this instance, we will telephone the parent and ask for the child to be collected.

Procedures

- Children taking prescribed medication must be well enough to attend the setting
- We only administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition
Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.

Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
- the full name of child and date of birth
- the name of medication and strength
- if the child has had medication prior to attending Preschool and if so, at what time and in what amount
- the dosage and times to be given in the setting
- the method of administration
- how the medication should be stored and its expiry date
- the signature of the parent, their printed name and the date

The administration of medicine is recorded accurately in our medication records each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign to acknowledge the administration of the medicine. The medication record records the:
- name of the child
- name and strength of the medication
- date and time of the dose
- dose given and method
- signature of the person administering the medication and a witness who verifies that the medication has been given correctly
- parent’s signature (at the end of the day).

If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of 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 or a member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

We monitor the medication records to look at the frequency of medication given in the setting. 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.

Storage of medicines

All medication is stored safely or refrigerated as required. Where the refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
Children who have long term medical conditions and who may require ongoing medication

- We carry out a risk assessment and devise a care plan for each child with a long-term medical condition that requires 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 and care plan. 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 form part of the risk assessment.

- The risk assessment includes any activity that may give cause for concern regarding an individual child’s health needs.

- The risk assessment includes arrangements for taking medicines on outings.

- An individual 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 adults who care for the child.

- The individual health care plan should include the measures to be taken in an emergency.

- We review the individual health care plan every term, or more frequently 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 individual health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children 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 the first aid kit clearly labelled with the child’s name, the original pharmacist’s label and the name of the medication. Inside the first aid kit, the consent form and a card to record when it has been given, is kept including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child’s details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.

- On returning to the setting the card is stapled to the medicine record 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

- This procedure should be read alongside the outing’s procedure.

Legal framework

- The Human Medicines Regulations (2012)
Other useful Early Years Alliance publications
- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)