

Norton Pre-School

(Bury St Edmunds)

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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.

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 recognise that there may be times when children require medication to be administered during their time in the Pre-School and we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In order that this is regulated we will ensure that:

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.
- Norton Pre-School will only administer medication that has been prescribed for that individual child.
- Non –prescription medication e.g. pain and fever relief, teething gel, nappy creams may be administered only with prior written consent of the parent and only when there is a health reason to do so.
- 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.
- Parents must give prior written permission for the administration of medication. 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:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it;
 - dosage to be given in the setting;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.

In many cases, it is possible for children's GP's 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 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 Pre-School Leader is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the 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 Pre-School Leader is responsible for the overseeing of administering medication.

Parents/carers are asked to give any medication to the Child's Keyperson or the Playleader/Deputy Playleader, who will then ask the parent to complete a consent form. All staff will be aware of this procedure through our induction process.

- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by key person/manager; and is
 - verified by parent signature at the end of the day.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person 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.

All children's medication is stored in the medication cupboard in the kitchen. This cupboard is out of reach of children who are not allowed to enter the kitchen at any time. The cupboard is clearly marked and staff are made aware of its location during the induction process.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional. The training will be provided by:
 - A relevant nurse i.e. diabetic/epilepsy nurse that is involved with the child and their family.
 - Suffolk County Council approved training such as the Allergy and Asthma training
 - or the local Health Centre.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No Pre-School 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.
- For Primary School aged children, parents may give permission for a child to self administer their own medication by signing an authorisation form.
- Where a parent authorises that their child is competent to self-administer medication such as an inhaler or insulin, staff will ensure that the child is given the independence to carry out the self medication but also be available to supervise and check that this has been carried out correctly. However, this does not replace staff vigilance in knowing and responding when a child requires medication and staff will take the necessary action to make sure that the child gets the medication that they need.

Children who have long term medical conditions and who may require on on-going medication

We recognise that there may be times when children require specialist medication to be administered for, long term medical needs during their time in the setting.

In order that this is regulated we will ensure that:

- Specific permission, instruction and training will be obtained before an agreement is reached with a parent to administer specialist medications (e.g. nebuliser), and life saving / emergency medications (such as adrenaline injections) and a health care plan is established .
- 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 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.
- We will discuss with parents the medication that their child needs to take and support required, instructions on how and when the drug/medicine is to be administered and what training is required.

- Training on the administration of the prescription medication that requires technical/medical knowledge will be arranged for staff from a qualified health professional to ensure medication is administered safely.
- A risk assessment is carried out for each child with long term medical conditions that require on-going 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 is 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 the child's GP's advice is sought if necessary where there are concerns.

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 plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book 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. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- 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)

This policy was revised and adopted at a meeting of **Norton Pre-School**

Held on _____ (date)

Signed on behalf of the management committee

Name of signatory Kathryn Trumpe

Role of signatory (e.g. chair/owner) Chairperson

Signed by Playleader

Name of Signatory Anne Gladwish

Date to be reviewed _____

Reviewed on _____

Reviewed by _____

Name of signatories _____

Date of next review _____

Reviewed on _____

Reviewed by _____

Name of signatories _____

Date of next review _____

Reviewed on _____

Reviewed by _____

Name of signatories _____

Date of next review _____