

Bow Lane Pre-school

The Safeguarding and General Welfare Requirements: Health

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

Medicines

6.2 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.

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.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person alongside the manager 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 in our medication folder and that medicines are stored correctly. In the absence of the key person, the manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. This can be from the GP, Nurse, Dentist or Pharmacist. It must be in-date and prescribed for the current condition. We may administer Calpol to reduce a high temperature. This is only with the parent's prior permission and we will contact the parent first before administering the medicine. An example of why we would administer Calpol would be if we were sending a child home with a high temperature and the parent was not able to get to the setting for an agreed time.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents have to give written permission for the administration of medication. The staff receiving the medication will ask the parent to sign a consent form stating the following information. No medication will be given without these details being provided:
 - full name of child and date of birth;
 - name of medication and strength;
 - dosage to be given in the setting;
 - how the medication should be stored (special precautions) and expiry date;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.

The key person or manager will receive medicines. Staff have read the administering medicine policy and are aware of the medication folder

- The administration is recorded accurately each time it is given and is signed by staff.. The medication record book records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method
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- *Storage of medicines*
 - All medication is stored safely in a locked cupboard or refrigerated. As the cupboard or refrigerator is not used solely for storing medicines, it will be kept in a marked plastic box.
 - The child's key person/manager is responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, medication will be kept in the setting. The manager checks that any medication held to administer on an 'as and when' required basis or on a regular basis, is in date and will return any out-of-date medication back to the parent.

Medication is stored in the in the kitchen which is always locked during the day and stored in a locked kitchen cupboard at the end of a session. Staff are made aware of this by the manager.

- If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff will 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 will 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-going medication

- A medical risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager/Senco alongside the key person. Other medical or social care personnel may need to be involved in the medical risk assessment.
- Parents will also contribute to a risk assessment. They will 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 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 nursery 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.
- 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 will 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 will include the key person for the child with a medical 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 will not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

Legal framework

- Medicines Act (1968)

This policy was adopted at a meeting of	<u>Bow Lane Pre-school</u>	name of setting
Held on	<u>29th March 2019</u>	(date)
Date to be reviewed	<u>29th March 2020</u>	(date)

Signed on behalf of Bow Lane
Pre-school

Name of signatory

Gaye Hooker

Role of signatory

Owner