

## **Safeguarding and Welfare Requirement: Health**

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

### **6.1 Administering medicines**

#### **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.

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 a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are 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. When ever possible, the child's key person will be responsible for correct administration of medication. If this is not possible, a manager, deputy, or 'senior' (e.g. room leader) member of staff will be responsible for the overseeing of administering medication.

#### **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date, in it's original packaging and prescribed for the current condition.
- Non-prescription medication will not be administered, except in the following circumstances:
  1. If a child has a high temperature of 38 degrees or higher we may administer children's paracetamol (Calpol) with prior written consent of the parent and verbal consent at the time and only when there is a health reason to do so. This is to help prevent febrile convulsion and will only be administered where a parent or named person has confirmed that somebody will be coming to collect the child as soon as possible. As a general rule, children who require paracetamol/calpol should not be attending nursery.
  2. For children who are not yet toilet trained, non-prescribed nappy cream can be applied prior to written consent from the parent on registration. The nursery will supply Sudocrem or parents can supply other nappy

creams and staff will follow manufacturer's instructions. For children who are toilet trained and need cream applied to the nappy area, staff will encourage children to apply themselves, however will support if necessary. Where possible, parents should apply cream at home.

3. On the exceptional occasion that a child requires a cream or balm for dry skin or lips, if capable they can self-administer, however this must be done so with an adult who will encourage the child to keep it in a safe place e.g. the trolley, when not being used. This will only be allowed when instructions are clearly stated and followed.

- If any other form of cream or medication needs to be applied or administered, this must be prescribed by a doctor. These will be administered and recorded in the same way as any other prescribed medicines.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will 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 medication and strength;
  - who prescribed it;
  - the dosage and times to be given in the setting;
  - the method of administration;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and
  - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately on our medication record sheet each time it is given and is signed by the person administering the medication and a witness (a manager when ever possible). Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record sheet records the:
  - name of the child;
  - name and strength of the medication;
  - date and time of the dose;
  - dose given
  - signature of the person administering the medication and a witness; and
  - parent's signature.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 sheet.
- No child may self-administer prescribed medication. 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.
- We monitor the medication record sheet 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.

### *Storage of medicines*

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- All medication is stored safely in a locked cupboard/office or refrigerated as required. Where the cupboard/office or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box. Occasionally, medication may be kept on the high up shelf in the kitchen area which is out of reach of the children e.g. medication sachets that need to be added to drinks regularly.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent. Or if not possible, the most senior member of staff in the room (manager or deputy).
- If a child or member of staff has a condition which requires medication to be kept close to them, a full risk assessment will be put in place and medication will be stored appropriately.
- In the baby barn. Medication will be stored in the highest cupboard.

*Medication is kept in the office or locked store cupboard away from children, or in the refrigerator if needed. Staff are informed about this during their induction programme and reminded when necessary.*

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

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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, 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 where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently 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 individual health plan and each contributor, including the parent, signs it.

#### *Managing medicines on trips and outings*

- If children are going on outings, the key person for the child will accompany the children 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 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 and record to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the record sheet is signed by the parents.
- 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.
- This procedure should be read alongside the outings procedure.

#### **Legal framework**

- The Human Medicines Regulations (2012)

This policy was adopted by	<u>Daffodils Outdoor Nursery Ltd</u>	<i>(name of provider)</i>
On	<u>August 2019</u>	<i>(date)</i>
Date to be reviewed	<u>August 2020</u>	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	<hr/>	
Role of signatory (e.g. chair, director or owner)	<hr/>	