



Administration of Medicine Policy

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.

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, especially a baby/child under two, 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 or Manager/Deputy Manager if the key person is not available.

On entry, the responsible member of staff will receive the medication, ensure the documentation is complete and inform all staff verbally and note in the staff Communication book. 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.

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the kitchen fridge

- The key person/Deputy or Manager 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. Healthcare plan form must be completed. Staff check regularly that it is in date and return any out-of-date medication to the parent.

- Parents do not 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 near to the medicine cabinet, located in the kitchen area. Settings can choose which works best for them, as long as members of staff are aware and it is consistent.

Medicine record books are kept in the medical cupboard located in the kitchen.

All staff are shown how to complete accurate records and are observed by another member of staff whilst administering medication.

The medicine record book records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by parent/carer

A witness signs the medicine record book 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. 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.
- 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 medical form/care plan 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 away from the children. 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.

Should you have any complaints or grievances concerning this policy please bring the matter to our attention by following the procedures detailed in our Complaints Policy.

This policy was adopted at a meeting of Rolleston Pre-School

Held on _____

Signed on behalf of the Management Committee _____

Role of Signatory _____