4. Health Procedures

4.2 Administration of Medicine

Administering prescription and non-prescription medicines during the child's session will only be carried out with the appropriate documentation in place.

We will not administer medication to manage fevers routinely. This will only be administered in an emergency situation.

Please refer to policy "4.5 Poorly Children" concerning the administration of Calpol.

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 most senior member of staff on site. The setting manager should also be informed.
- 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 if it has been prescribed.
- Staff are to ask if the child has had the medication previously, or if it is a new medicine; in order to be aware of any possible adverse reactions
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label.
- Some medication is recommended by a pharmacist and will not have a dispensing label. Staff must check with parents and record the circumstance of the medication being given or advice provided.
- Members of staff who receive the medication complete the medication administration record and ask the parent to sign the medication book, stating the following information. No medication is given without these details:
  - full name of child
  - name of medication and expiry date
  - why the medication is required

- who prescribed it i.e. doctor's name or pharmacy
- dosage to be given and how it is to be administered
- the time it is required to be administered
- circumstances in which any emergency medication is to be administered (this is also noted on the care plan)
- signature and printed name of parent and date

- The information, including child's name and the required time of medication, is recorded on the whiteboard for all staff to be informed.

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the kitchen fridge, or in a marked box in the first aid cupboard.

- The key person 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. A care plan should be completed for this. Medication kept on site is checked monthly for expiration dates. Any that is out-of-date is handed back 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 in the first aid cupboard in the office. All staff are shown the medication book during their induction.

The medicine record book records:
- full name of child
- name of medication and expiry date
- why the medication is required
- who prescribed it i.e. doctors name or pharmacy
- dosage to be given and how it is to be administered
- the time it is required to be administered
- signed by key person/setting manager
- verified by parent signature at the end of the day

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.
- 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 which includes risk assessing 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 care plan
- Parents contribute to the care plan. Care plans are reviewed with the parents at least twice a year. Parents are asked to update the Manager with any changes to the medical condition.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. This may be done by a medical professional, such as a Community Nurse.
- The care plans are shared with the staff team and kept in the register.

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 and a copy of the care plan
- 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 in their bag which is locked away in the cleaning cupboard or given to the Manager to store in the office. 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.