04 Health procedures

**04.2 Administration of medicine**

The Playschool Managers and Health and Safety leads are responsible for administering medication to the children; ensuring consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child’s session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

**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 the manager on the door.

*The Playschool Managers or Health and Safety lead receive the medication from the parent and help them complete the individual treatment plan or administering medicines record.*

* 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 if prescribed.
* 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 (if applicable)
* 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 clearly labelled.

*Non-refrigerated medication that stays on site is stored with the child’s individual treatment plan in the locked filing cabinet. Non-refrigerated medication that is brought in daily is handed to the Managers/Health and Safety Lead and stored in the locked filing cabinet during session along with the child’s individual treatment plan. This is handed back to parents at home time – it is the parent’s responsibility to ensure the medication is taken home if required.*

*Medication that requires refrigeration will be stored in the large fridge in the church kitchen, and the medication book completed with necessary details. This should be handed to the Managers/Health and Safety lead at drop off and requested at pick up time.*

* Parents are responsible for requesting the medication back at home time, and this will only be handled by the Managers or health and safety lead.
* For some conditions, medication for an individual child may be kept at the setting. An individual treatment plan form must be completed. Manager/health and safety lead 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 near to the register so it is always available.

The administering medication record is stored in the register pouch during session, and locked in the filing cabinet with the register overnight.

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 person administering and a witness
* 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 the staff 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.

**Children with long term medical conditions requiring ongoing medication**

* Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting managers and health and safety lead. Other medical or social care personnel may be involved in the risk assessment.
* Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor 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.
* Individual treatment plan is completed by the parent, supported by the manager/health and safety lead.
* 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 a manager 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, and the treatment plan is taken with this.
* 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 lockers or a secure area 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. Staff are asked to complete a medication record and update this annually or more regularly if a medication has changed. Any medications with potential side effects that may impact a staff member’s ability to complete their role fully must be disclosed and a risk assessment undertaken.

**Further guidance**

[Medication Administration Record](https://portal.eyalliance.org.uk/Shop#!prod/3a3f4ad6-7564-ea11-a811-000d3a0ba8fe/curr/GBP) (Early Years Alliance 2019)