# Chirpy Chicks Pre-School



# Administering Medication Policy

**Policy statement**

We comply with health and safety regulations and the Welfare Requirements of the EYFS in making our setting health aware, in regards in food and drink. Staff are paediatric first aid trained and there are always staff willing to administer medicine on site.

**This policy will outline our administering medicine policy and forms part of our Promoting health and hygiene policy documents.**

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. 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 effect as well as to give time for the medication to take effect.

Staff are responsible for the correct administration of medication to children. This includes ensuring our Administering medicine form is completed and signed by the child’s parent/ guardian, medicines are stored correctly and that records are kept according to procedures.

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* Usually only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.
* Children's prescribed medicines are stored in their original containers, are clearly labeled and are inaccessible to the children, held high up in the kitchen cupboard, unless refrigerated.
* Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign for consent on our Administering medicine form, stating the following information:
* full name of child;
* name of medication and strength;
* dosage to be given in the setting;
* how the medication should be stored;
* expiry date;
* date and time of administration;
* signature of parent.

No medication may be given without these details provided.

* The staff member whom administers the medicine and a witness (staff) will sign the form after medicine is administered to the child.
* At the end of the day the prescribed medicine will be returned to the parent/ guardian by a member of staff, who will then sign the Administering medicine form, by ticking the column which states “sent home”.

***Storage of medicines***

All medication is stored safely in the high kitchen cupboard or refrigerated in the kitchen, if required. Medicine is kept in their original, named containers.

* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* 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.
* If a child requires ongoing medication, such as an insulin, epi pen, inhaler etc, for a long term medical condition, their medication must be stored inside a locked medicine tin, in their original labeled containers, which is kept in the medicine cupboard in the kitchen.

***Children who have long term medical conditions and who may require on ongoing***

***medication***

* A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the 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 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 should 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 must include the key person for the child with a 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 locked medicine tin, clearly labelled with the child’s name and the name of the medication.
* If a child on medication has to be taken to hospital, the child’s medication is taken in a locked medicine tin, clearly labelled with the child’s name and the name of the medication.

A child’s parent or carer must complete a new **Administer Medication** form if there are any changes to a child’s medication (including change of dosage or frequency).

If a child suffers from a long-term medical condition the setting will ask the child's parents to provide a medical care plan from their doctor, to clarify exactly what the symptoms and treatment are so that the setting has a clear statement of the child's medical requirements.

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| This policy was adopted by: Chirpy Chicks Pre-School | Date: 17th February 2024 |
| To be reviewed: 17rd February 2025 | Signed: Chloe Thompson |

Written in accordance with the *Statutory Framework for the Early Years Foundation Stage (2021): Safeguarding and Welfare Requirements: Health [3.45-3.47]*