**Safeguarding and Welfare Requirement: Health**

**Providers must have and implement a policy and procedures for administering medicines. It must include systems for obtaining information about a child’s needs for medicines and for keeping this information up to date.**

**Policy statement**

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 GPs 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 there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings;* the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* Prescribed medicines must have the child’s name clearly on original labels.
* Over the counter (OTC) medicines can be administered with explicit parental authorisation. (see addendum) Parents must give written permission for administration of an OTC and must provide the OTC medication in original packages with recommended dosage instructions clearly visible. In addition, a telephone call to the parent will be made before an OTC is administered – this is to avoid the risk of ‘double dosing’ if a parent has administered the OTC before the child comes to preschool. The call will be noted in the Administration of Medicines file, which will be signed by the parent at the end of the day. The preschool reserves the right to send children home if they are deemed not well enough to attend preschool.
* Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
* Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
* - the full name of child and date of birth;
* - the name of medication and strength;
* - who prescribed it;
* - the dosage to be given in the setting;
* - how the medication should be stored and its expiry date;
* - any possible side effects that may be expected; and
* - the signature of the parent, their printed name and the date.

*Parents need to give their child’s medicine to the Manager or the Deputy in her absence, who will check the medicine is clearly labelled with name and dosage and will ask the parent to fill in our Medicine Form. The manager will inform the child’s key person of the medicine and dosage and write it on the board so all staff are aware.*

**If we feel a child is too unwell to attend pre-school we will contact the parent to collect them**

* The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
* name of the child;
* name and strength of the medication;
* date and time of the dose;
* dose given and method;
* signature of the key person/manager; and
* parent’s signature.
* We use the Pre-school Learning Alliance’s Medication Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.

*Storage of medicines*

* All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
* The child’s key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
* For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*All medicine is stored either in the fridge if needed, or the medicine box beside the first aid kit in the preschool room, all items are individually labelled and not accessible to children. All staff are aware of this storage in the their staff induction.*

* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* If rectal diazepam is given, another member of staff must be present and co-signs the record book.
* 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.

*Children who have long term medical conditions and who may require 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 form part of the risk assessment.
* The risk assessment includes vigorous activities and any other 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 advice is sought from the child’s GP 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 frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
* All contributors, including the parent, signs the Health Care plan and parents are offered a copy of the plan.

*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 sealed plastic box clearly labelled with the child’s name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
* On returning to the setting the card is stapled to the medicine record book and the parent signs it.
* If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled with the child’s name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
* As a precaution, children should not eat when travelling in vehicles.
* This procedure is read alongside the outings procedure.

**Legal framework**

* The Human Medicines Regulations (2012)

**Further guidance**

* Managing Medicines in Schools and Early Years Settings (DfES 2005)

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| Document ID- | Policy adopted at meeting – Oct 2007 | Reviewed by : Ladybirds Directors |
| Dates reviewed | Jan 2019 |  |
| Sept 2017 | March 2019 |  |
| February 2018 | April 2020 |  |

Addendum to policy

Information provided by <https://www.wessexlmcs.com/prescribingnurseriesschoolsandotcmedications>

<file:///C:/Users/Owner/Downloads/Wessex%20LMCs%20-%20Prescribing%20-%20Nurseries,%20schools%20and%20OTC%20MedicationsJanuary%202019.pdf>

Non-prescription (OTC) medication does not need a GP signature/authorisation in order for the school/nursery/childminder to give it. It has been brought to the attention of the GPC Clinical and Prescribing Subcommittee that the revised 'The Early Years Foundation Stage Statutory Framework', which governs the standards of institutions looking after and educating children, includes a paragraph under specific legal requirements - medicines, that states: 'Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.' We are aware that in some areas this is resulting in parents making unnecessary appointments to seek a prescription for an OTC medicine, just so it can be taken in nurseries or schools. The Clinical and Prescribing Subcommittee wishes to remind GPs that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL). This is to enable access to those medicines without recourse to a GP. It is appropriate for OTC medicines to be given by parents, as they consider necessary, in the home or nursery environment. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine, wholly to satisfy the needs of a nursery/school. The Clinical and Prescribing Subcommittee wrote to the Department of Children, Schools and Families seeking an amendment to this paragraph in the Statutory Framework and we have now heard from that Department. They will amend their guidance to stay consistent with current national standards for day care and childminding, whereby non-prescription medication can be administered where there is parents' prior written consent. Should any practice find that this continues to be a problem in their area we have produced a template letter which can be downloaded and sent to the Nursery/School. The Statutory Framework for the EYFS (Early Years Foundation Stage) outlines the policy for administering medicines to children in nurseries/preschools 0-5 years “The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable”.