



Administering Medicines Policy

Policy statement

While it is not Home from Home Childcarers 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 the 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, parents are required to keep the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our Senior Management Team (Linda, Zoe, Lynsey, Chrissie, Rachel and Sarah) are responsible for the correct administration of medication to children who require medicine within the setting. This includes ensuring that parent consent has been signed on BabysDays, that medicines are stored correctly and that records are kept according to procedures. Rhiannon, Tracy or Claire can witness but not administer medication unless authorised to do so by Linda, Zoe or Lynsey. 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.
- 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 and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Paracetamol) and teething gel, may be administered, but only with prior signed consent of the parent and only when there is a health reason to do so, such as a high temperature. 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. NB We may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

- Children's prescribed medicines are stored in their original containers, placed in a room medicine box and 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 medicine should have the doctors label on with name, date of birth and date prescribed. We have the right to refuse medication if this information is not provided.
- The administration of medicine is recorded accurately on a medication record form (on Baby's Days) each time it is given and is signed by the person administering the medication [and is witnessed]. Parents are electronically sent the record and asked to sign the record form once the course has been completed to acknowledge the administration of the medicine. The medication record records the:
 - name of the child
 - name and strength of the medication
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication
 - parent's signature (at the end of the course).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training [for the relevant members of staff] by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record form.
- 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 room leader what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Storage of medicines

- All medication is stored safely out of children's reach or refrigerated as required.
- The child's room 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 to be administered on a regular or as-and-when- required basis. Room leaders check that any medication held in the setting is in date and return any out-of-date medication back to the parent.
- Children who receive regular prescribed medication i.e. inhalers will have their own labelled container for their medication. Room leaders will have responsibility for this and will make other staff members aware of it.

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 room leader. 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 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.
- For children with long term illnesses/serious allergies, we need to have a letter/letters from the doctor confirming diagnosis.

Managing medicines on trips and outings

- If children are going on outings, the staff members will accompany the children with a risk assessment and are fully informed about the child's needs and/or medication.

- Medication for a child is taken out, it is clearly labelled with the child's name, the original pharmacist's label and the name of the medication.
- On returning to the setting the room leader to record the dosage and time (if given) on the child's BabysDays.
- 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.

Legal framework

- The Human Medicines Regulations (2012)

Policy links

Our intention is for this policy to be read in conjunction with the following Home from Home Childcare Policies and Procedures:

- Managing Children who are Sick, Infectious or with Allergies
- First Aid Policy
- Recording and Reporting of Accidents and Incidents

	<u>Date:</u>	<u>By Whom?</u>	<u>Comments</u>
Created	18 th June 2019	Linda Reynolds	Replaced old Medicines Policy
Updated	6 th October 2019	Zoe Shaw	Amended who to administer medicines
Reviewed	4 th February 2020	Linda Reynolds + SMT	
Next Review	February 2021		