



## 04 Health procedures

### 04.2 Administration of medicine

The Supervisors/Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.

- When bringing in medicine, the parent informs supervisor/back up key person. The setting manager should be also be informed.

Supervisors/key persons receives the child's medications and ask the parents to complete consent form. Supervisors inform all staff about the medications and puts reminder on white board. Supervisors/key persons are responsible for store and administrating the medicines and checking the consent form.

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.

- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.

- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:

- full name of child and date of birth
- name of medication and strength
- who prescribed it (if applicable)
- dosage to be given
- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent and date

#### Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the kitchen fridge.

We have individual medical draw string medical bags with the child's name on label. We also store some medication in a named plastic box in the refrigerator. All staff are informed of any medication being held in the setting and for whom by staff meetings and displays boards inside the kitchen cupboard. This displays food allergy and any medication with the child's name and a photograph.

- The supervisor/key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

#### Record of administering medicines

A record of medicines administered is kept near to the medicine cabinet or in the child's group room, or in the setting manager's office. Settings can choose which works best for them, as long as members of staff are aware and it is consistent.

The record books are kept with the medications and consent form in special bag with child's name on label. The administration of medicine is recorded accurately in our medication record folder each time it is given and in sign by person administering the medication and 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. Supervisors/key persons receiving the medication with sign consent form stating the following information. This goes alone with the Health Care Plan detailing all the medical condition, allergy and routine information concerning the child's health needs. No medication may be given without details being provided: the full name of child and date of birth; the name of medication and strength; who prescribed it; the dose and times to be given in the setting; the method of administration; how the medication should be stored and its expiry date; any possible side effects that may be expected; the signature of the parent, their printed name and the date.

The medicine record book records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person/setting supervisor
- verified by parent signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting supervisor and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.

- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- 04.2a Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

#### Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later 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 as above.

#### Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

#### Further guidance

Medication Administration Record (Alliance Publication)

Policy reviewed and update February 2024.