MC900236632[1]

**Red Barn Community Preschool**

**Administering 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. If a child has not had a medication before, it is advised that the parents/carers keep the child 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.

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

**Procedures**

* Children taking medication must be well enough to attend preschool.
* Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition and have the prescription label attached (medicines containing aspirin will only be given if prescribed by a doctor).
* Children’s prescribed medicines must be stored in their original containers, be clearly labelled and must be kept in the office out of the reach of children.
* Any child that has been prescribed an inhaler e.g. Salbutamol must have provided the preschool with an inhaler to remain on site, before they start attending. The medication/inhaler must be in the original box with the prescription label attached.
* 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 the child and date of birth;
* The name of the medication and strength;
* Who prescribed it;
* The dosage to be given in the setting;
* How the medication is to be stored and it’s expiry date;
* Any possible side effects that may be expected;
* The signature of the parent, their printed name and the date.
* The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person giving it and another member of staff to witness. 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 medication;
* Expiry date of medication;
* Date and time of the dose;
* Dose given and method;
* Signature of the person administering the medication and a witness;
* 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 the pre-school office or refrigerated as required.
* The child’s Key Person is responsible for ensuring that all medication is given back to the parents at the end of the day if it is not to stay on the premises.
* For some conditions, regular medication may be kept at the setting to be administered on a regular or as-and-when-required basis e.g. inhalers. Monthly checks are made on medication held in the setting to ensure they are still in date. Parents are informed of this with prior notice so that a replacement can be sought. Any out-of-date medication is given back to the parent to dispose of appropriately.

**All medication is to be kept in the marked medication box on the shelf in the preschool office (unless it needs to be stored in the refrigerator)**

* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional, or ideally all staff should be trained in the relevant procedures.
* 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/Health and Safety Officer/ 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 will be a risk factor for 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 to be administered correctly. The training needs for staff will need to be part of the risk assessment.
* The risk assessment includes vigorous activities and any other activity that may cause 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 by the parent, SENCO and setting Manager; 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.
* 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 e.g. their Key buddy
* 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 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.

**This policy adheres to guidelines and legislation from:**

* The Human Medicines Regulations (2012)
* The Early Years Foundation Stage Statutory Framework (2017)
* Managing Medicines in Schools and Early Years Settings (DfES 2005)

This Policy was adopted at a meeting Red Barn Pre-school held on:

Date:

Signed on behalf of the Management Committee

Role of signatory (e.g. Chairperson etc.)

This policy was reviewed on:

Signature

This policy was reviewed on:

Signature

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Signature