

## 04 Health procedures

### 04.2 Administration of medicine

Staff are responsible for administering medication to children as necessary; 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 been given a prescription medicine, it is stated 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.

The **only non prescription medication** we can administer are non steroid based nappy creams (half or full day attendance) and moisturising type cream for skin conditions (full day attendance).

#### 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 staff member on the door, or Managers on the gate.
- 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. Managers to check medication labels also before child has the medication given.
- 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.

Refrigerated medication is stored in a marked box in the main kitchen fridge.

- Staff are 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. A Healthcare plan form must be completed. Managers check 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.

The medicine record form records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by manager and staff member
- verified by parent signature at the end of the day

A witness signs the medicine record 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 a staff member 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**

- A Care Plan is written for children that require ongoing medication. This is the responsibility of the managers. Other medical or social care personnel may be involved in the Care Plan.

- Parents contribute to Care Plan. 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 Care Plan.
- The Care Plan includes any activity that may give cause for concern regarding an individual child's health needs.
- The Care Plan also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- A 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 when needed (every academic year). 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 staff, who are 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 form to record administration, with details as above.
- The form is later put in to the medicine record folder 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 managers. The medication must be stored securely, away from the children. The managers 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)