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[www.pelican-childcare.co.uk](http://www.pelican-childcare.co.uk)

# 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 removing from an illness.

In many cases, it is possible for children's GP's to prescribe medicines 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, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in "Managing Medicines in Schools and Early Years Settings and The Spotty Book, the manager is responsible for ensuring all staff understand and follow these procedures.

The lead and senior persons are responsible for the correct administration of medication to children for whom they care for. 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 lead person, the deputy lead is responsible for the overseeing of administering medication.

## Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in date, in its original packaging and prescribed for the current condition.

- The first dose of any new medication must be administered at home in case of adverse effects.
- NB Children's paracetamol is administered for children with the verbal and written consent of the parents in the case of a high temperature. This is to prevent febrile convulsions in younger children.
- 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.

Full name of child and date of birth;

Name of medication and strength;

Who prescribed it;

Dosage to be given in the setting;

How the medication should be stored and expiry date;

Any possible side effects that may be expected should be noted; and

Signature, print name of parent and date;

The lead, deputy or senior practitioner will receive the child's medication from the parent/carer and will go through the medical form with them.

- The administration is recorded accurately each time it is given and is signed by the staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records;

Name of child;

Name and strength of medication;

The date and time of dose;

Dose given and method; and is

Signed by lead/senior person and is verified by parent signature at the end of the day.

We use Pelican's own format for recording administration of medicine and comply with the details set in this policy.

## **Storage of medicines**

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not solely for storing medicines, they are kept in a marked plastic box.

- The lead/deputy or senior practitioner is responsible for ensuring medicine is handed back at the end of the day to the parents. Parents/carers sign the medicine in and out of the centre by means of a Medicine in Book.
- For some conditions, medication may be kept in the setting. The lead/deputy or senior person checks that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out of date medication back to the parent.
- When parents/carers pass in medicines it is handed over to the lead/deputy or senior member who makes sure the correct forms and book has been filled in, the child's initials are written on the medicine board with the time of dose to be given, all staff are told by the lead on duty then the medicine is stored in the cupboard or fridge in the staffs kitchen.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the staff concerned by a health professional.
- If a rectal diazepam is given another member of staff must be present and co-sign 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 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 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, understanding 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 medications to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parents 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 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 the children are going on outings, staff accompany 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, name of the medication, inside the box is a copy of the consent form to record when it has been given with the details as given above.
- On returning to the setting the consent form is to be signed by the parent on collection of the child.
- 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure is read alongside the outings procedure.

### **Legal Framework**

- Medicines act (1968)
- [www.devon.gov.uk/j4s-spottybook](http://www.devon.gov.uk/j4s-spottybook)
- [www.hse.gov.uk/SI/si1999/19993242.htm](http://www.hse.gov.uk/SI/si1999/19993242.htm)

## Further guidance

- Managing Medicines in Schools and Early Years Settings (DFES 2005)
- PHE Public Health England

This Policy was adopted at a meeting of The Board of Trustees at Pelican Children's Centre

Held on.....

Date to be reviewed.....

Signed on behalf of the board of trustees.....

Name of signatory.....

Role within the centre.....