

MEDICATION ADMINISTRATION POLICY

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I am committed to ensuring children's medical needs are met and I will do everything I can to promote the good health of children in my care.

Early Years and Foundation Stage (EYFS) and the Childcare Register Requirements: Medication

Administration - The provider must promote the good health of children. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

MEDICATION ADMINISTRATION PROCEDURES

Early Years and Foundation Stage (EYFS) and the Childcare Register Requirements: Procedures - 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. Training must be provided for staff where the administration of medicine requires medical or technical knowledge.

During induction, I ask parents about their child's health and record their replies. If parents inform me about any health concerns, I will ask them more questions about their child's condition and attend training if required.

Caring for children with SEND: I am prepared to make 'reasonable adjustments' to the house, garden and/or my ways of working as required by the Equality Act 2010, to support a child's medical needs. I am also prepared to work with other professionals or agencies with permission from parents to support a child - please see my Consent Form and SEND Policy for more information.

Staying updated: I keep information regularly updated to ensure that the child's on-going medication needs are met. If children need medication including liquid medicine, cream, tablets, inhalers, suppositories, specialist feeding equipment etc., either short or long term, I aim to support parents and meet each child's needs and work closely with other agencies as required.

Prescription medication: Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin should only be given if prescribed by a doctor.

I will administer non-prescription medication. If medication is to be given on a 'when required' basis (for example: sun protection), parents must sign to give me permission in advance and I will inform parents that I have administered the medication or treatment for their child on collection.

Allergic reactions: If a child has an allergic reaction or suspected reaction to any medication or treatment, I will stop administering it immediately and request medical advice. I will make every effort to inform parents as soon as practical.

My Medication Administration Record Form requires parents to sign twice, once to confirm they want me to give medication/treatment and again to confirm I have given medication/treatment. When children require on-going medication, Permission Forms are checked with parents every morning.

Non-prescription medication: Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

My Medication Administration Forms are robust. To prevent overdose parents must include information about when medication was last given. If more than one medication is to be given, I need a separate record for each. I ask parents make themselves available to sign acknowledging their child has been given medication on the same day as the medication has been administered.

MEDICATION ADMINISTRATION PROCEDURES

The following procedures must be followed when medication is administered to a child:

- Ensure medication is in a labelled container with dosage information/guidance;
- Ask parents to sign a Permission Form which includes information about when medication was last given;
- In case of onset of illness, ring parents to advise them that medication needs to be administered;
- Wash hands and prepare medication following information on the enclosed information sheet;
- Respect the child's privacy by ensuring the child is in a private place when taking medication;
- Complete, sign and date a Medication Administration Record Form on the same day (if possible).

Note: *I will not normally give the first days' doses of a new medication (including antibiotics) in case of an allergic reaction. If the child fights, spits or refuses to take medication, I will contact the parents to come and administer – I will not use physical force to get a child to take medication.*

Record retention: Medication records are stored in the child's personal file and retained until the child is 21 years 3 months old for insurance purposes. See my Retention Policy for more information.

EMERGENCY MEDICATION ADMINISTRATION PROCEDURES

If a child falls ill or there is a medical emergency and a child needs medication, I will:

- make every effort to contact parents and ask for written permission to administer medication;
- contact NHS Direct (phone: 111) or the child's doctor if I am unable to contact parents in an emergency situation, and follow his/her advice;
- make every effort to contact parents or emergency contacts to collect the child unless the child needs urgent hospitalisation, in which case I will follow my Emergency Procedures;
- complete paperwork for parents to sign as soon as possible.

Self-medication: I am aware of the need for some older children to carry medication on their person if it is needed at school. This is discussed with the child and parents during induction and regularly reviewed to ensure all children are safe. Parents are informed that I need to be aware of any medication on the premises and I must be confident it is stored safely. Medication use will be supervised when children are on the premises.

Medication storage: Medication is clearly labelled and stored out of sight and reach of children. Expiry dates are checked regularly and, if necessary, medication is returned to parents for replacement and safe disposal. Medication is stored in its original container and below 25° c, out of sight and reach of children but immediately accessible in case of a medical emergency. If the prescriber's instructions are not available with the medication, they will be requested before the medication is given to the child.

Specialist training to administer medication: I am happy to attend further training in addition to the training I received during my paediatric first aid course if required, to help me appropriately care for a child.

Caring for children with long-term medical needs: If a child has long-term medical needs, I will work with parents to complete a care plan for the child which will detail his/her needs and give me permission to

administer medication or treatment, both long-term and in an emergency situation. All medication administration will be recorded for parents to sign. Information about children's ongoing medical needs will be updated regularly.

Medication prescribed for a child: Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

I will not allow children to share prescription medication. If parents ask me to share children's prescription medication with another child I will hand it back to them and ask them to take their child to the doctor for a diagnosis and individual treatment.

If you have any questions about my policy/procedures or would like to make any comments, please ask.

SIGNED

DATED
