

**Orleton Pre-school**

**Administering Medicines Policy**

**Policy statement**

Whilst it is not Orleton Pre-school 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 prescribed medicine as a part of maintaining their health and well-being, or when they are recovering from an illness.

In many cases, GPs will prescribe medicine which can be taken at home 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 that there are no adverse side effects, as well as to give time for the medicine to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings,* The Manager is responsible for ensuring that all staff understand and follow these procedures.

Meet and Greet Staff are responsible for the correct administering of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly, and that records are kept according to procedures. The Manager is responsible for the overseeing of administering medication.

**Procedures**

* Children taking prescribed medicine must be well enough to attend the setting.
* Only medicine prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition, and labelled for the child concerned. Medicines containing aspirin will only be given if prescribed by a doctor.
* Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children, in the fridge if required.
* Parents give **prior** written permission for the administration of medicine. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

The full name of child and date of birth.

The name of the medication as it appears on the label.

The dosage and time to be given in the setting.

Two members of staff are to sign one who administered the medication and one who has witnessed the medication being administered.

The signature of the parent, their printed name, and the date. Parents are then to sign at the end of the day to see medication has been given.

The record is then stored in the child’s personal information folder in the office.

Staff members, who accept the medication from the parent and ensure that all relevant forms and permissions are obtained, will also inform the remaining staff of the medication the child is receiving. Two staff-members should be present when medication is given, one to give the medication, the other to witness this, and sign the appropriate form. This ensures that no staff-member can administer medicines inaccurately to children, either accidentally or deliberately.

**Storage of Medicines**

* All medication is stored safely out of reach in the office, or refrigerated as required. The medicines are kept in a clearly marked plastic box.
* The child’s Key Person is responsible for ensuring that medicine is handed back at the end of the day to the parent.
* For some conditions, medication may be kept in the setting to be administered on a regular as-and-when-required basis (such as inhalers). Staff members check that medication held in the setting is in date, and return any out-of-date medication back to parents.
* If the administering of medicine of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* If Rectal Diazepam is given, another member of staff must be present and co-signs the record book. Tara Morris is trained in administrating Rectal Diazepam.
* No child may self-administer. Where children are capable of understanding when they need the 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.

**Children who have long-term medical conditions and who may require ongoing medication.**

* A risk assessment is carried out for each child with a long-term medical condition which requires ongoing medication. This is the responsibility of the Manager. Other medical or social care personnel may need to be involved in the risk assessment.
* Parents will also contribute to the risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may form 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 form 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 advice is sought from the child’s GP if necessary if 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 measures to be taken in an emergency.
* The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or 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 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 box clearly labelled with the child’s name and the name of the medication. Inside the box is a copy of the consent form including all the details that need to be recorded in the medication record as stated above.
* Administering must be witnessed by 2 staff-members.
* On returning to the setting the parent is to sign it to say it has been given.
* 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
* As a precaution, children should not eat whilst travelling in vehicles.
* This procedure is read alongside the outings procedure.

**Legal framework**

* The Human Medicines Regulations (2012)

This policy was adopted at a meeting of Orleton Pre-school dated ……………………………………….

Date to be reviewed ……………………………………….

Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff-member please sign below to confirm that you have read and understood the policy, and are up-to-date with any changes.**

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| --- | --- | --- |
| **Staff Name** | **Job Title** | **Signature & Date** |
| **Tara Morris** | **Manager** |  |
| **Polly Smith** | **Deputy Manager** |  |
| **Vicky Thomas** | **Assistant** |  |
| **Sandra Thomas**  | **Assistant** |  |
| **Debbie Moran**  | **Trainee Assistant** |  |
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