

## **Administration of Medicines and Asthma Policy.**

**See also outings procedure and health and hygiene policy, allergy policy**

### [Safeguarding and Welfare Requirement: Health](#)

[Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. \(3.46\)](#)

### **Legal Framework**

- The Human Medicines Regulations (2012)

Further guidance

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

### **Policy statement**

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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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 not had a medication before, it is advised that the parent/carer 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.

Our staff members are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent/carer consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the supervisor is responsible for the overseeing of

administering medication. Two members of staff oversee the administration of a medicine to a child - one administering the medicine and the other acting as a witness.

## Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Prescription medicines can only be administered if they have been prescribed by a doctor, dentist, nurse or pharmacist. It must be in-date and prescribed for the current condition.
- Children's medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents/carers must give prior written permission for the administration of prescribed and non prescribed medication. The staff member receiving the medication will ask the parent/carer to sign a consent form stating the following information. No medication may be given without these details being provided:
  - - the full name of child and date of birth;
  - - the name of medication and strength;
  - - who prescribed it;
  - - the dosage and times to be given in the setting;
  - - the method of administration;
  - - how the medication should be stored and its expiry date;
  - - any possible side effects that may be expected; and
  - - the signature of the parent/carer, their printed name and the date.

The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a witness. Parents/carers are shown the record at the end of the day or as soon as reasonably practicable.

If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 a member of what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

The medication record book is monitored to look at the frequency of medication given in the setting. 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.

### **Storage of medicines**

- All medication is stored safely in a locked cupboard or refrigerated as required. 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, or supervisor, is responsible for ensuring medicine is handed back at the end of the day to the parent/carer.

For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. The supervisor checks that any medication held in the setting, is in date and return any out-of-date medication back to the parent/carer.

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 the supervisor alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents/carers 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/carer; outlining the key person's 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/carers receive a copy of the individual health plan and each contributor, including the parent/carer, signs it.

## **ASTHMA**

Box Pre School Playgroup recognises that asthma is a common condition affecting 10-15% of children.

We will support children with asthma in all aspects of playgroup life and encourage them to reach their full potential. This policy ensures all staff members; new and existing, receive relevant training regarding asthma and administering emergency medication.

When a child with asthma joins Box Preschool Playgroup or an existing child is diagnosed with the condition, the Supervisor will discuss the child's needs with the parents and the medications book will be completed. Inhalers will be kept with the first aid box in session and the supervisor will take them with the travel first aid box on outings. All reliever inhalers must be labelled with the child's name by the parent/guardian.

If the child's medication changes parents/guardians **MUST** inform the setting.

Parents/guardians will be informed upon collection if their child has had their medication or had an attack.

### **First Aid**

#### **IN THE EVENT OF AN ASTHMA ATTACK**

1. It is important to be calm and reassuring.
2. Deal with the child wherever the attack occurs. (A change of air can make the problem worse.)

3. Ensure the child's reliever inhaler is taken immediately. Spacers can often help.
4. Encourage the child to breathe slowly and deeply and loosen any tight clothing.

Encourage breathing through the nose and out of the mouth. (this warms the air, which helps the airways to relax and for normal breathing to resume)

5. Assist the child to sit in a position that is most comfortable. This can often be leaning forward with arms resting on the back of a chair.
6. Do not lay a child who is having an asthma attack down, as this can restrict the airways and make the attack much worse.

A mild asthma attack should ease within around 3 minutes. IF it does not, encourage the child to take their inhaler again.

#### **IMPORTANT**

- - IF after 5 minutes there is little or no improvement
- - OR the asthma attack becomes worse
- - OR Breathlessness makes breathing difficult
- - OR the child is becoming exhausted

Call for an ambulance on 999 or 112. Parents/guardians should then be contacted to inform them of the situation.

Minor attacks should not interrupt a child's involvement in nursery. When they feel better they can return to their play and nursery activities.

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

- If children are going on outings, the key person for the child will accompany the children 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 and the name of the medication. Inside the box is a copy of the consent form and a card 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 card is stapled to the medicine record book and the parent/carer signs it.
- 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent/carer.