

Exbourne



Preschool

Administering Medicines Policy

Approved by: Katie Haydon (Chair of Committee)

Adopted on: 28/01/25 Review Date 28/01/26

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 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 Manager/Deputy is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent/carer's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/back up key person, or room senior if the key person is not available. The setting manager should also be informed.
- The Manager or Deputy Manager will receive the child's medications and will ask the parents to complete a consent form. The Manager/Deputy Manager will update this information on the Family app for staff and parents information.
- 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/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication ask the parent/carer to sign a consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it (if applicable)
 - dosage to be given
 - how the medication should be stored and expiry date
 - a note of any side effects that may be expected
 - signature and printed name of parent/carer and date

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. Calpol) and teething gel, may be administered, but only with prior consent on the Family app by the parent and only when there is a health reason to do so, such as a high temperature or pain relief. The amount of Calpol administered will relate to the amount stated on the packaging and according to your child's age. 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 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.
- The administration of medicine is recorded accurately as a note on the child's Family profile saying time it is given and staff name is added for the person administering the medication. Parents are made aware of the note on the Family App at the end of the day and asked to. The medication note of the Family app will record:
 - name and strength of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - name of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's to be notified at the end of the day.
- 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 gets added to the note.

- 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 what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication being given and 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 notify Ofsted of any serious accident, death, illness or injury to a child in our care.

Calpol Administration

If a child has a temperature of 38c or above parents will be notified straight away and then we will offer to administer paracetamol to reduce the temperature while arrangements are made for the child's collection. If parents/carers are unable to be contacted and the child has been within the setting for a minimum of 4 hours, then paracetamol will be administered as parents/carers will have already given consent for paracetamol in the Famly App permissions when registering. In the event of a temperature arising when a child has been in the setting for under 4 hours, we will always require real time consent. If we are unable to make contact with parents/emergency contacts we will not administer paracetamol but will check the child's temperature every 20 minutes, recording readings. If the child's temperature reaches 39c and we have still had no contact to confirm a safe time frame to administer paracetamol, a member of staff will call 111 and follow their guidance.

Any child who has a fever will not be expected to return to the setting until they have been 24 hours clear of a high temperature following their final dose of paracetamol/ibuprofen.

If the child has had Calpol before arriving at the setting refer to the flow chart.

Calpol is often used to ease teething pain. If the child has been given pain relief medicine for teething pain, parents must disclose this on arrival. Teething pain is the only time that children will be allowed to attend their session if they have been given a single paracetamol/ibuprofen within 24 hours due to pain medication potentially masking other more serious conditions. If a second dose is required during the child's session, we will administer one dose, following the above procedure and the child will be required to be collected and the calpol exclusion policy is to be followed.

Piriton syrup

Piriton syrup may be administered in an emergency whilst your child is in the nursery. Upon joining the setting parents will be asked to give permission to administer Piriton syrup for children aged 1 year and above on the Famly app. Where possible, parents will be contacted to give verbal permission prior to the medicine being given. Once Piriton has been administered in the setting, staff will monitor the child and will contact parents accordingly. If a child has been given Piriton before arriving at the setting, staff will monitor the child and will contact parents accordingly.

Please note that if Piriton has been prescribed by your child's GP, this must be reviewed on a regular basis.

Please note that in the case of antibiotic eye/ear drops or cream prescribed for the treatment of conjunctivitis the first dose must be administered at home. Children may then attend the nursery as usual.

Storage of medicines

- All medication is stored safely in an appropriate safe 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- 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, 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.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents/carers contribute to risk assessment. They are shown around the setting, understand routines and activities, and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- A Health care plan form (Appendix 1) is completed fully with the parent/carer; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

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/childminder/assistant 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, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Staff taking medication

- Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

Further guidance

[Medication Administration Record](#) (Alliance Publication)

This Policy was adapted at a meeting of Exbourne Preschool between the Preschool manager and Chairperson of the committee on:

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