



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 necessary and providing the medicine has been prescribed by a doctor or pharmacist.

We do not administer non-prescription medication, such as pain or fever relief (e.g Calpol) Teething gel and nappy rash cream, may be administered with parent permission

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. For children taking antibiotics, parents should keep their child home for the first 48 hours. The setting managers 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/carer's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/back up key person and 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.
- 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/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication ask the parent/carer to complete and sign our medicine paperwork stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it (if applicable)
 - dosage and time to be given
 - how the medication should be stored and expiry date
 - a note of any side effects that may be expected
 - signature and printed name of parent/carer and date
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Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the main kitchen fridge.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent/carer.
- For some conditions, medication for an individual child may be kept at the setting such as inhalers. Key persons check that it is in date and return any out-of-date medication to the parent/carer.
- Parents/carers 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 near to the medicine box and in the 'inbox'

Medicine sheets are kept at the front of the Accident folder. Staff must complete when parent/carer brings in medicine and ensure the sheet is signed by parents at the end of the day,

The medicine record, records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person/setting manager
- verified by parent/carer 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. If children can understand 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 several 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 manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents/carers contribute to risk assessment. They are shown around the setting, 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 are 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.
- Health care plan form is completed fully with the parent/carer; 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, copy of the consent form with details as above.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

