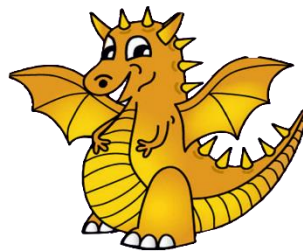




Wessex
Learning Trust
We Learn Together!

Early Years: Administering Medicine and Poorly Children Policy



Date approved by Trust Board: 01 November 2022
Review Date: 01 November 2025

Station Road, Cheddar, Somerset BS27 3AQ Telephone: 01934 745363
Email: office@wessexlearningtrust.co.uk www.wessexlearningtrust.co.uk
Wessex Learning Trust. Registered in England. Company Number 7348580.

Wessex Learning Trust
Administering Medicine and Poorly Children Policy

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

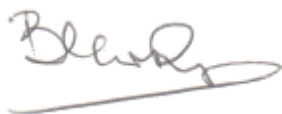
A handwritten signature in black ink that reads "Gavin Ball". The signature is written in a cursive style with a large initial 'G'.

Signature:

Name: Mr Gavin Ball

Position: Chief Executive

Date: 01/11/22

A handwritten signature in black ink that reads "Brian Kirkup". The signature is written in a cursive style with a large initial 'B' and a long horizontal stroke at the end.

Signature:

Name: Mr Brian Kirkup

Position: Chair of the Board

Date: 01/11/22

Administration of Medicine

1. Giving a Child Medicine

1.1 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.

1.2 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.

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.

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. It must be in the original container (not decanted into a separate bottle) and must be labelled with the child's name and original pharmacist's label.

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 parents/carers.

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. (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 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. (See Appendix 1)

4.3 The medicine record must record:

- The name of the child the medicine is to be administered to.
- The name and strength of the medication given.
- The date and time the dose was given.
- The signature of the key person/setting manager.

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. 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 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.

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 children. 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.



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.

Dosage given	Date	Time	Administered by (signature required)

