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**Administration of medicines.**

**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.

Qualified staff with a valid first aid certificate are responsible for the correct administration of medication. This includes ensuring that parent consent forms have been completed, that 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.
* Only medication prescribed by a doctor (or another medically qualified person) is administered. It must be in date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor)
* Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
* Parents must give 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 will 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 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.

* The administration of medication is recorded accurately in our medication record book each time it is given and is signed by the staff member who administered. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of medicine. The medication book records the:

-name of the child;

-name and strength of the medication;

-date and time of the dose;

-signature of the staff member; and

-parents signature.

* We use the Pre-school Learning Alliance’s medication record 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 box and stored either within the fridge or out of reach of the children.
* The child’s key person or the manager is responsible for ensuring that medication 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 basis or as-and-when-required basis. The health and safety officer checks that any medication held in the setting, is in date and out-of-date medication is returned to the parent.
* If the administration of prescribed 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 a staff member 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 on-going medication.**

* A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the manager alongside the child’s 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 to their child.
* For some medical conditions, key staff will need to have training in basic understanding of the condition, as well as how the medication is administered correctly. The training needs for staff need to form part of the risk assessment.
* The risk assessment includes vigorous activities and any other activities 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 information is shared with other staff that cares 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 required. 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 plan and each contributor, including the parent signs it.

**Managing medicines on trips and outings.**

* If children are going on outings, staff must be fully informed about the child’s needs and/or medication.
* Medication for a child is taken in a sealed clear plastic bag clearly labelled with the child’s name and the name of the medication. Inside the bag 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 book, this is stapled into the medication record book upon return to the setting 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 clear plastic bag clearly labelled with the child’s name and the name of the medication, inside the bag is a copy of the consent form clearly signed by the parent.
* This procedure is read alongside the outings procedure.

**Legal framework**

* The Human Medicines Regulations (2012)

This policy was adopted at a meeting of Lavington pre-school held on

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Signed on behalf of the provider…………………………………………………………………..

Name of signatory………………………………………………………………………………………………

Role of signatory………………………………………………………………………………………………..