

Administration of Medicines Policy

Statement of Intent

At First Steps we recognise that some children suffer from potentially life threatening conditions which may require the administration of medicines or a child may be taking medication for a condition that allows them to come to pre-school but the child needs to take or use that medication during their time at First Steps.

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Physical well-being	2.4 Shared care	3.2 Children's needs	

Aim

Working in partnership with parents/carers we aim to identify the needs of these children and work with their personal care plans if required to ensure that their condition is controlled effectively. This should ensure that the vast majority of children living with any medical condition lead a full and active life.

Method

In order to achieve this aim, we operate the following procedure:

- We have information set down by Asthma UK for the support of children with asthma.
- We welcome all children with any medical condition and will do our best to ensure that the group environment is favourable to any child.
- We encourage and help children with any medical condition to participate as fully as possible in activities.
- When necessary staff will have adequate training to ensure they have the knowledge, ability and confidence to care for children with any medical condition. If administration of prescribed medicines requires medical knowledge, individual training will be provided for the relevant member(s) of staff by a health professional or if appropriate by the parent/carer themselves.
- We recognise that staff are not obligated to administer medicines. Staff sign a consent form to indicate they are willing to administer medicines (staff files).
- We may involve the other children in learning about different medical conditions, understanding that some can be life threatening.
- We will work with the parents of a child with a medical condition to ensure that their children are in a safe, caring environment.
- We inform all parents/carers about our 'Administration of medicines for children with chronic diseases/conditions Policy' and their responsibilities (Parent Brochure).
- We ensure that clear written records are kept for children with such a condition, detailing information from the parent/carer on:
 - what medical condition the child has;
 - what medicine(s) is/are taken;
 - when it is taken;
 - how it is to be taken;
 - what triggers the child to become unwell;
 - how to recognise worsening symptoms and what to do;
 - what to do in an emergency; and
 - emergency contact details.

- We ensure parents give prior written consent for the administration of medicines.
- We ensure that all medicines (including staff medicines) are stored in their original containers in a readily accessible place and that all staff members are aware of this place. This place will always be out of reach of children.
- We ensure that each child's medicine(s) is/are clearly labelled with the child's full name and we ask parents to check the expiry date.
- The expiry date of any medicine will be checked by the administering adult before giving it to a child. If the medicine is found to be out of date, then advice will be sought from parents or a health professional.
- Non-prescribed medicines (such as sudocrem) may be administered but NO medicines containing aspirin must be administered unless prescribed by a doctor.
- Non-prescribed medicines.- Where parents/carers have asked the pre-school to administer non-prescribed medicines for more than three days, we ask robust questions and may request a doctor's prescription if necessary.
- Non-prescribed medicines - Our medicines record includes a disclaimer for parents to sign to say they are happy for staff to administer medicines without having first sought medical consultation.
- An accurate record is kept each time a child takes their medication and signed by witness and the staff administering the medicine.
- We will always inform the parent/carer collecting the child if symptoms have been experienced and when medicine has been given. The parent/carer will sign the record book to acknowledge they have been informed of this.
- We understand that some children are shy about taking medication in front of others and we will respect this if they wish to take their medicine away from others.
- If a child refuses agreed medical intervention, the parent/ carer will be contacted immediately. In any life-threatening circumstances parent and doctor will be consulted as soon as possible.
- A child will be unable to take part in any outing/visit unless accompanied by their prescribed medication. Parents/carers will be reminded of this when planning trips.

Legal Framework- The Human Medicines Regulations (2012)

Linked documents-

Individual care plan 1. Asthma 2. Generic Risk Assessment for long-term conditions

Administering medicines consent form (staff)

Medication record (long term and short term)

This policy was adopted at a meeting of	First Steps Fountain Of Life Pre-School
Held on (date)	
Signed on behalf of the Management Team	Role
Review date	

**First Steps Pre-school
Asthma Record
Care Plan**

Surname.....
First name.....
Date of birth.....

My child's details and contact numbers:

Parent/ Carer name(s).....

Telephone: Home..... Mobile.....Work.....

Doctor (GP) name..... Telephone.....

Asthma nurse.....

Known triggers/ allergies.....

Any other medical problems?.....

My child's medication

Medication name	Spacer Yes/ No Provided?	Dose/ Frequency
When taken		Other info?

Other medication (usually outside pre-school hours)

-

When is your child usually given their asthma medication during the day? Eg. only when needed / morning and evening etc.

-

Emergency treatment

In the event of an asthma attack my child should be given.....puffs of their reliever via a spacer until they get further medical help. The pre-school will contact you as soon as possible if your child has an asthma attack or is distressed.

Any other information

Please tell us how we can comfort your child following an asthma attack or other problem relating to their asthma?

-

Points for parents/carers

Remember to inform the pre-school if there are any changes to your child's treatment.

Your child's inhaler needs to be in date, in its box and labelled by the pharmacist with your child's name and dosage details.

For pre-school use-

Type of Care Plan (eg Asthma).....

- **Name of child.....**
- Has this child got a healthcare plan for any other condition? Yes/ No
- Does the child's medical condition require staff training? Yes/ No
- Any other information?
- Any agreed follow up or review?
- By date?

Signed by (staff member).....

Date.....

**First Steps Pre-school
Care Plan**

Surname.....

First name.....

Date of birth.....

My child's details and contact numbers:

Parent/ Carer name(s).....

Telephone: Home..... Mobile.....Work.....

Doctor (GP) name..... Telephone.....

Other health consultant name and contact (if relevant).....

Known triggers/ allergies.....

Any other medical problems?.....

My child's medication

Medication name	Medication name	Dose/ Frequency
Time to be taken (pre-school)	Time to be taken (pre-school)	Other info?

Other medication (usually outside pre-school hours)

-

When is your child usually given their medication during the day? Eg. only when needed / morning and evening etc.

-

Emergency treatment

In the event of an emergency – our agreed plan is;

Any other information

Please tell us how we can comfort your child when they feel unwell?

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Points for parents/carers

Remember to inform the pre-school if there are any changes to your child's treatment.

Your child's medication needs to be in date, in its box and labelled by the pharmacist with your child's name and dosage details.

For pre-school use-

Type of Care Plan (eg Asthma).....

- **Name of child.....**
- Has this child got a healthcare plan for any other condition? Yes/ No
- Does the child's medical condition require staff training? Yes/ No
- Any other information?
- Any agreed follow up or review?
- By date?

Signed by (staff member).....

Date.....