

# **Health Procedures**

# 4.2 Administering Medicines Policy

## **Policy statement**

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

Administering medicines during the child's session will only be done if necessary.

In many cases, it is possible for a child's doctor to prescribe medicine that can be taken at home in the morning and evening. As far as possible, medicines will only be administered where it would be detrimental to the child's health if not given in the setting.

If a child has not taken the medication before, we advise that the parents/carers keep the child at home for the first 48 hours to ensure no adverse effect, as well as to give time for the medication to take effect.

The child's keyperson or the manager/deputy manager are responsible for the correct administration of medication to children. This includes ensuring that parents/carers have completed and authorised the first part of the 'Medication Record', that medicines are stored correctly and that records are kept according to procedures. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Children taking prescribed medication must be well enough to attend the setting.

#### Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A
  childminder, grandparent, parent/carer's partner who does not have PR, cannot give
  consent.
- Only medication prescribed by a doctor (or other medically qualified person) is administered.
   It must be in-date and prescribed for the current condition. It must be labelled with the child's name and original pharmacist's label if prescribed.
- 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 parents/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication ask the parent/carer to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of the child and date of birth;
  - name of medication and strength;
  - who prescribed it (if applicable);
  - dosage to be given in the setting;
  - method of administration;
  - time(s) at which the medication is to be administered;
  - circumstances in which medication is to be administered (if for emergency use);
  - how the medication should be stored and expiry date
  - a note of any side effects that may be expected
  - parents/carers signature and date confirming they authorise the setting to administer the medication.
- Parents are asked upon admission to the setting if they give permission for First Aid trained
  practitioners to administer Calpol in an severe emergency, (a Paracetamol based product),
  with an understanding that they will be make arrangements for their child to be collected as
  soon as possible. Parents sign a contract upon admission to afford agreement.

# Record of administering medicines

- The person receiving the child's medication is responsible for informing all other staff members that the child has medication to be administered.
- The administration of medicine is recorded accurately each time it is given and is signed by the key person/manager/deputy manager who administered the medication plus a witness. Parents/carers must sign the medication record paper book or through the Blossom Educational all upon collection of their child to acknowledge the administration of the medication. The medication record book records:
  - the date:
  - the child's name;
  - quantity of medication administered;
  - time medication was administered;
  - signature of practitioner administering the medication;
  - signature of witness.
  - verifying signature of parent upon collection of their child.

# Storage of medicines

- All medication (including regular and as-and-when needed medication) is stored safely in a cupboard in the kitchen or refrigerated as required. As the cupboard or refrigerator is not used solely for storing medicines, any medicines stored are kept in individual marked plastic containers.
- The child's key family or manager/deputy manager is responsible for ensuring the medication is handed back at the end of the day to the parent/carer.
- 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 keyperson or manager/deputy manager checks that any medication held is in date and returns any out-of-date medication to the parent/carer.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for relevant members of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need their medication, for example with asthma, they are encouraged to tell a member of their key

family/manager/deputy manager that they need their medication. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

## Children who have long term medical conditions requiring 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 child's keyperson. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents/carers 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 practitioners 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 nursery activity that may give cause for concern regarding the individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's doctor if necessary where there are concerns.
- A health care plan for the child is drawn up with the parents/carers; 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 a description of the child's condition or illness the child's symptoms and needs - daily care requirements - what constitutes an emergency and the measures to be taken - follow up care.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication.
  - Parents/carers receive a copy of the health care plan and each contributor, including the parents/carers, sign it.

### Managing medicines on trips and outings

 Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.  Medication for individual children 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 photocopy of the consent

form and a card to record when the medication 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 'Medication Record' and the

parent/carer 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 should be a photocopy of the consent form and the child's medication record

taken from the settings 'Medication Record'.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely

in 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.

Staff must complete the staff medication book, if medication is taken during the working day.

This policy was updated on 23<sup>rd</sup> July 2025 by Susannah Townley, Manager.

This policy is due to be reviewed on 23rd July 2026

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