

**Managing Medicines Policy**

**Policy Statement**

While it is not in 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 maintain their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children’s GPs 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 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.

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

The manager or key person is responsible for the correct administration of medication to children for whom they are 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 group leader is responsible for the overseeing of administering medication.

**Procedures**

* The child taking the prescribed medication must be well enough to attend.
* Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition
* All prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children
* Parents must give written permission for the administration of medication. The member of 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.
		- Name of medication and the strength
		- Who prescribed it
		- Dosage to be given
		- How the medication should be stored and the expiry date
		- Any possible side effects that may be expected should be noted
		- Signature, printed name of parent and date.

The manager or key person will receive the child’s medication and discuss with the parent the Health Care Plan.

* The administration of a medication will be recorded accurately on a medication record each time it is given and signed by the member of staff. Parents are shown the record at the end of the day and asked to sign the record to acknowledge the administration of the medicine. The record sheet records the following:
	+ - * + The name of the child
				+ Name and strength of the medication
				+ The date and the time of the dose
				+ The dose given and method
				+ Signature of staff member

**Storage of medicines**

* All medication is stored safely out of reach of the children or refrigerated as required. Where the cupboard or refrigerated is not solely for storing medicines, they are kept in a marked plastic box.
* The child’s key person/group leader is responsible for ensuring medicine is handed back to the end of the day to the parent.
* For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when required basis. Key persons check that any medication held in the setting, is in date and return any out of date medication back to the parent.
* If the administration of the 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.
* 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 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.
* 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 will 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 where there are concerns.
* A health care plan for the child is drawn up with the parent; outlining the group leader/key person’s role and what information must be shared with other 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.

**Staff medication**

* Members of staff taking medication which may affect their ability to care for children should seek medical advice first.
* The setting manager will ensure that the member of staff only works directly with children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly.

**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 that child is taken in a sealed box/bag clearly labelled with the child’s name, name of the medication and a copy of the consent and record forms as detailed above.
* If the child on medication has to be taken to hospital, their medication will accompany them in a sealed box/bag, clearly labelled with the child’s name and name of medication and a copy of the consent form as detailed above.
* This procedure is read alongside the outings procedure.

**Legal Framework**

* The Human Medicines Regulations (2012)

**Further guidance**

* Managing Medicines in Schools and Early years Settings (DfES 2005)

**Other useful Pre-school Learning Alliance publications**

* Medication Record (2010)
* Daily Register and Outings Record (2012)

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| Signed By: Hayley Culverwell, ManagerDate to be reviewed: 21/8/24 |