

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

6.1 Administering medicines

This policy was adopted by the St George's Board of Directors held on

Date: 7 JUNE 2021

Role of Signatory: CHAIRMAN

Date of Next Review: JUNE 2022

Signed on behalf of St George's: [Signature]

Name of Signatory: ADRIAN CROUCH

Policy statement

While it is not St George's 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. 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. 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 the prescribed medication before, the parent must keep the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children who attend my setting. This includes ensuring that parent consent forms have been completed; that medicines are stored correctly and that records are kept according to procedures.

The setting follows the procedures set out in the guidance 'Managing Medicines in Schools and Early Years Settings;' the Childcare Managers are responsible for ensuring all staff understand and follow these procedures.

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, dentist, nurse or pharmacist. It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. NB We may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- 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;
 - who prescribed it;
 - the dosage and times to be given in the setting;
 - the method of administration;
 - how the medication should be stored and its expiry date;
 - any possible side effects that may be expected;
 - time and dose before nursery; and
 - the signature of the parent and date.
- The administration of medicine is recorded accurately in medicines record book 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 the record book to acknowledge the administration of the medicine. The medication record book 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; and
- parent's signature.
- If the administration of prescribed medication requires medical knowledge, St George's will 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 other member of staff] what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We will make sure the medication record book is monitored 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 away from children or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- Staff are 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Children who have long term medical conditions and who may require ongoing medication

- An individual health plan for the child is drawn up with the parent; outlining the staffs role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, 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 plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, The Key person 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 a sealed plastic bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the consent form to record when it has been given.
- On returning to the setting the medicine record can be 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 bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)
- Statutory Framework : 3.44, 3.45 and 3.46