



Registered Charity No: 1130840  
School Mead, Abbots Langley, WD5 0LB  
01923 274483

## Administering Medicines – Policy and Procedure

### **Policy Statement:**

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. However we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

Children who may need medication are:

- Finishing a course of antibiotics, who are fit enough to attend preschool.
- Health needs which require regular medication to maintain health.
- Specific needs that require medication in an emergency.

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

### **Procedures:**

The following are the procedures that will be adhered to provide a safe, healthy and caring environment for all children and staff.

- Any medication that may need to be administered is written down on a **medication instruction and consent form**
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition
- A written record of all medicine given to children will be recorded on a **Medication Administered form**. This will be signed by the parent/carer to acknowledge the entry
- Any medication that requires training will be carried out by the health care professional concerned or the child's parents, for example an inhaler or epi-pen. This training will be specific to a particular child
- At least two members of staff will be trained to administer the medication competently. Where possible this will include the child's key Person.

The key person is responsible for the correct administration of medication to children for whom they are the key person. 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 key person, the manager is responsible for the overseeing of administering medication.

The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

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### **Storage of Medicines:**

All medication and associated equipment should be placed in a clear zippy bag with the child's full name and instructions enclosed. Any medication must be in its original container and packaging.

Medication is stored in a locked medical cupboard inaccessible to the children.

The refrigerator is not used solely for storing medicines therefore medicines requiring refrigeration will be stored in a clearly marked box.

Medication kept at preschool will be checked termly that it is in date and the record sheet signed. Out of date medication will be returned to the parent.

The relevant member of staff will check the zippy bag for the details of the child and the dosage required. This will be checked with a second member of staff before the dosage is given to the child.

A Medication Administered form will be completed for each dose given.

At the end of the session the member of staff will ensure the parent has been shown the form and asked for a signature.

The form will be stored in the child's registration file.

### **Procedures for children with allergies:**

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.

If a child has an allergy, a copy of the child's Health care plan is obtained from the Paediatrician or GP and a severe **allergy risk assessment form** is completed with the parent to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
- Control measures – such as how the child can be prevented from contact with the allergen.
- Review

This form is kept in the child's personal file and a copy is displayed where staff can see it.



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Parents train staff in how to administer special medication in the event of an allergic reaction.

We are a nut free setting.

Parents are made aware so no nut products can be accidentally brought into the setting.

### **Children who have long term medical conditions and who may require on ongoing medication:**

A risk assessment is carried out for each child with long term medical conditions that require ongoing 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, understand 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 medication is 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 parent; 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.

### **In an emergency**

If a member of staff is sufficiently concerned about a child's health and other members of staff agree that they cannot deal with or find reason for the child's symptoms then the situation is deemed an emergency.

A member of staff who is first aid trained will remain with the child, administering first aid as necessary.

A second member of staff will call for an ambulance and the child's parents/carer.

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If the parent does not arrive before the ambulance a member of staff who is familiar with the child will go with the child in the ambulance and stay with the child until a parent/carer arrives.

### **Insurance requirements for children with allergies and disabilities:**

The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance.

### **Oral Medication:**

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The group must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The group must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

### **Life-saving medication & invasive treatments:**

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

The setting must have:

1. A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
2. Written consent from the parent or guardian allowing staff to administer medication; and
3. Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication

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prescribed by the child's GP.

- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

This policy was adopted at a meeting of Breakspeare Community Preschool held on: .....

Signed on behalf of the Committee

Name: ..... Signature:.....

Signed on behalf of the Preschool :

Name:..... Signature: .....

This policy will be reviewed annually in May

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