**TRING STEPPING STONES PRE-SCHOOL**

**04.2 Administration of medicine**

**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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children’s GP’s 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 no adverse effect as well as to give time for the medication to take effect.

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, the preschool leader is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

**Procedures**

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

 Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist. It must be in-date and prescribed for the current condition and have the child’s name, expiry date and exact dosage labelled on it.

* Non-prescription medication, such as pain or fever relief (e.g. Calpol) may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature to prevent febrile convulsion. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.

 Children's prescribed medicines are stored in their original containers, are clearly labelled and kept in a locked container in the cupboard, out of reach of the children. On receiving the medication the member of staff checks that it is in date and prescribed specifically for the current condition.

• Only a person with parental responsibility, or a foster carer may give consent.

 Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the medicine record book stating the following information. No medication may be given without these details being provided:

 Full name of child and date of birth;

 Name of medication and strength;

 Who prescribed it;

* Dosage to be given in the setting;
* Method of administration

 How the medication should be stored and expiry date;

* Any possible side effects that may be expected
* The parent’s signature, printed name and date.

*The details of the medication for each child are listed on the staff board and clear instructions are filed with the medication for each individual child. All staff are informed about the medication at the start of the session by the pre-school leader / key worker.*

The administration is recorded accurately each time it is given and is signed by staff.

Medication will be given by one member of staff but another member will double check the

dosage and both staff members should sign the record book. Parents sign the record book to

acknowledge the administration of a medicine. The medication record book records:

* name of the child;
* name and strength of the medication;
* name of the doctor that prescribed it;
* date and time of the dose;
* dose given and method;
* signature of the person administering the medication [and a witness]; and
* parent’s signature.

We use the Pre-school *Medication Record* for recording administration of medicine and comply with the detailed procedures provided by the Pre-school Learning Alliance.

 If a child refuses to take a medicine which the GP/parent has stated needs to be taken they should not be forced to do so but in these cases the parents should be contacted immediately and informed of the child’s refusal. The parent should then attend pre-school to administer the medicine. The child should be closely monitored by a member of staff until such time as the parent arrives to administer the medicine.

 If a child has a recurrent illness which has been diagnosed by a GP e.g. asthma, the medication must be in pre-school each time the child attends. Agreement is reached with the parents as to whether medication is stored on site by us for use as and when required or whether it comes to pre-school daily with the child. If the medication is to come to pre-school daily with the child it must be handed to a member of staff at the start of each session and clearly labelled with child’s name and dosage. Parents should be informed of the need for the medication to be handed to a member of staff to ensure the child receives assistance as quickly as possible. If the child attends pre-school and the medication has not been brought in then the child should not be admitted to pre-school until the parent has brought in the medicine.

* The Medication Record book is monitored to look at the frequency of medication given in the setting. 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.
* We have a separate policy for children who become ill during the session ‘Managing Children who are sick or infectious’.

*Storage of medicines*

 All medication is stored safely in a locked medicine chest or refrigerated as required. The child’s key person/pre-school leader 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. This check is carried out on a monthly basis as part of our monthly risk assessment. For medication that is stored permanently on site the expiry dates are diary noted in the pre-school diary and the parents reminded when the medicine needs replacing.

*Medicines are stored in a lockable box with a lid or green zip up bag. The bag and box are kept just inside the cupboard out of reach of the children but within easy reach of adults. Children do not have access to the cupboard at any time during the pre-school session.*

 If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional or parent. Certificates are obtained as evidence that this training has taken place or the parent makes a note and signs that training has been given by them.

 If rectal diazepam is given another member of staff must be present and co-signs the record book. For children requiring this medication pre-school would work closely with the parents.

 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/staff member 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 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 manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment. The risk assessments are reviewed on a regular basis e.g. if a child has an allergy and increases the number of days they attend pre-school or begin to attend lunch club or if parties are held at pre-school where food will be provided then a new risk assessment is drawn up or notes made on the current one.

 Parents 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 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.

 Where a medicine has been prescribed by a GP on a “just in case” basis e.g. for allergies a copy of the GP’s letter authorising the medicine to be administered is kept in the parent information file with the child’s registration form. This may include piriton for allergies or calpol for those children who suffer from febrile convulsions who may be at risk if their temperature suddenly raises.

 A health care plan for the child is drawn up with the parent; outlining the staffs role and what information must be shared with all 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 receive a copy of the health care plan and each contributor, including the parent, signs it.

*Managing medicines on trips and outings*

 If children are going on outings, staff accompanying the children must have knowledge of the child with a risk assessment, or another member of staff who is fully informed about the child’s needs and/or medication. The child’s medication must also be taken on any trip or outing.

 Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name; name of the medication, alongside the box is a copy of the consent form and a card to record which should be updated with details of when it has been given.

On returning to the setting the medicine record book is updated 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 with the child’s name, name of the medication. Alongside the box is a copy of the consent form signed by the parent.

 This procedure is read alongside the outings procedure.

*Staff medication.*

Staff must inform the pre-school leader of any regular medication they are taking, this is to ensure that if a member of staff falls ill whilst at pre-school and medical assistance is sought from paramedics or a doctor, pre-school are able to inform the medical profession of any current medication the member of staff is taking. Regular medication will be noted on the staff contact details which is filed in the staff file.

Staff members must inform the preschool leader of any medication they may need to take during preschool session i.e. inhalers. This medication can be left in staff members bags, the bags are then stored in the main toy cupboard which is always kept closed during the session.

**Legal framework**

Medication Administration Record (Early Years Alliance 2019)

|  |  |  |
| --- | --- | --- |
| This policy was adopted at a meeting of | Tring Stepping Stones |  |
| Held on |  |  |
| Date to be reviewed | January 2024 |  |
| Signed on behalf of the management committee |  |  |
| Name of signatory |  |  |
| Role of signatory (e.g. chair/owner) |  |  |

|  |  |  |
| --- | --- | --- |
| Staff Name | Staff Signature | Date policy was read |
| Lucy Brittain |  |  |
| Nicola Poulton |  |  |
| Nicola Reynolds |  |  |
| Kim Smith |  |  |
| Nicke Cooke |  |  |
| Jo Davis |  |  |
|  |  |  |

Sept 2012 review – paragraph added about staff medication – stored in handbags in the cupboard, the cupboard is always closed during the session and note added about staff informing pre-school of regular medication they are taking in case of medical emergency.

Feb Review 2013 Paragraph added about prescribed/recommended medicine from nurses and pharmacists

Nov Review 2013

Added:We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

Deleted: These procedures are written in line with current guidance in ‘Managing Medicines in Schools and Early Years Settings; the manager is responsible for ensuring all staff understand and follow these procedures.

Added: This does not include medicines such as paracetamol for colds and temperatures, as we do feel that children who are unwell enough to need medication would not be enjoying or gaining a positive experience from their time at pre-school. On receiving the medication the member of staff checks that it is in date and prescribed specifically for the current condition

administration method.

The Medication Record book is monitored to look at the frequency of medication given in the setting. 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.

or refrigerated as required.

Just in cases basis - This may include piriton for allergies or calpol for those children who suffer from febrile convulsions who may be at risk if their temperature suddenly raises.

Legal Framework publication updated

Pre-School Learning Alliance publications updated

Further guidance taken out?

Jan 2015 review – changes to wording with regard to non-prescription medication. Added that the medicine record book should now contain the name of the doctor each time a dose is given. Removed reference to the medications being listed in the day book.

April 2016 review – no changes

March 2017 review- added that we notify our insurance provider of all required conditions, as laid out in our insurance policy.

‘Only prescribed medicines will be administered’ has been taken out and replaced with ‘Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist’

March 2018 –Changed storage to lockable plastic box or green zip up bag and stored in cupboard

Added new header and changed to 6.1

March 2019- added new preschool learning alliance publications “ Medication Administration Record (Pre-school Learning Alliance 2017)

 Daily Register and Outings Record (Pre-school Learning Alliance 2018)

March 2020 – no changes

March 2022 - legal framework – Medication Administration Record (Early Years Alliance 2019)

Sentence about only someone with parental responsibility can consent for medication to be given.

January 2023 – no changes