

**Administration of Medication**

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**Administration of medicine**

All staff are responsible for administering medication to all children, ensuring consent forms are completed, medicines stored correctly and that appropriate records are kept.

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

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect. The setting manager must check the insurance policy document to see what details must be reported to the insurance provider.

**Consent**

* Only a person with parental responsibility (PR), or a foster carer may give consent for medication to be administered during the setting. A childminder, grandparent, parent’s partner who does not have PR, cannot give consent.
* When bringing in medicine, the parent informs their key person, or setting manager if the key person is not available. The setting manager or deputy manager will ensure that consent forms are completed, and that medication is administered when required. Details will also be shared with other staff members if necessary.
* 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 the original pharmacist’s label.
* 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 and record the circumstance of the events and hospital instructions as relayed to them by the parents.
* Members of staff who receive the medication ask the parent 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?
* dosage to be given.
* how the medication should be stored and expiry date.
* a note of any possible side effects that may be expected.
* signature and printed name of parent and date.

**Storage**

All medicines are stored safely. Refrigerated medication is stored in the kitchen fridge and on a separate shelf, so it can be clearly identified. Medication that does not need to be kept in the refrigerator is stored in the bottom drawer of the locked filing cabinet in the back storeroom. All staff are made aware if medication is being stored in the setting.

* *A child’s* key person is responsible for ensuring all medication is handed back to the parent at the end of the day.
* For some conditions, medication for an individual child may be kept at the setting. The healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
* To reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change, parents do not access where medication is stored.

**Record of Administering Medication**

All medication record sheets are kept in the child’s individual file, stored securely in the back office in locked filing cabinets. All staff are aware of where they are stored. Any updates are discussed between staff on the day and any paperwork filled in by the staff is overseen by the setting manager.

The medicine record sheet records:

* name of child.
* name and strength of medication.
* the date and time of dose.
* dose given and method.
* signed by key person or setting manager.
* verified by parent signature at the end of the day.

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

* No child may self-administer. If children can understand 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 a number of children at similar times may indicate a need for better infection control.

**Children with long term medical conditions requiring ongoing medication.**

* A 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 contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor(s) for their child.
* For some medical conditions, key staff will require basic training to have a greater understanding of the need and know how medication is administered. Training needs added as part of the risk assessment.
* Risk assessments includes any activity that may give cause for concern regarding an individual child’s health needs.
* Risk assessments also include arrangements for medicines on outings; advice from the child’s GP’s is sought if necessary.
* A *Health Care Plan Form* is completed fully with the parent; 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 e.g. changes to the medication or the dosage and any side effects noted.

**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, name of medication and copy of the consent form, with details as above.
* If a child on medication must be 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 the setting manager. The medication must be stored securely in the back office. The setting manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

Please find further guidance at the Early Years Alliance: Medication Administration Record