Fledglings Day Nursery

Early Years

**Administering Medicine Policy**

Date Reviewed: August 2023

Review Due: August 2024

Reviewed by: Miss A West

## 1 Introduction

*“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.”* (EYFS Sept 2014)

*“Medicine both prescription and non prescription must be only administered to a child where written permission for that particular medicine has been obtained from a child’s parent/carer”.* (EYFS Sept 2014)

Children taking prescribed medication must be well enough to attend the school/setting.

## 2 Aims and objectives

This policy aims to outline the regulations, procedures and responsibilities for administering medicines.

It seeks to outline procedures to be undertaken to minimise the impact of any child’s medical condition on their life in the school/setting and to ensure that parents, carers and early years staff at the school/setting understand the steps which need to be followed when a child has medical needs.

The objective of this policy is to ensure a responsible, consistent and reliable approach to administering medication is adopted that complies with all of the statutory requirements relating to this.

**3 Administering medicine**

We promote the good health of children attending the school/setting and this includes administering medicine. We have a procedure, discussed with parents/carers, for responding to children who are ill or infectious, taking necessary steps to prevent the spread of infection and appropriate action if children are ill.

**3.1** We provide training for staff where the administration of medicine requires medical or technical knowledge.

**3.2** The prime responsibility for a child’s health lies with the parent/carer who is responsible for the child’s medication and supplying the school/setting with any relevant information.

**3.3** To support children’s health through administering medication we will:

* work in partnership with parents/carers to minimise the impact of any child’s medical condition on their life in the school/setting;
* adopt and implement any national or LA policies in relation to medication in the school/setting;
* provide members of staff (working with the child) with information about the medical condition, the need for medication and how best to help them;
* arrange training for staff who volunteer to support individual children with special medical needs;
* liaise as necessary with medical services to support the child in the school/setting;
* ensure that all children with special medical needs have, wherever possible, access to the full life of the school/setting;
* maintain appropriate records.

**3.4** As a school/setting we will deal with each request to administer medication, or offer other support to a child with special medical needs, separately. Where the school/setting has agreed to administer a child’s medication it is required that:

* the prescription and dosage is clearly typed or printed on the outside of the container;
* there is written permission for that particular medicine from the child’s parent/carer;
* a written record is kept each time a medicine is administered to a child, and the child’s parents/carers are informed on the same day, or as soon as reasonably possible.

**3.5** When a request is made by a parent/carer for medication to be administered in the school/setting, the headteacher/manager will consider whether or not the medication can be administered in the school/setting by undertaking a risk assessment.

**4**  **Medication and care plans**

If it is viable and appropriate for the medication to be administered at the school/setting then the school/setting will work with the parent/carer to set up an Individual Health Care Plan (IHCP)for the child. It is essential that parents/carers inform us of any medication they may have given their child before they arrive into our care. We need to know what medicine the child has had, the dose and time given.

**4.1** The IHCP is a confidential document and outlines the procedures staff follow in the event of an emergency.

**4.2** The school/setting accepts that all staff have rights in relation to supporting children with medical needs such as:

* severe weather conditions which do not permit the school/setting to open;
* safety issues due to gas leak, burst pipes, flood and so on;
* receiving appropriate training;
* working to clear guidelines;
* having concerns about legal liability;
* bringing any concerns they have about supporting children with medical needs to the attention of the headteacher/manager.

**4.3** Medication will be kept in a secure place that is only accessed by designated school/setting staff and each time medication is administered the child’s medication record is completed and countersigned by a second designated person.

Any left over medication will be returned to the parent/carer in person, as agreed at the outset of the child’s treatment.

All medication records will be retained for future reference.

**4.4** The procedure for administering medication at the school/setting is as follows:

* medication will never be given without the prior written request of the parent/carer, including frequency, dosage, any potential side effects and any other pertinent/relevant information;
* a member of staff (key person) will be assigned to administer medication for each individual child concerned;

* he/she will also be responsible for ensuring that:

1. prior consent is arranged;
2. all necessary details are recorded;
3. medication is properly labelled and safely stored during the session;
4. another member of staff acts as a witness to ensure that the correct

dosage is given;

1. parents/carers sign the permission to administer medication form to

acknowledge that the medication has been given.

**4.5** Medication permission forms will be regularly reviewed to ensure that there are no changes, for example a child may no longer need or be able to take some medication or may need an additional form. Even though a parent/carer may have signed a form, we will still contact them by telephone to check that we can administer the medication. This is to protect the child, parents/carers and the setting/school.

**5 Responsibility**

**5.1** Parents/carers will be responsible for providing us with the medicine and it must be in its original packaging/bottle/tube.

**5.2** We will NOT take responsibility for administering non-prescribed medication if a child has not taken it previously in case of an allergic reaction.

**5.3** If a child needs to take medication prescribed by a doctor, parents/carers have the responsibility to discuss this with their child’s key person.

**5.4** In some cases, for example where a child is on antibiotics, parents/carers may be asked not to allow them to attend for 2-3 days in case they react adversely to the medication and to prevent the spread of an infection to others. This particularly applies if the child has not had the antibiotics before.

**5.5** The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent/carer consent forms have been completed, medicines are stored correctly and records are kept according to procedures. In the absence of the key person another nominated member of staff will be responsible for the overseeing of administering medication.

**5.6** The medication is always given by the child’s key person with an additional member of staff present as a witness who should also sign the medication record form. The administration is recorded accurately each time it is given and it is signed by both staff members who take joint responsibility.

**5.7** Parents/carers must sign the medication form to acknowledge the administration of a medicine. The medication record form records:

* name of child;
* name and strength of medication;
* the date and time of last dose administration;
* the date and time of dose;
* the dose given and method;
* signature of key person and witness;
* signature of parent/carer (on the day of administration).

## 6 Staff training

**6.1** Staff are all trained to administer basic medicines and this is enhanced whenever a new type of medication is introduced.

**6.2** Supervision is used to support staff in administering medication to children.

**6.3** Administering medication is part of induction training for all staff.

**7 Storage of medicines**

**7.1** All medication is stored depending on prescriber’s instructions; however it will be stored

safely, either in a locked cupboard out of children’s reach or refrigerated.

**7.2** As the refrigerator is not used solely for storing medicines, they are kept in a plastic box clearly marked with child’s name for easy identification.

**7.3** It is the responsibility of the child’s key person to ensure that the medication is handed back to parents/carers at the end of the day. We do not keep any medication on the premises apart from during session times.

**7.4** Parents/carers of children with inhalers or other emergency life saving equipment for example, Epipens, are asked to place them in a medication box or bag with instructions attached. The bag/box is kept out of children’s reach during sessions but readily available in case of an emergency.

**7.5** If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

**7.6** Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person or a member of staff about what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

**8** **Medication on trips/outings**

**8.1** If children are going on outings, staff accompanying the children will include the key person for the child with a completed risk assessment (see 3.5), or another member of staff who is fully informed about the child’s needs and/or medication.

**8.2** Medication for a child is taken in a sealed plastic box/bag clearly labelled with the child’s name for easy identification, and the name of the medication. Inside the box/bag is a copy of the signed consent form and a pro-forma to record when it has been given, with the details as given above (see 5.7).

**8.3** This box/bag will also be taken with the child to hospital if emergency treatment is required.

**8.4** On returning to the school/setting the pro-forma is stapled to the medication record form for the parent/carer to sign.

**8.5** This procedure also works alongside the off-site visits policy.

**9 Monitoring and review**

This policy was agreed and implemented in August 2023 and is due for review in August 2024.

There will be ongoing monitoring of this policy as some aspects may require amending/updating before the review date should there be any incidents which take place relating to it that give cause for concern.

### Name: Miss A West

### Signed: A West

### Date: August 2023