



For the benefit of this policy **Laira**

**Green Trust – which is the governing body of Greenshoots Pre-school and Wraparound care is hereafter referred to as Greenshoots.**

## Administering Medicines Policy

### **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 prescribed by a doctor, nurse, dentist or pharmacist, as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for a doctor, nurse, dentist or pharmacist 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 / carer keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect. As a provider we will not give the first dose of a new medication in case of possible allergic reactions

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the setting managers are responsible for ensuring all staff understand and follow these procedures.

Where possible 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 consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, one of the setting managers is responsible for the overseeing of administering medication.

### **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- **Prescribed medication defined as “ recommended by a professionals” not necessary to have it prescribed by the GP with the sticker on.**
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents / carers give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a Short Term or Long Term Medication Form stating the following information. No medication may be given without these details being provided:

- o full name of child and date of birth;
  - o name of medication and strength;
  - o reason for medication and possible side effects;
  - o who prescribed it;
  - o dosage to be given in the setting;
  - o time of day medication to be given and the time of last dosage given at home;
  - how the medication should be stored and expiry date; and
  - signature, printed name of parent / carer and date.
- Short Term Medication Forms are completed for children who only need medication in the short term following an illness.
  - Long Term Medication Forms are completed for children who have longer term conditions such as Asthma or Exzema who may need medication on a more regular basis or on an as and when basis.
  - The child's key person, or one of the setting managers if the key person is not present, is responsible for receiving the medication from the parent / carer and ensuring that the consent form is completed correctly. All staff are familiar with the Medication Consent paperwork used in the setting as it is covered as part of the induction process.
  - The administration of medicine is recorded accurately each time it is given and is signed by the staff member who gave the medication to the child and the by the staff member who witnessed the medication being given. Parents / carers sign the Short Term or Long Term Medication Form to acknowledge the administration of a medicine. The Short Term or Long Term Medication Form records:
    - o name of child;
    - o name and strength of medication;
    - o the date and time of dose;
    - o dose given and method; and is
    - o signed by key person/manager and a witness to confirm the medication has been given to the child; and is
    - o signed by the parent / carer to confirm they have been informed that the medication has been given to the child.
  - 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 their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

### *Storage of medicines*

- All medication is stored safely out of reach and the sight line of children and in accordance with instructions given on the label or packaging.
- The child's key person, or one of the setting managers, is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent / carer.

- Emergency medication is not locked away but stored accessibly yet safely out of reach of children.

#### *Training on the administration of medicines*

- If the administration of prescribed medication requires medical knowledge, individual training specific to the child is provided for the relevant member of staff by a health professional. The Community Nursing Team can be contacted to discuss specific training needed for each individual case. Their contact number is 01752 439440.
- EpiPen training is available through the Community Nursing Team. Their contact number is 01752 439440.

#### *Children who have long term medical conditions and who may require on ongoing medication*

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the setting managers alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents / carers will also contribute to a risk assessment. They should 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other preschool 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 the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents / carers receive a copy of the health care plan and each contributor, including the parent / carer, signs it.
- Parents give prior written permission for the administration of medication by completing a Long Term Medication Form if the child needs medication on a regular basis.

#### *Managing medicines on trips and outings*

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the Long Term Medication Form to record when it has been given, with the details as given above.

- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the Long Term Medication Form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside our outings procedure.

Covid-19- All staff are aware of signs of symptoms of Covid-19. Medication will not be given to prevent these symptoms. Children will not be accepted to the setting if they are aware that they have had Calpol before hand.  
If a child is generally unwell they will be sent home to recover or in such cases seek a Covid-19 test.

#### *Other Resources*

- Managing Medicines in Schools and early Years Settings (DfES 2005)
- Administration of Medication and Clinical Procedures Standards (England) Medicines Act (1968)
- Staff Induction

This policy was adopted on \_\_\_\_\_

Signed on behalf of Laira GreenTrust - Greenshoots Pre-school and Wraparound Care –

Chairperson, Laira Green Trust:

Greenshoots Manager (Strategy and Support):

Laira Green Trust, c/o Laira Green Primary School, Bramley Road, Laira, Plymouth, Devon, PL3 6BP.  
Telephone : 01752 228272. Registered Charity No: 1136071 Registered Company No: 7110815 England & Wales.