**TRING STEPPING STONES PRE-SCHOOL**

**Administration of medicine**

**Policy statement**

While it is not 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 maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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 been given a prescription medicine 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 preschool leader must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

The preschool leader is responsible for the correct administration 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. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

**Procedures**

 Children taking prescribed medication must be well enough to attend the setting.

* Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist. 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 prescribed. 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.
* Non-prescription medication, such as pain or fever relief (e.g. Calpol) may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature to prevent febrile convulsion. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.

 Children's prescribed medicines are stored in their original containers, are clearly labelled and kept in a locked container in the cupboard, out of reach of the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.

* Only a person with parental responsibility or a foster carer may give consent. A childminder, grandparent, parent’s partner who does not have parental responsibility cannot give consent.
* Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the medicine record book stating the following information. No medication may be given without these details being provided:

 Full name of child and date of birth

 Name of medication and strength

 Who prescribed it

* Dosage to be given in the setting
* Method of administration

 How the medication should be stored and expiry date

* Any possible side effects that may be expected
* The parent’s signature, printed name and date.

*The details of the medication for each child are listed on the staff board and clear instructions are filed with the medication for each individual child. All staff are informed about the medication at the start of the session by the pre-school leader / key worker.*

The administration is recorded accurately each time it is given and is signed by staff.

Medication will be given by one member of staff but another member will double check the

dosage and both staff members should sign the record book. Parents sign the record book to

acknowledge the administration of a medicine. The medication record book records:

* name of the child;
* name of the medication;
* name of the doctor that prescribed it;
* date and time of the dose;
* dose given and method;
* signature of the person administering the medication [and a witness]; and
* parent’s signature.

 If a child refuses to take a medicine which the GP/parent has stated needs to be taken they should not be forced to do so but in these cases the parents should be contacted immediately and informed of the child’s refusal. The parent should then attend pre-school to take the child home and administer the medicine. The child should be closely monitored by a member of staff until such time as the parent arrives.

 If a child has a recurrent illness which has been diagnosed by a GP e.g. asthma, the medication must be in pre-school each time the child attends. Agreement is reached with the parents as to whether medication is stored on site by us for use as and when required or whether it comes to pre-school daily with the child. If the medication is to come to pre-school daily with the child it must be handed to a member of staff at the start of each session and clearly labelled with child’s name and dosage. Parents should be informed of the need for the medication to be handed to a member of staff to ensure the child receives assistance as quickly as possible. If the child attends pre-school and the medication has not been brought in then the child should not be admitted to pre-school until the parent has brought in the medicine.

* The Medication Record book is monitored to look at the frequency of medication given in the setting. 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.
* We have a separate policy for children who become ill during the session ‘Managing Children with allergies or who are sick or infectious.

*Storage of medicines*

 All medication is stored safely in a locked medicine chest or refrigerated as required. The child’s key person/pre-school leader is responsible for ensuring medicine is handed back at the end of the day to the parent.

 For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent. This check is carried out on a monthly basis as part of our monthly risk assessment. For medication that is stored permanently on site the expiry dates are diary noted in the pre-school diary and the parents reminded when the medicine needs replacing.

*Medicines are stored in a lockable box with a lid or green zip up bag. The bag and box are kept just inside the cupboard out of reach of the children but within easy reach of adults. Children do not have access to the cupboard at any time during the pre-school session.*

 If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional or parent. Certificates are obtained as evidence that this training has taken place or the parent makes a note and signs that training has been given by them.

 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/staff member 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. The risk assessments are reviewed on a regular basis.

 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 is part of the risk assessment.

 The risk assessment includes arrangements for taking medicines on outings and the child’s GP’s advice is sought, if necessary, where there are concerns.

 Where a medicine has been prescribed by a GP on a “just in case” basis e.g. for allergies a copy of the GP’s letter authorising the medicine to be administered is kept in the parent information file with the child’s registration form. This may include piriton for allergies or calpol for those children who suffer from febrile convulsions who may be at risk if their temperature suddenly raises.

 A health care plan for the child is drawn up with the parent; outlining the staff role and what information must be shared with all 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.

*Managing medicines on trips and outings*

 If children are going on outings, staff accompanying the children must have knowledge of the child with a risk assessment, or another member of staff who is fully informed about the child’s needs and/or medication. The child’s medication must also be taken on any trip or outing.

 Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name; name of the medication, alongside the box is a copy of the consent form and a card to record which should be updated with details of when it has been given.

On returning to the setting the medicine record book is updated and the parent signs it.

 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, name of the medication. Alongside the box is a copy of the consent form signed by the parent.

 This policy is read alongside the Supervision of Children on Outings and Visits” policy

*Staff medication.*

Staff must inform the pre-school leader of any regular medication they are taking this is to ensure that if a member of staff falls ill whilst at pre-school and medical assistance is sought from paramedics or a doctor, pre-school are able to inform the medical profession of any current medication the member of staff is taking. Regular medication will be noted on the staff contact details which is filed in the staff file.

Staff members must inform the preschool leader of any medication they may need to take during preschool session i.e. inhalers. This medication can be left in staff members bags, the bags are then stored in the kitchen to which children have no access.

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| This policy was adopted at a meeting of | Tring Stepping Stones |  |
| Held on |  |  |
| Date to be reviewed |  |  |
| Signed on behalf of the management committee |  |  |
| Name of signatory |  |  |
| Role of signatory (e.g. chair/owner) |  |  |

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| Staff Name | Staff Signature | Date policy was read  |
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March 2022 - legal framework – Medication Administration Record (Early Years Alliance 2019)

Sentence about only someone with parental responsibility can consent for medication to be given.

January 2023 – no changes

January 2024 – change of wording and addition of notes on hospital prescribed meds as per PSLA updates “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 prescribed. 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.” “A childminder, grandparent, parent’s partner who does not have parental responsibility cannot give consent”. Changed the reference to “Managing Children with Allergies or who are Sick or Infectious” as policy named has changed. Added full name of “outings” policy. Changed staff members bags being kept in cupboard to kitchen. Removed Nicke from staff list.

January 2025- reworded the section regarding 48 hours clear of prescribed medicines before children return to preschool, changed to say preschool leaders administer medicines, not key workers.