

**Administration of Medication**

**Statement of Intent**

Brislington Village Pre-school believes that children with long-term medical needs have the same rights of admission to the setting as other children. We will work with staff, parents/carers, child and relevant health care professionals to enable this to happen.

**Aims**

* To enable children with long-term medical needs to access the setting.
* To minimise the need to administer medicines for short-term medical needs.
* To be clear on the responsibilities of parents/carers and staff.
* To provide a safe procedure for staff to follow.

**Methods**

***Prescription medicines***

Medicines will only be administered when it is essential: that is where it would be detrimental to a child’s health if the medicine is not administered during the provision’s hours. Medicines must be provided in the original container as dispensed by the pharmacist and include the prescriber’s instructions of administration. Staff will not accept medication that has been taken out of the container or make changes to dosage or times on parental instruction.

***Non-prescription medicines***

Staff would not normally administer non-prescription medicines to children. Parents/carers will need to discuss individual circumstances with the manager of the setting.

We do not provide care for children, who are unwell, have a temperature, or sickness and diarrhoea, or who have an infectious disease. If a children has been administered with a dose of Calpol on the day they are due at the setting they are unable to attend pre-school on this day.

***Short term medical needs***

Children may need to take medicines for a short period of time. Staff will normally not administer medicines for short-term needs and parents/carers should do this outside the setting. If this unable to happen parents/carers will need to discuss individual circumstances with the manager of the setting, in advance and the manager’s decision will be final.

***Long term medical needs***

Some children may have long term medical needs and may require medicines on a long term basis e.g. well controlled cystic fibrosis, epilepsy. It is important that the setting has sufficient information about the medical condition of any child with long term medical needs. Parents will need to meet with the manager and the child’s key worker in advance to discuss the issues involved.

***Emergency medical needs***

Some children may require medicines in particular circumstances, e.g. inhalers for asthma. Parents will need to meet with manager and the child’s key worker to discuss the issues involved. A medication care plan will be completed.

***Registration***

If a parent identifies on the registration form that the child has a medical need, the manager will obtain detailed information on the medication consent form. Parents/carers are responsible for informing the setting of any changes in medication.

***Staff training***

Staff may need training before administering certain types of medication, and we seek advice from our insurers and registration body before agreeing we are able to administer certain types of medication. Training would normally involve accessing external training from a qualified health professional.

***Storage***

Medicines will be stored in our locked filing cabinet. If medicines need to be re-fridgerated, they will be kept in a locked box in the fridge, in the settings kitchen, to which the children have no access.

***Outings***

Medication on an outing will be carried by a member of staff and the relevant medication forms will be taken.

***Recording***

The parent will complete a consent form detailing the medication or complete a medication care plan as appropriate. The manager is responsible for checking these forms are completed prior to the child starting at the setting. The manger will keep a full record of medicines administered using the medical consent and administration form.

***Administration***

There is no legal duty for staff to administer medication, however staff may volunteer.

When a child arrives with medication the manager will ensure that any medication supplied is in its original container as dispensed by a pharmacist, check the prescription label states:

* Child’s name
* Name of medication and strength
* Dose and time to be administered
* Check the expiry or dispensing date on the bottle or foil.
* Check consent form is completed and signed by parents/carers.
* If medication is for emergency care, check that the individual care plan is signed.
* Check with parents when medication was last administered.

Designated staff will recheck on administration that it is the:

* Right child
* Right medication
* Right strength
* Right dose and time
* In date

Designated staff will follow any care plans relating to the child and medication. They will arrange for a 2nd person to confirm the identity of the child and witness administration. They will complete and sign an Administration of Medication record. The 2nd person will also sign.

Staff will inform dose and time taken on the departure of the child from the setting to the parents/carers, and inform them of any concerns, observed side effects or if the child declined to take the medication. Staff will ensure parents sign the Administration of Medication record and hand medication/container back to the parents/carers.

***Confidentiality***

All records relating to the medical needs of a child and the administration of medication will be stored confidentially within the setting.

***Law***

The setting recognises that we do not have a legal responsibility to administer medication, but recognise that we have a responsibility not to treat a child less favourably because of their medical needs.

This policy was adopted at a meeting on 1st September 2015

Reviewed September 2022

This policy is to be read in conjunction with our

Asthma policy

Confidentiality policy

Health and Safety policy

Nappy changing policy

Although under constant review, an overall review date has been set for **September 2023**

Appendix 1

**Short term medical consent and administration form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child | | | Dates for administration – from/to | | |
| Name of Medication | | | | | |
| What is the medication for | | | | | |
| Time and dose to be taken | | | Expiry date | | |
| Details of medication already taken today  or on-going basis | | | | | |
| Any other relevant information | | | | | |
| Date | Time | Dose | Staff Signature | Witnessed by | Parent signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Name of member of staff administering medication | | | | | |
| As parent/carer I give permission for the above named child to given this medication at the times and dosages stated.  Signed (parent/carer) Date | | | | | |

Appendix 2

**Medication Care Plan for Emergency Needs**

Child’s Name.................................................................................D.O.B...................................................

|  |
| --- |
| Name and contact details for parent/carer  Name and contact details for prescribing GP/specialist |

|  |
| --- |
| Name of my medication |
| Reason for my medication |
| Warning signs and what constitutes an emergency for me |
| What to do in an emergency |
| Can more than one dose be administered in 24 hours |
| How to support me after an emergency |
| Any possible side effects |
| Any required staff training |
| Names of staff to implement the care plan and administer medication |

As parent/legal guardian, I give permission for the above named child to be given this medication as detailed in the above plan.

Parent/Legal guardian signature................................................................Date....................................

Prescribing Doctor......................................................................................Date...................................

Manager.....................................................................................................Date...................................

To be reviewed on........................................

Appendix 3

**Medication care plan for long term needs**

Child’s Name.........................................................................................D.O.B................................

|  |
| --- |
| Name and contact details for my parents/carers  Name and contact details for my prescribing GP/specialist |

|  |
| --- |
| Name of my medication |
| Reason for my medication |
| What dose do I take and how often |
| What time do I take it |
| How do I take my medicine, what support do I need to do this |
| What should you do if I refuse to take my medicine |
| What other medication do I take |
| Any possible side effects |
| Any required staff training |
| Names of staff to implement this care plan and administer medication |

As parent/legal guardian, I give permission for the above named child to be given this medication as detailed in the above plan.

Parent/Legal guardian signature................................................................Date....................................

Prescribing Doctor......................................................................................Date...................................

Manager.....................................................................................................Date...................................

To be reviewed on (minimum annually)...............................................................................................