

04.02 Administration of medicine

Staff are responsible for administering medication; ensuring consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary. If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs staff. The setting manager should be also be informed.
- Staff check the medication is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- 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 and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Parents are asked to complete and sign a 04.02c Prescribed Medicine Permission form.

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the main kitchen fridge. Staff are informed via a Sharing Information form.

- Staff are responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting (such as asthma inhalers). 04.02b Healthcare plan form must be completed. In the case of asthma, refer to policy 04.02a Asthma. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

The administration of medicine is recorded accurately in a medication record each time it is given and is signed by the member of staff administering the medication and a witness.

Parents are shown the form at the end of the session and asked to sign to acknowledge the administration of the medicine, or as soon as is reasonably practicable. The medicine record form records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signature of the person administering the medication and a witness who verifies that the medication has been given correctly
- parent's signature (at the end of the session).
- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children with serious long term medical conditions or complex needs. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- 04.02a Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by a staff member who is fully informed about their needs and medication.
- Staff take a backpack containing: medication in a plastic bag, and healthcare information forms in a folder (so as to check dosage) and including an administering medication form.
- If a child on medication has to be taken to hospital, the child's medication and healthcare information form would be handed to medical staff.
- If a child on medication has to be taken to hospital, the child's medication and healthcare information is handed to medical staff as necessary.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or 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.

Further guidance

Medication Administration Record (Early Years Alliance 2019)