

Health procedures Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, especially it is advised that parents/carers keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.

A timer will be set on the preschool's phone and staff will be made aware of the reason for the alarm.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have parental responsibility (PR), cannot give consent.
- When bringing in medicine, the parent/carer must inform their key person. The setting manager should also be informed.
- 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 Administration consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication
 - dosage to be given
 - how the medication should be stored
 - a note of any possible side effects that may be expected
 - signature and printed name of parent and date

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the staff fridge, or in a medicine box, which is clearly labelled.

Insert details of how medicines are stored. State how members of staff are informed. If you are in a shared building, record how you will prevent anyone else from tampering with the medication.

- The key person or management are responsible for ensuring medicine is handed back at the end of the day to the parent/carer.
- For some conditions, medication for an individual child may be kept at the setting if stated in the child's Healthcare plan. Key persons check that it is in date and return any out-of-date medication to the parent/carer.
- Parents/carers do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

The medication record form is complete each time the child is given their medicine. The medicine record book records:

Insert details of where medicine record books are kept in your setting (this maybe on an electronic device if you are using online management software). State how members of staff are informed of this and how they will be taught to complete them correctly.

- name of child
- name of medication
- the date and time of dose
- dose given
- signed by key person or staff member administering the medicine
- parent/carer signs the form at the end of the day
- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a
 high incidence of antibiotics being prescribed for several children at similar times may indicate a need for
 better infection control.

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.
- Health care plan must be received before a child starts attending our setting.
- 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

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name and photo. A copy of the Administration of medicine consent form/Medication record and the Health Care Plan.
- If a child on medication is taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in the preschool office 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)

