

Administering Medicines Policy

Statement of intent

While it is not our policy to care for unwell children, who should be at home until they are well enough to return to the Ladybird Playgroup Thriplow CIO, 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 the health of the child, they are given correctly and in accordance with guidance and requirements.

In many cases, it is possible for a child's GP 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 the child has not had a medication before, it is advised 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.

Aim

We aim to ensure that medicines will be administered safely to children attending Ladybird Playgroup Thriplow CIO under the following guidance:

The designated people for administering medicines are Sharon McGinty or another level 3 member of staff. Their role includes ensuring the consent forms have been completed, that medicines are stored correctly, the medicines are in date and that records are kept according to procedures. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedures

- Children taking medication should be well enough to attend the Ladybird Playgroup Thriplow CIO and should not have vomited or had diarrhoea in the past 48 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 and/or carer.
- 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).
- Parents/carers are required to provide clear, written instructions for the administration of medication to
 their child whilst at the Ladybird Playgroup Thriplow CIO in the Medication Records Book. The Medication
 Records book must be signed by both a parent and a member of staff. The medication must be supplied
 in its original packaging, clearly labelled with the child's name, name of medication and dosage and in
 date. Inhalers must be provided with the box showing the child's name and dosage. These will be sent
 home each half term (if we keep one at Ladybird for use), to ensure the spacer is cleaned and inhaler
 expiry date is checked by the Parents/Guardian.



- The staff receiving the medication must check that the parent has included: the full name and date of birth
 of the child, the name of medication and strength, who prescribed it, dosage to be given, when and how
 to take it (whilst at the Ladybird Playgroup Thriplow CIO), how the medication should be stored, the expiry
 date, any possible side effects that maybe expected and the dated signature and printed name of the
 parent/carer.
- The medication (child's name and date etc) is to be checked by two members of staff prior to administering (at least one must be at least a Level 3 qualified member of staff). The administration of any medication at Ladybird Playgroup Thriplow CIO is then recorded accurately each time it is given. The staff member administering the medicine must be witnessed by the second member of staff and both should sign the medication record book.
- The Medication Record Book is kept in a named drawer in the kitchen area of Ladybird Playgroup Thriplow CIO. The Medication Record Book will include: name of child; name and strength of medication; date and time of dose; dose given and method. This is signed by the designated person administering the medicine plus the staff member witnessing the administration and verified by a parent/carer signature at the time. If the administration of medication requires medical or technical knowledge, individual training is provided for the relevant member of staff by a health child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to inform their keyworker when they need their inhaler. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- The Medication Record Book is monitored 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.

Storage of Medication

- The medication is stored in named contains in drawers in the kitchen or in the refrigerator. Where the drwaer or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The designated person who administered the medication is responsible for ensuring that the medicine is handed back to the parent/carer at the end of the day.
- Parents/carers should notify staff of children who carry inhalers and one should be kept in a named box with details written in the 'Administration of Medication' book.
- Personalised boxes containing adrenaline auto-injector and antihistamines are stored on the shelf in the kitchen, next to the First Aid Box.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-andwhen-required basis. Key persons check that any medication held in the setting is in date and return any out-of-date medication back to the parent.



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Children who have long term medical conditions or allergies, who may require regular medication or medication in the case of anaphylaxis.

- A risk assessment is carried out for each child with long term medical conditions that require regular medication. This is the responsibility of the Manager alongside the child's key worker. Parents/carers will also be required to contribute to the risk assessment.
- For some medical conditions key staff will be required 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.
- If rectal diazepam is given, another member of staff must be present and co-signs the medication record.
- 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 should include arrangements for taking medicines on outings and the child's GP's/specialist clinician advice is sought where appropriate.
- A health care plan for the child is drawn up with the parent/carer and should include measures to be taken in an emergency, e.g. use of an adrenaline auto-injector and which staff have been trained to administer such medication.
- The health care plan is reviewed 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 health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, a risk assessment must be completed. Staff accompanying the children must include the key person for the child or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card 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 card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the Supervision of Children on Outings and Visits Policy

Legal framework

• The Human Medicines Regulations (2012)



Further guidance

- Medication Administration Record (available from the Early Years Alliance)
- Daily Register and Outings Record (available from the Early Years Alliance)

This policy was adopted at a meeting of the Ladybird Playgroup Thriplow CIO	
Held on (date)	
Signed on behalf of the Ladybird Playgroup Committee	
Role of signatory (e.g. chairperson etc.)	
Signed by Playgroup Leader/Deputy	
Name of Playgroup Leader/Deputy	