



04 Health procedures

04.2 Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept. In the absence of the key person, the Manager/Deputy is responsible for the overseeing the administering of medication.

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, 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 their key person/shadow key person, or the Manager/Deputy if the key person is not available. The setting Manager must also be informed.

The key person (or in their absence, the Manager or Deputy Manager) will receive the child's medication and ask the parent(s) to complete the consent form. The Manager/Deputy Manager must be informed. This policy is given to staff on joining.

- 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.
- 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
 - 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 in a high cupboard out of the reach of children or refrigerated as required. Refrigerated medication is stored separately or clearly labelled in the kitchen fridge.

Medicines which need to be kept refrigerated will be kept in a marked plastic box within the main kitchen fridge. Although the fridge is not lockable the kitchen is always kept closed and bolted at high level during the Little Owls hours. Children have no access to the kitchen due to a high hook.

When in the neighbouring room a member of staff is always with the children. Other medicines, not requiring refrigeration are kept out of reach and out of sight of children in a high cupboard. Children have no access to this area.

The Manager will communicate this policy to staff during their induction and updates will be communicated in a timely fashion.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not have 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 in the medication record folder in which is stored in the medicine cupboard. Members of staff are informed about how to complete this as part of their induction and then the Manager/Deputy supports them to complete their first entry and subsequent entries, if required.

The medicine record folder records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person/setting Manager/Deputy, and a witness who verifies that the medication has been given correctly
- verified by parent signature at the end of the day

A witness signs the medicine record folder 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 their key person 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 manager and key person. 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. In this case, we obtain individual training for the relevant member of staff by a health professional. 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.
- 04.2a Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- 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 their key person, or other staff member 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, copy of the consent form and a card to record administration, with details as above.
- The card is later 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 sealed plastic box clearly labelled as above.

Staff taking medication

Staff taking medication must inform their Manager. The medication must be stored securely in the staff cupboard. . 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.

Further guidance

Medication Administration Record (Early Years Alliance 2019)

This policy was adopted by	Haslingfield Little Owls Preschool CIO	<i>(name of provider)</i>

On (or reviewed on)	30 November 2021	<i>(date)</i>

Date to be reviewed	November 2022	<i>(date)</i>

Signed on behalf of the provider	_____	
Name of signatory	Heather Duke	

Role of signatory	Chair	

Other useful Pre-school Learning Alliance publications

- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)

Staff member's name	Signed	Date
Kayleigh Kearns		
Katie York		
Sobia Mir		
Caroline Cadman		
Charlotte Loynes		
Kayleigh Kearns		