



# 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, 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 coordinators and trustees 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 the coordinator. If the key person receives the medication, they will next inform the coordinator that day.
- 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.
- Members of staff who receive the medication ask the parent to sign the medication administration record, stating the following information. No medication is given without these details:
  - full name of child
  - name of medication
  - Expiry date
  - dosage to be given
  - method of administration
  - times at which medication is to be administered

- circumstances in which medication is to be administered (if for emergency use)
- signature and printed name of parent and date

### **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored separately in the fridge.

- The key person/buddy/coordinator 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. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.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 in a tray in the front desk during session times.

Once a dose is administered, the record is signed by key person/setting coordinator.

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 coordinators 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 (currently outdoors only due to Covid-19 protocols, unless specific arrangements are required in individual cases), 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.
- 04.2a 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, and the medication administration record book is taken and used.
- 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 the coordinators. The medication must be stored securely, away from the children. The coordinators 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)

This policy was adopted by

Staple Pre-school

Date written

September 2021

Date to be reviewed

September 2022

Signed on behalf of the management committee

Lauren Gupta-Miles

Role of signatory (e.g. chair/owner)

Chairperson