



## Little Cherries Policy

### Administering medicines

#### Policy statement

While it is not Little Cherries 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 recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine 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, we advise that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Senior staff (Lead, deputy practitioners and room co-ordinators) are responsible for the correct administration of medication to children who attend the setting. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. We will notify our insurance provider of all required conditions, as laid out in our insurance policy.

#### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Parents must give prior written permission for the administration of medication. The senior staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth;
  - the name of medication and strength;
  - who prescribed it;
  - the dosage and times to be given in the setting;
  - the method of administration;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and

- the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately on our medication record form each time it is given and is signed by the person administering the medication and a second member of staff (witness). Parents are shown the record at the end of the child's session and asked to sign the record form to acknowledge the administration of the medicine. The medication record form records the:
  - name of the child;
  - name and strength of the medication;
  - date and time of the dose;
  - dose given and method;
  - signature of the person administering the medication and a second member of staff who can verify that the medication has been given correctly.
  - parent's signature (at the end of the child's session) .
- We use our own record forms for recording the administration of medicine and comply with our detailed procedures.
- If the administration of prescribed medicine requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record form.
- No child may self-administer medicine. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a staff member what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record forms to look at the frequency of medication given in the setting. 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.
- If your child has been give medication prior to the start of the session, for example Calpol, parents/carers are requested to disclose this to a staff member recalling the dosage and time it was administered.

### *Storage of medicines*

- All medication is stored safely in a secure cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key persons are responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. The child's key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent. If the parent is unable to take ownership of their child's medication Little Cherries will return this to the pharmacists. This will be recorded and signed by the pharmacist.

*Staff are informed of the location of the storage of all medicines. (Children's medication is individually stored in clear boxes labelled with a picture of the child. This is kept in a high secure cupboard in the kitchen area).*

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

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our manager and senior staff 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, senior staff and key persons 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 form part of the risk assessment.
- The risk assessment includes vigorous activities and any other 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 advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining Little Cherries role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently 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 individual health plan and each contributor, including the parent will sign it.

#### *Managing medicines on trips and outings*

- If children are going on outings, the key person or another member of staff who is fully informed about the child's needs will accompany them with the risk assessment and medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's picture and the name of the medication. Inside the box is a copy of the consent form and a form to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the form is signed by the parent and returned to the medical information file.
- If a child on medication has to be taken to hospital, the child's medication is taken in their sealed plastic box as stated above. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

## Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by	Little Cherries	<i>(name of provider)</i>
On	<hr/> 9 <sup>th</sup> September 2019	<i>(date)</i>
Date to be reviewed	<hr/> September 2020	<i>(date)</i>
Signed on behalf of the provider		
Name of signatory	<hr/> Jennie Peacock	
Role of signatory (e.g. chair, director or owner)	<hr/> Chairperson	