Administering Medicine Policy

This policy is in place to safeguard the welfare and health of children within the setting who require medication at any point. This policy ensures best practice and consistency amongst all staff in relation to administering, storing, recording and managing any medication.

* **Administering**: of any medication can only be undertaken once a detailed ‘Medication Consent Form’ has been completed by the child’s guardians and then checked by a Senior Practitioner. Upon completion of this form the most Senior practitioner within the room, ie: Room leader is required to check the medication; ensuring it is in date, showing a clear prescription label with details of specified child, in its original container and that the form reflects the current medical need and any instructions in relation to both dosage and storage. Following this, the form and medication is to be presented to a member of management to be secondarily checked and the form counter signed. The responsibility for administering and then recording said medication will always lie with the Manager, in their absence this duty is passed on to the next most senior member of staff, eg: Deputy Manager, Third in Charge, etc. Administration is to be witnessed by a secondary practitioner and signed within the same form. Administering medicines during the child’s session will only be done if absolutely necessary as per instruction.
* **Training**: All staff are aware of administration policies, further to this staff are provided additional training to support this process wherever required.
* **Recording:** The Medication Consent Form is to be used in recording any point the medicine is administered per day *(including same day administration prior to attending setting)* this information is then to be shared with the child’s guardians at the end of the session, with them signing to acknowledge the receipt of information on said form.
* **Exclusion period:** where a child has been prescribed a medication they are required to complete the initial 48 hour course of the dosage at home to ensure no adverse effect and allow antibiotics to begin taking effect, only 48 hours after the initial dose is the child then allowed to attend the setting.
* **Storage:** Medicine is to be stored as per specific instructions. If required to be refrigerated, medicine will be stored within the clearly labelled medicine storage box within the fridge. If medicine is to be stored at room temperature, this will be kept within the Managers office in the allocated clearly labelled medicine basket. Practitioners are to hand medicine back to parents at the end of each session. Parents are under no circumstance permitted to retrieve medication from either allocated storage, this is to prevent cross contamination or opportunity for confusion.
* **Supporting documents:** For any circumstance where long term medication is required the relevant Health/ Allergy Care Plans are to be completed and held in allocated location (child’s folder and Care plan folder). As stated within forms, these are to be reviewed annually.
* **Emergency Medication:** In the case a child has a prescribed EPI PEN, Asthma pumps or similar emergency medication, this is to be left on site at all times within the medicine basket. All staff are to be aware of children with emergency medication and be familiar with their signs and symptoms of need. Supporting Allergy/ Health care plans and risk assessments are to be stored in specified location.
* **Non-prescription medication:** Welfare requirements explain that only prescribed medications are required to be administered. However, on occasion as per Managers discretion reasonable non prescribed medication may be administered. This will only be in the case all relevant paperwork has prior been completed and approved. Some examples that may be considered are: Teething gel, teething powders, eczema creams etc.
* **Calpol:** If a child becomes unwell whilst at the setting, with a temperature reading of 38 degrees or above we may be able to administer Calpol. This will be conditional to parent notification and agreement, as well as relevant paperwork being previously completed. *Calpol will only be administered if a child has been in the setting over 4 hours*. Once Calpol has been administered, staff will continue to monitor the child’s temperature in 10 minute intervals, if after 30 minutes a temperature is still present the child is to be collected promptly, if said temperature returns at any point during the remainder of the session the child is also to be collected promptly as a second dose will not be given.
* **Outings:** All practices are to be mirrored whilst on outings as within the setting, all emergency medication is to be taken and stored appropriately. On occasion child’s medication is required to be refrigerated outings are to be amended to a reasonable extent to adhere to this, or if unavoidable said child will have to remain within the setting with adequate staff to child ratios.
* **Documentation for reference:**

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Medication Administration Record (Early Years Alliance 2019)