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| **The policy** |
| Little Birch Preschool follows the statutory framework for the EYFS for the administering of medicines according to the Safeguarding and promoting children’s welfare guidelines. While 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 will agree to administer medication as part of maintaining their health and well-being, or when they are recovering from an illness. As far as possible, administering medicines will only be done where it is detrimental to the child’s health if not given in the setting. If a 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. These procedures are written in line with guidance in Managing Medicines in Schools and Early Years, the Manager is responsible for ensuring all staff understand and follow these procedures. The Key Person is responsible for the correct administration of medicine to children for whom they are the Key Person. This includes ensuring that records are kept according to procedures and that **‘Parental Agreement for Setting to Administer Medication’** form and the **‘Record of Medicine Administered to an Individual Child**’ are correctly completed. All medicines should be stored correctly. In the absence of the Key Person, the Manager is responsible for the overseeing of administering medication. |

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| **Procedures** |
| * Children taking prescribed medication must be well enough to attend the setting.
* Only prescribed medication is administered. It must be in-date and prescribed for the current condition. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
* Parents give prior written permission for the administration of medication. The Manager or Pre-School Leader should receive the medication ensuring that the parent/carers sign the ‘**Parental Agreement for Setting to Administer Medication’** form stating the following information. 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/times 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; and signature, printed name of parent and date.
* The Manager is to receive the child’s medication and to ask the parent to complete a consent form. The Manager will inform the child’s key person; who will be administering the medication.
* The administration is recorded accurately each time it is given using the **‘Record of Medicine Administered to an Individual Child**’ form, the form is signed by the member of staff, the Parent/Carers must sign and agree the Record of Medicine Administration Form upon collection.

**Storage of Medicines.*** All medication is stored safely in a cupboard or refrigerated and out of reach of children. Where the cupboard or refrigerator 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.
* For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
* If the administration of prescribed medication requires medical knowledge, in consultation with parent, individual training may be provided for the relevant member of staff by a health professional.
* No child 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.
* A 1st Aid box is kept on the premises (in the kitchen) and will be checked regularly by the Manager and the Leader

**Disposal of Medication.*** Each medication will be returned to the parent/carers for safe disposal at home following the completion of the medication.

**Hygiene and Infection Control.*** Prior to the administration of medication the staff member will ensure that they follow a strict hygiene procedure e.g. hand washing for both themselves and the child, and in certain circumstances the area to be treated.

**Administration.*** Where the child refuses to take their prescribed medication the staff member will try with lots of encouragement and praise to ensure the child’s co-operation. If however that fails and the child is becoming distressed then the parent/carer will be contacted for advice and to inform of the difficulty. If the medication is vital, then the parent/carer will be encouraged to attend the preschool to administer. A note will be made on the medication log sheet.
* If a child is in the process of learning to take their own medication, the preschool will, in partnership with the parent/carer, help and support that process and report back after every administration the child’s progress. A note will be made on the medication log sheet.
* Two people will be present where possible to administer and witness the administration of medicine.
* Before giving the medicine, the named person will check: the name of the child; the medicine to be given; the required dose; time of last dose; expiry date of medicine.

**Children with long-term medical conditions requiring ongoing treatment.*** 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 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 nursery 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 the child’s GP’s advice is sought if necessary where there are concerns.
* 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.

**Managing Medicines on Trips.*** If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, 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, name of the medication, Inside the box is a copy of the consent form and an administration record form to record when it has been given.
* 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, name of the medication. Inside the box is a copy of the consent form signed by the parent. This procedure is used alongside the outing’s procedure.
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