

6.1 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 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 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, 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.

Two qualified First Aiders are responsible for the correct administration of medication to children.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Medication is only administered when a consent form has been signed by the parents. The medicine must be in-date. Medicines containing aspirin will only be given if prescribed by a doctor.
- 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:
 - - the full name of child and date of birth;
 - - the name of medication and strength;
 - who prescribed it;
 - - the dosage to be given in the setting;
 - - how the medication should be stored and its expiry date;
 - - any possible side effects that may be expected; and
 - - the signature of the parent, their printed name and the date.

A First Aider receives the child's medication and will get the parent to sign a consent form. It is the First Aider's responsibility to inform staff working in that session that medication has been provided for a child.

- The administration of medicine is recorded accurately on our medication record each time it is given and is signed by the First Aider administering and witnessed by another qualified First Aider. The medication record sheet records the:
 - name of the child;
 - name of the medication;
 - date and time of the dose;
 - dose given and method;
 - signature of the 1st and 2nd First Aider; and
- Paracetamol
 - We can administer paracetamol providing written confirmation is obtained from a child's parent. This can be by email after talking to the parent. The parent will confirm paracetamol can be administered and whether any paracetamol has been administered by them or another carer, when this was, prior to us giving their child a dose. This is to prevent overdosing.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. We check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medicines are stored in a locked First Aid cabinet in a cupboard or, if required, in the refrigerator in the kitchen.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional or someone trained 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 a member of staff 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 ongoing medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. If required they will 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.

Managing medicines on trips and outings

- Medication for a child is taken in a 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.
- 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 as well as a copy of the consent form signed by the parent.
- This procedure is read alongside the outings procedure.

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