



## **Administering Medicine Policy**

### **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 Kingfisher Preschool, we will agree to administer medication to a child as part of maintaining their health and well-being, or when they are recovering from an illness.

In many cases it will be possible for the medication a GP prescribed to a child to be taken before and after attending preschool. Therefore, administering medicines in the setting will only be done where it would be detrimental to the child's health if not given during preschool hours. If the child has not had a medication before it is advised that they stay at home for 48 hours after initially taking the medicine to ensure that the child does not have adverse reactions and to give the medication time to take effect.

Before administering any medication, we ensure that consent forms are completed, medicines are stored correctly and that records are kept up to date according to procedures.

### **Procedures for administering short term medication**

- Children taking prescribed medication must be well enough to attend Kingfisher Preschool.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- The prescribed medication must be in its original packaging, with the pharmacy label on clearly stating the child's name and dosage.
- Parents must complete and sign an 'Agreement for Administering Short Term Medicine' form before medication will be given to a child. Any member of staff can complete this form with the parent, but it must be countersigned by the Supervisor.
- This form will be stored in the appropriate section of the Accident Folder.
- All medication that is administered on the setting is recorded accurately each time it is given and is signed and witnessed by staff.

- Parents will sign the administration log to acknowledge the administration of medicine.

### Storage of Medicine

- All medication is stored safely in accordance with the pharmacy guidelines. They are clearly labelled and are out of reach of the children.
- The Supervisor is responsible for ensuring the medication is handed back to the parent at the end of each session. No short term medication will be stored on the premises.
- For some conditions it is appropriate for medication to be kept at the setting. It is the responsibility of the parents to ensure the medication is in date and provide new medication when it runs out of date.
- If the administration of prescribed medication requires medical knowledge, specific training will be provided for relevant members of staff by a health care professional or trainer.
- No child is allowed to self-administer medication. Some children may have the understanding of when they need medication e.g. asthma. However, they will be encouraged to tell a member of staff their needs. This does not take away from the need for staff to be vigilant in identifying and responding if a child needs medication.

### Children who have long term medical conditions and who many require on-going medication

- A risk assessment will be carried out for each child who has a long term medical condition that requires on-going medication. This is the responsibility of the manager along with the supervisor. We will always consult and take the advice of other medical and health care professionals to be able to provide the best possible care for the child.
- We will also work alongside the parents and cares of the child while completing the risk assessment to ensure the best possible care is given to the child.
- Some medical conditions key staff may need additional and specific training to provide appropriate medical support to the child. The training needs of the staff will be included in the individual risk assessment.
- The risk assessment will include arrangements for taking medications on one off outings, and regular educational activities that are outside of the setting.
- A health care plan will be drawn up in consultation with the parents. This will be shared with the appropriate members of staff. This will also include the measures to be taken in an emergency.

- The health care plan will be reviewed every 6 months or sooner if appropriate. This will also include reviewing the medication including changes in medication, dosage or any side effects that have been spotted.
- Parents and all contributors will receive a copy of the health care plan when it is initially formed and after each review.

#### Managing medicine in trips and outings

- If children are going on outings, staff accompanying the children must be fully informed about the child's needs and medication. A risk assessment will be carried out for each outing the child is attending.
- Medication for the child is taken in a sealed plastic box which is clearly labelled with the child's name, name of medication, dosage and times when medication is required. Inside with box will be a copy of the consent form and a record of when the medication has been administered.
- At the end of the outing parents must sign the record showing when and how much medication has been given.
- If a child requires urgent medication attention while on an outing the medication is to be taken in the sealed box with a copy of the consent form and administration log. This will be made available for the medical to see if needed. (This is read alongside the First Aid Policy)
- Children will not be given any food to eat when they are in vehicles that are travelling.

**Date:** 8<sup>th</sup> March 2017

**Signed:**

**Kingfisher Preschool Manager**

**Review Date:** March 2018

**Staff Signatures:**

**I confirm that I have fully read and understand this policy. I will adhere to and follow the directives laid out in this policy.**

<b>PRINTED NAME</b>	<b>POSITION</b>	<b>SIGNATURE</b>	<b>DATE</b>



**Agreement for Administering Short Term Medicine**

Child's Name:				Date of Birth:		
Name of Medication:				Dosage:		
Times Medication To Be Given:				In original packing	Pharmacy label	In date
Number of Days Medication to be give:				Special Instructions:		
Medication Storage:						
<p><i>Parent / carer consent – I have read the above information, and confirm it is correct. I give consent for staff of Kingfisher Preschool to follow the medication instructions and administer the medication during their time at preschool.</i></p>						
Parent / carer signature:				Date:		
Date	Time	Dosage	Administered by	Witnessed by	Parent Signature	Date



**Agreement for Administering Long Term Medicine**

Child's Name:			Date of Birth:			
Name of Medication:			Dosage:			
Times Medication To Be Given:			In original packing	Pharmacy label	In date	
Number of Days Medication to be give:			Special Instructions:			
Medication Storage:						
<p>Parent / carer consent – <i>I have read the above information, and confirm it is correct. I give consent for staff of Kingfisher Preschool to follow the medication instructions and administer the medication during their time at preschool.</i></p>						
Parent / carer signature:			Date:			
Date	Time	Dosage	Administered by	Witnessed by	Parent Signature	Date





## Health Care Plan

<b>Child Information</b>	
Preschool Setting:	
Child's Name:	
Date of Birth:	
Address:	
Medical diagnosis or condition:	
Plan developed with:	
Copies given to:	
Date of creation:	
Review Date:	
<b>Family Contacts</b>	
Name:	Name:
Address:	Address:
Relationship to child:	Relationship to child:
Home Number:	Home Number:
Work Number:	Work Number:
Mobile Number:	Mobile Number:
<b>Medical Contacts</b>	
GP:	Hospital Contact:
Surgery:	Hospital:
Phone Number:	Clinic:
Email:	Phone Number:
	Email:

**Medical and Health Needs**

**My Health and Medical Needs:**

**My Daily Care Requirements:**

**My Signs, Symptoms and Triggers(including environmental factors):**

**My Medication (name, dose, method of administration, side effects):**

**It is an emergency if this happens:**

**In an emergency please do the following:**

\_\_\_\_\_ Is responsible in an emergency.

**Requirements for trips and outings:**

**Parents / carers signature:**

**Date:**

**Setting Signature:**

**Date:**