Administering medicines and illnesses

Policy statement

While it is not BeBright Pre School's 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 or injury. We will not administer paracetamol for an ongoing temperature or common cold symptoms. 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 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 are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed on Famly and have been acknowledged, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person the manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Children who are unwell

BeBright preschool will not accept children into preschool who are not well enough to play and access their full session. It is not in the best interests of the child to be away from home when feeling unwell, we also have children attend pre school with compromised immune systems. We need to ensure we keep pre school

as healthy as possible and our staff to ensure we can work to legal ratios with the amount of children booked in. We thank you in advance for your co-operation with this, we understand the inconvenience of a poorly child for working parents. If a parent brings an unwell child to preschool, the key person or manager will speak to them to find out what is wrong with the child and to ensure that the child is well enough to attend their whole session. If a parent informs preschool they given their child antibiotics prior to preschool, staff will ask why and this will be recorded on a medication form on the Famly app. If a parent has given the child paracetamol to reduce temperature or cold and flu symptoms such as runny nose, cough and sore throat then the advice will be given that the child should stay at home to rest and recover. Please call pre school on 01775 527161 before your child's session to check if we feel your child is well enough to attend for their whole session. If your child is unable to attend due to illness, we will endeavour to offer an alternative session for your child to attend pre school to make up the government funded hours they have not attended for. We do not issue refunds or credits for fee paying sessions, meals or snacks due to illnesses absences as we have still incurred staffing and running costs for that day and it ensures the viability of preschool.

High Temperature: If a child has a temperature above 38 degrees they should not be in preschool. Preschool have a forehead thermometer within the first aid kit and if a child becomes unwell during their session the key person will take the child's temperature. If the child has a high temperature parents will be notified and asked to collect their child from preschool. Preschool share the NHS advice with parents regarding children with a high temperature. This includes giving a child plenty of fluids, keep the child at home and give them paracetamol or ibuprofen if they are unwell or distressed.

Sickness and diarrhoea: If a child has sickness or diarrhoea they are to stay off preschool for 2 days (48 hours) after the last time they vomited or had diarrhoea. According to the NHS guidelines vomiting in children usually lasts 1-2 days but diarrhoea can last 5-7 days. To avoid the spread of infection if preschool have been made aware that a child has vomiting or diarrhoea they will continue to practice good hygiene including washing hands with soap and water frequently, washing any fabrics that may have come into contact with poo or vomit, and clean toilet seats, handles, taps and surfaces daily and frequently throughout the day.

Hand foot and mouth: Children who have been diagnosed with hand, foot and mouth by a GP are to follow the advice of the GP. Preschool allow children to attend their sessions if they are well enough to attend.

Conjunctivitis: Children are allowed to attend preschool if they have conjunctivitis if they are feeling well enough. If the conjunctivitis is severe and affecting their vision, preschool will ask parents to keep them at home.

Chicken pox: Children with chicken pox will need to stay off preschool until all of the spots have crusted over. This is usually 5 days after the spot first appeared. Children with chicken pox should not be given ibuprofen medication.

Impetigo: Impetigo can spread easily to other parts of the body or other people until it stops being contagious. It only stops being contagious 48 hours after the start of using the medicine prescribed by the GP.

Advice for other conditions will be sought as necessary and NHS guidelines will be followed.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) or eye drops, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Children's prescribed and unprescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children (stored in the locked cupboard in the kitchen). On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition or is appropriate for use. The member of staff receiving the medication is responsible for signing it in and signing it out on the Medication Log.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form on Famly 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

- the signature of the parent, their printed name and the date and acknowledgement on Famly.

- The administration of medicine is recorded accurately on our medication Famly Form each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to to acknowledge the administration of the medicine on Famly. The medication form records the:
  - name of the child
  - name and strength of the medication
  - name of the doctor that prescribed it
  - date and time of the 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/acknowledgement (at the end of the day).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant members of staff by a health professional e.g. epilepsy medication or epipens.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- 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.
- We monitor the medication records they are 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.
- For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents. However, we would be unable to administer the medication until it has the child's information and dispensary information attached.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required in the kitchen. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

- The staff member who receives the medicine 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medicines will be stored in a locked cupboard in the kitchen. Each child's medicine will be stored individually with the child's details and if applicable health care plan. All staff will have access to this cupboard and will be shown how to access this cupboard as part of their induction.

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

- We carry out a risk assessment or complete a health care plan for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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/care plan. 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/care plan includes/highlights activities and any other factors (food) that may give cause for concern regarding an individual child's health needs.
- The risk assessment/care plan 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; 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 receive a copy of the individual health plan and each contributor, including the parent, signs it.

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, the original pharmacist's label 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. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents. However, we would be unable to administer the medication until it has the child's information and dispensary information attached.
- On returning to the setting the card is stapled to the medicine record book and the parent 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.
- This procedure should be read alongside the outing's procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by _____ *(name of provider)*

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____