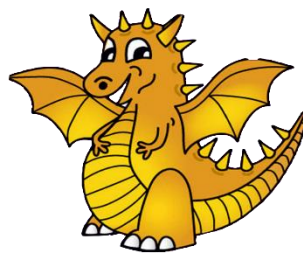




Wessex
Learning Trust
We Learn Together!

Early Years: Administering Medicine and Poorly Children Policy



Date approved by Trust Board: September 2024
Review Date: Sept 2027

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Wessex Learning Trust
Administering Medicine and Poorly Children Policy

This policy will be reviewed by the Board of Trustees every three years.

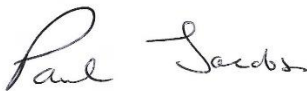


Signature:

Name: Mr Gavin Ball

Position: Chief Executive

Date: 01/09/2024



Signature:

Name: Mr Paul Jacobs

Position: Chair of the Board

Date: 01/09/2024

Administration of Medicine

1. Giving a Child Medicine

1.1 Administering medicines during a child's session will only be done if necessary and, if possible, parents/carers should be encouraged to time medicine giving so that it falls outside of childcare hours. Medicines (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/carer. Settings must keep a written record each time a medicine is administered to a child and inform the child's parent/carer on the same day the medicine has been taken, or as soon as reasonably practicable. Calpol may be administered to children as long as it is in date, parents/carers have completed the full permission form, and it is for no longer than 3 days. If a child requires calpol for a longer period of time, then parents/carers must seek a written doctor's note which must be shared with the setting before the setting can administer it.

1.2 A child's key person, back up key person or senior member of staff is responsible for administering medication to their key children, ensuring that consent forms are completed, medicines stored correctly, and the appropriate records kept.

1.3 If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents/carers keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.

2. Consent for Administering Medication

2.1 Only a person with parental responsibility, or a foster carer may give consent for a child to receive medication at the setting. A childminder, grandparent, parent's partner who does not have parental responsibility cannot give consent. **Prior to giving any medication, a medical permission form must be completed by someone with parental responsibility. This form must have the name of the child, name of the medicine and the dosage recorded.**

2.2 When bringing in medicine for their child, the parent/carer must inform their child's key person/back up key person, or room senior (if the key person is not available). The setting manager should also be informed. Staff who receive the medication must check it is in date and prescribed specifically for the current condition. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). It must be in the original container (not decanted into a separate bottle) and must be labelled with the child's name, dosage and original pharmacist's label. Calpol may be administered to children as long as it is in date, parents/carers have completed the full permission form and it is for no longer than 3 days (see section 1).

2.2.1 Note: 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 the parent/carer and record the circumstance of the events and hospital instructions as relayed to them by the parent/carer.

2.3 Members of staff receiving the medication must ask the parent/carer to sign a consent form. No medication will be given without this form completed (see Appendix 1).

3. Storage of Medicines

3.1 All medicines must be stored safely. Refrigerated medication is stored separately or clearly labelled in a fridge away from children.

3.2 Some key points should be followed:

- The child's key person, back up key person or senior person is responsible for ensuring medicine is handed back to parents/carers at the end of the day
- For some conditions, medication for an individual child may be kept at the setting. In this case a Healthcare plan form must be completed. Key persons must regularly check that the medicine is in date and return any out-of-date medication to the parent/carer
- Parents/carers must not have access to 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

4. Record of Administering Medicines

4.1 A record of medicines administered (see Appendix 2) must be kept in a consistent place and all staff made aware of its location, for example near to the medicine cabinet, the child's group room, or the manager's office. This will vary from setting to setting.

4.2 Each setting will ensure that all staff are trained how to complete the medicine record, why it must be maintained, and any specific details relating to that setting.

4.3 The medicine record must record:

- The name of the child the medicine is to be administered to
- The name and dose of the medication given
- The date and time the dose was given
- The signature of the person administering

4.4 Some key points to remember when filling out medical forms:

- 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, but this does not replace staff vigilance in knowing and responding to signs and symptoms
- The medication records should be monitored to look at the frequency of medication being given and any conclusions which may be drawn. 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

5. Children with Long Term Medical Conditions Requiring Ongoing Medication

5.1 Where a child has a long-term medical condition which requires ongoing medication, it is the responsibility of the SENDCo, setting manager and child's key person to complete a healthcare plan/risk assessment. Parents/carers should help contribute to the healthcare plan/risk assessment, including being shown around the setting, understanding routines and activities, and discussing any risk factors for their child. Other multi agencies may also feed into the healthcare plan/risk assessment.

5.2 In some cases key staff will require basic training to understand a child's condition and needs, and how medication is administered. Staff must have training if the administration of medicine requires medical or technical knowledge. Training needs will form part of the healthcare plan/risk assessment.

5.3 Healthcare plan/risk assessments should also include any activity that may give cause for concern regarding an individual child's health needs, as well as arrangements for medicines on outings – including advice from their GP or medical professional if deemed necessary.

5.4 The healthcare plan/risk assessment should be reviewed at least annually and more frequently if needed.

6. Managing Medicines on Trips and Outings

6.1 While on trips, children requiring medication should be accompanied by their key person, or another member of staff who is fully informed about their needs and medication.

6.2 Medication should be taken on the trip in an individual plastic box or bag, labelled with the child's name, the name of the medication, a copy of their parent/carers consent form accompanied by the parent/carer's signature.

6.3 If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box or bag clearly labelled as above. A member of staff will need to accompany the child to hospital if the parent/carers are not available.

7. Staff Taking Medication

7.1 Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children.

7.2 Staff taking medication that may impact their work, must inform their manager. If the medication is to be taken during the working day, then 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. All staff must know if someone has an EpiPen and where it is stored. Staff must only work directly with children if the medical advice received confirms that the medication is unlikely to impair that person's ability to look after children properly.

Poorly Children

8. What to do when a child becomes unwell

8.1 If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then a member of the Pre-school/Nursery or office will call the child's parents/carers and ask them to collect the child or send a known carer to collect on their behalf.

8.1.2 Following the onset of an illness, the child may be required to stay away from the setting for a period of time. A useful guide to illnesses and required absences can be found [here](#).

8.2 If a child has a raised temperature, they should be kept cool by removing top clothing. The child's temperature should be taken regularly.

8.2.1 If a **baby's** temperature is worryingly high and does not go down, Calpol may be required. The setting should contact parents/carers and ask for permission to do so and for someone to come straight away to collect the child. This is to reduce the risk of febrile convulsions, particularly in babies under 2 years old. Where this occurs, parents/carers must sign the medication record when they collect their child to confirm their consent.

8.3 In an emergency an ambulance will be called and the child's parents/carers informed.

Further information:

<http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>



Parental Consent form for the Administering of Medicine in a Pre-School/Nursery Setting

Please complete this consent form if your child requires medicine to be administered during their Pre-school/Nursery session. Staff are unable to administer medicine without a completed consent form.

Child's Name:	
Name of Pre-school Setting/Nursery:	

Name of Medicine to be Administered:		
Details of requirements (e.g. reason, dosage, frequency, when the medicine should be given, possible side effects etc.)		
Reason for medicine:		
Dosage:		
Frequency of medication:		
Possible side effects and any other relevant information:		
If this medicine is required over a period of time, rather than as a one off, please state how long your child should be administered this medicine:	From	To

I, the parent/carer of the child named above give my consent for staff at the Pre-school/Nursery setting to administer my child medicine, in line with the details I have provided.

Signature:	
Print Name:	
Date:	

Please note:

- Only a person with parental responsibility or a foster carer may give consent for a child to receive medication at the setting. A childminder, grandparent, parent's partner who does not have parental responsibility cannot give consent.
- When bringing in medicine for your child, you must inform your child's key person/back up key person, or room senior (if the key person is not available).
- All medicines must be in their original container (not decanted into a separate bottle) and must be labelled with your child's name and original pharmacist's label.
- This consent form is only valid for the above medicine in the stated period. If the child requires a different medicine to be administered, or for the same medicine to be given over a subsequent period, a new form must be completed.



Record of Administering Medicines

Name of Pre-school Setting/Nursery:	
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Name of child	Medicine name and dosage given	Date given	Time given	Administered by (signature required)