

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

Glebe House School Early Years Staff must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

Promoting health and hygiene

1.16 Administering medicines

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 prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's 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 no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person or the Headmaster's PA. 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 of the room is responsible for the overseeing of administering medication.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
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Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- NB Children's paracetamol (un-prescribed) is administered for all children 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.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it and what the medication is for;
 - dosage to be given in the setting;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.
 - Last time of medication being administered at home prior to coming to nursery

N.B. Key person's/ Head's PA will be responsible for ensuring the necessary medication forms are completed and that the medication is administered at the appropriate time. They are also responsible for ensuring a witness checks the medication form and then watches the medicine being administered. Medication must be in the appropriate packaging and for the named person.

- The administration of medicine is recorded accurately in the Medication Folder each time it is given and is signed by two members of staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - batch number
 - signed by key person/manager and a witness; and is verified by parent signature at the end of the day.
- We have our own *Medication Record Folder* for recording administration of medicine, which is kept in the kitchen.
- Children under 16 years of age should never be given medicines containing aspirin, unless prescribed by a Doctor.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box within the appropriate room above child height.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent, if they are going off duty they should delegate someone to do it in their absence.
- 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.

Any member of staff who takes medication from a parent/carer should store the medication according to what it says on the packaging. If it needs refrigerating then it should be put in the kitchen and the kitchen door should then be locked, if it does not require refrigeration then it should be stored either in the kitchen/year group in a sealed plastic container above child height. Medication should never be stored on children's pegs; key person's should ensure their parents/carers are aware of this. All staff are required to read and sign all policies, therefore should be aware of their responsibilities, if they are not they are in breach of their contract.

- If the administration of prescribed medication requires medical knowledge, individual training is provided 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 book.
- 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.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing 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. 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.
- A 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 staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more 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 health care plan and each contributor, including the parent, signs it.

