

## Administration of Medication Policy & Procedure



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, in line with the following points:

- Information in relation to a child's medical needs will be gathered when they start with us (parents complete medical form within start up pack). If this identifies a medical need then a health care plan is devised with parents/ professionals involved. This is updated regularly to reflect the child's changing needs where necessary. and updated regularly.
- If the administration of prescribed medication requires medical or technical knowledge, tailored training is provided for at least 2 relevant members of staff by a health professional prior to the child attending the setting and at least 2 staff should be present during administration of medications.
- 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 effects as well as to give time for the medication to take effect.
- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. It must be in-date, prescribed for the specified child and for the current condition. If dosages change from the initial prescription, the setting will need to see evidence that this has been advised by a medical professional (i.e.: a letter from the doctor).
- No medication containing aspirin will be given to any child attending this setting, unless it has been prescribed by a doctor.
- The key person (or 1-1 where appropriate) is responsible for the correct administration of both prescribed and non prescribed medication. This includes ensuring that parent consent forms (short course or ongoing medication forms) have been completed before and after medications are administered (signed on the same day), that medicines are stored correctly and are in date and that records are kept according to procedures. In the absence of the key person, the member of staff given the medication by the parent is responsible for the overseeing of administering medication.
- Any medicines given will be supervised and checked by a second member of staff and signatures recorded.
- Children's prescribed drugs are stored in their original containers, in accordance with product and prescriber's instructions and are clearly labelled with the child's full name.
- Medications are always kept out of reach of the children in the kitchen/store cupboard.
- The management team will notify our insurance company should life saving or invasive medications be required for each child that requires it. We gather evidence such as a letter from the child's specialist stating the child's name, condition, treatment required, consent from parents to administer, as well as any proof of training undertaken.

### **Ongoing conditions**

- For some ongoing 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. Prior written permission will be held and completed by key person then signed by parents upon collection, when medication is given – Ongoing Medication Permission form. This form can be found in the health folder, along with any health care plans.
- Wherever possible and under advice of a trained health professionals, individual children will be supported with **any** ongoing medical needs. This may include the attendance by the child's key person at any care plan meetings.

- Each child with an ongoing medical condition has a health management plan/risk management plan devised by the child's keyworker, INCCO within the setting and the parents, using guidance from any other professionals involved. We ask parents to review their child's medical forms regularly to ensure they are up to date, however we expect all parents to keep us informed of any changes to their child's health. This plan is then shared with other staff and includes any emergency dosages to be given.
- No child may self-administer without an adult to oversee the administering. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key worker what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication, and all paperwork is completed and signed by staff and parents in accordance with current guidance.

### **Shorts course medications**

For Short course medications, staff will complete the short course medications consent form with parents at the beginning and end of the session, in addition to when the medication has been administered.

### **Staff medications:**

If a practitioner at this setting is taking medication which they believe may affect their ability to care for children, they should inform the manager and only work directly with children after seeking medical advice and a thorough risk assessment being carried out. The provider will require evidence of this before the practitioner is able to work directly with children.

All staff medication whether prescribed or un-prescribed will be securely stored and out of the reach of children in the kitchen.

### **Managing medications on trips and outings:**

Staff accompanying children who require medication on trips must have a good understanding of each child's health care plan and this should be taken on the outing, along with the consent / record of administration form and medication in a locked case. Medications should be clearly labelled with the child's name, name of medication.

At least two staff (both trained in the administration of the medication where required) should be present during outings. Ideally one of these should be the child's key worker.

On return to the setting forms and medications should be returned to their correct place and parents should sign to acknowledge your administration whilst out.

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