**Administration of Medicine Policy**

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. If your child has a temperature (and feeling unwell) they should be kept at home until they are well enough to return. We will not administer calpol/paracetamol (unless in the case of extreme high temp which we fear may result in complications such as febrile convulsions) to keep your child free from an on-going temperature. However, we will agree to administer medication as part of maintaining their health and well-being when they are recovering from an illness/operation.

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 had antibiotics, 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.

These procedures are written in line with guidance in “Managing Medicines in Schools and Early Years Settings”; the manager is responsible for ensuring all staff understand and follow these procedures.

All staff are responsible for the correct administration of prescribed medication to all children, ensuring that parent consent forms have been completed, 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.

* Medication to be administered must be in-date and for the current condition. If possible the child’s parents will administer the medication. If medication is long term then the parent must advise pre-school as necessary by completing our form.
* Children taking medication must be well enough to attend the setting.
* Children’s medication is stored in its original containers, is clearly labelled and is inaccessible to the children. All medications are kept as appropriate in the kitchen.
* Parents give prior written permission for the administration of medication. This states the name of the child, name/s of parent/s, date the medication starts, the name of the medication and prescribing doctor, the dose and times, how and when the medication is to be administered and the time of the last dose given at home. Administration of medication needs to be witnessed by a second member of staff.
* No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to say what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
* The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of medication.
* Parents must advise of any changes to the prescription/dosage required in writing.
* If the administration of prescribed medication required medical knowledge, individual training is provided for the relevant members of staff by a health professional.
* We record the administration of medication in a book kept in the first aid cupboard in the kitchen.
* For some conditions, medication may be administered on a regular or as-and-when- required basis. We check that any medication held is in date and return any out-of-date medication back to the parent.

***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 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 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 our 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, signs it.

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

* If children are going on outings, a staff member will accompany the child with a risk assessment, this staff member is fully informed about the child’s needs and/or medication.
* Medication for a child is taken in a sealed plastic zip bag clearly labelled with the child’s name and the name of the medication. Inside 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 added 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 zip bag 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 trips & outings policy.

Staff should be aware of and confident of the appropriate action to take in relation to children with known allergic reactions. In situations where it may be necessary to administer life-saving treatment such as insulin/adrenalin injections or the use of nebulisers the position should always be clarified with reference to the playschool’s insurance company. Staff should always be offered an appropriate level of training and information to enable them to act appropriately in these situations. ALL FULL TIME PRACTITIONERS ARE FIRST AID TRAINED.

**Legal framework**

* The Human Medicines Regulations (2012)

*This policy is reviewed annually by Martlesham Preschool Committee*