

# Sunbeams Play

## Promoting health and hygiene

### 1.15 Administering medicines

#### Policy statement

It is not our policy to care for sick children, as they should be at home until they are deemed well enough to return to the setting, or until the seclusion period for the illness is over. We will not administer medication for these children at Sunbeams and reserve the right to send them home or refuse to accept them into the setting. However this rule does not apply to medication needed for a child with a long term illness.

In many cases, it is possible for children's GP's to prescribe a medicine that can be taken at home in the morning and evening. The parents should inform staff if their child is taking medication, especially if a child has not had a medication before, especially a child under five, it is advised that the parent keeps 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 manager is responsible for ensuring all staff understand and follow these procedures.

#### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

## Procedures

### Self-administering medication such as inhalers

Children taking any self-administering prescribed medication at home must be well enough to attend the setting.

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- . No medication may be given without these details being provided:
  - Full name of child and date of birth.
  - Name of medication and strength.
  - Who prescribed it.
  - Dosage to be given in the setting.
  - How the medication should be stored and expiry date.
  - Any possible side effects that may be expected should be noted.
  - Signature, printed name of parent and date.

The senior on the day will be responsible for checking that medication is signed in correctly. All medicines will be signed in and out.

- The administration is recorded accurately each time it is taken by the children and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
  - Name of child.
  - Name and strength of medication.
  - The date and time of dose.
  - Dose given and method.
  - Signed by key person/manager.
  - Verified by parent signature at the end of the day.
  - The emergency services will be called if a child becomes unable to administer their inhaler, a first aid trained staff member will stay with the child whilst the emergency services and then the parents are called.

### **Storage of inhalers**

- All medication is stored safely in a locked filing cabinet. Where the cabinet is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

Medication is kept in a clear named box either in the locked filing cabinet or medicine cabinet. Staff are made aware of this during their induction.

- Only children that take inhalers may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Staff will be first aid trained also trained in the use of Epi pens for children who have severe reactions to allergens.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication before they attend their first session. This is the responsibility of the 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 is 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.
- A health care plan for the child is drawn up with the parent, 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 the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more 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.

If we feel we cannot offer the care this child needs, the parents should be informed of this, and that they would be expected to administer any medication if necessary and to also follow our procedures whilst doing this.

### Legal framework

- Medicines Act (1968)

### Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of \_\_\_\_\_ name of setting

Held on \_\_\_\_\_ (date)

Date to be reviewed \_\_\_\_\_ (date)

Signed on behalf of the management committee \_\_\_\_\_

Name of signatory \_\_\_\_\_

Role of signatory (e.g. chair/owner) \_\_\_\_\_