

## **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.



# **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, 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 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.

Our staff are 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 is responsible for the overseeing of administering medication.

## **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually 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.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol, Own Brand paracetamol) and teething gel or eye drops 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 or for mild pain relief. (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 having gained prior written consent, we will seek to obtain verbal permission from parents prior to administering and not within 4 hours of arriving at the pre-school if we are unable to get hold of parents.

### Procedures for managing children with temperatures:

0 C	0 F	What it means	What to do
36.0	96.8	Normal	Nothing
37.0	98.6		
37.2	99.0		
37.4	99.3	Low grade fever	Courtesy call to parents, administer Calpol/paracetamol and observe for 30 minutes. If temperature fails to decrease by this time or increases above 38 degrees, arrangements should be made to collect the child as soon as possible.
37.6	99.7		
37.8	100.1		
38.0	100.4	High fever	Call parents. Administer Calpol/paracetamol. If temperature does not reduce within 15 minutes parent must be contacted to arrange collection of the child as soon as possible. Calpol/paracetamol may only mask the real problem, and the child may still be unwell. Risk of Febrile Convulsions could be triggered by body temperatures rising rapidly above 38.C
38.2	100.8		
38.4	101.2		
38.6	101.5		
38.8	101.8		
39.0	102.2		
39.2	102.6	<b>Very High Fever</b>	<b>Contact parents urgently to get them to come to pre-school immediately. In the event of a convulsion; phone an ambulance. Staff to keep parents informed.</b>
39.4	102.9		
39.6	103.3		
39.8	103.7		
40.0 and above	104.0		

### Calpol/Paracetamol Guidelines

Child's Age	How much to be administered
6 – 24 months	5 ml
2 – 4 years	7.5 ml
4 – 6 years	10 ml

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
  - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately and stored in our medication record folder 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.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 sheet.
- 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.
- We monitor 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 in a locked tin or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked lockable tin.
- 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 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.

*Medicines can be stored in a Blue lockable tin which can be put in fridge, pink lockable tin for Calpol/paracetamol and grey lockable filing cabinet in office. Asthma inhalers are kept on the shelf in the main room for easy access. New staff are informed of storage and procedures as part of the induction.*

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

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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 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 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 advice is sought from the child's GP if necessary where there are concerns.
- An individual health 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 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 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 clearly labelled with the child's name, the original pharmacist's label and the name of the medication. The consent form and a record sheet is completed when it has been given, 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 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 plastic bag clearly labelled with the child's name and the name of the medication, with a copy of the consent form signed by the parent.
- This procedure should be read alongside other setting Health and Safety procedures.

This policy was adopted by

Ashurst Wood Pre-School  
Lauryn Page (Manager)

*(name of  
provider)*

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