



# The Little Meadow Group

Administering medicines.

Procedure

Issue 3

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# The Little Meadow Group

## Administering Medicines.

### Policy Statement.

While it is not the policy of the Little Meadow Group to care for sick children, who should be at home until they are well enough to return and take an active part in the setting, we understand that for some children administering medication as part of maintaining a child's health and well being as prescribed by a professional is necessary and the setting will support this once all the required documentation has been completed and staff are all aware and qualified to support the child.

In many cases it is possible for children's GP's to prescribe medicine that can be taken at home outside of the setting hours and parents should then decide whether if a child is receiving medication before a session if it is appropriate for them to be in the session. It is recommended that if the child has not had the medication before, it would be advisable to keep them at home for the initial 48 hours to check there is no adverse reactions as well as allowing the medication to become effective.

### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning And Development
1.4 health and well being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	



## Procedures

- Children taking prescribed medicine must be well enough to attend the setting and take part in all it has to offer.
- Only prescribed oral medication is administered which must be in date and prescribed for the current condition. (The only exception will be rectal diazepam see later in the procedure).
- Where a child's temperature has been recorded above 38 degrees, staff will contact parents and after completing the relevant form (appendix 1) may with parents consent agree to administer 1 5ml sachet of children's paracetamol (un-prescribed) to help prevent febrile convulsion and where parent or named person is on their way to the setting to collect.
- **Through Covid 19 and following guidance staff will not administer any non-prescribed drugs i.e. calpol as this could mask symptoms,**
- Children's prescribed medicines must be in their original containers, clearly labelled with the child's name and stored appropriately i.e. amoxicillin will be stored in the fridge Where a child uses inhalers, if possible parents will obtain one to be held in the setting where staff will ensure this is clearly labelled with the child's name and expiry date and stored in an air tight container in the play room for easy access for staff but out of reach of children. Staff will monitor and requested new medicines when expiry date is imminent..
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the relevant information (appendix 2). No medication will be given without these details being provided.
- The Key person should receive the medication and ensure the form is completed correctly and they are responsible for advising all staff in session and the Group Manager.
- The administration of medicine is recorded accurately each time it is given and is signed by staff and parent. Parents acknowledge that the medicine has been administered in line with their wishes. (appendix 3)

### Storage of medicines.

- All medication is stored safely out of reach and where appropriate in the play room within quick access by adults if required.
- The child's Key Person is responsible for ensuring the correct forms are signed and medication handed back as appropriate.
- The Group Manager is responsible for checking where medication is held on the premises that it is in date and is returned to Parent when out of date or at the end of the summer term. Replacement medications will be requested just prior to expiry date.
- The Calpol sachets held in the setting should be replaced at the start of the Autumn term.
- Due to the rotation of staff, the setting are happy to administer medication that does not require medical training and should this cause a problem for a child attending, they will work with parents and other professionals to reach a satisfactory conclusion for all members that will protect both the child and staff.
- If rectal diazepam is to be administered, the correct form (appendix 5) should be completed and held on the child's file and all staff are to be made aware following completion of the form. Another staff member must be present and the child and other children in the setting must be considered. Both staff members must sign the records.



- No child should self administer. Where children are capable of understanding when they need medication for example with asthma, they should be encouraged and supported by staff to recognise the symptom's and ask for their medication. However, this will not replace the staff's vigilance in recognising and responding appropriately when a child needs medication

Children who have long term medical conditions that may need ongoing medication.

- A risk assessment is carried out for each child with long term conditions that require ongoing medication. It is the combined responsibility of the Group Manager and Key Person. Other medical or social care personnel may be required to be involved in the risk assessment.
- Parents will also be asked to contribute to the assessment. They should be known by the setting, understand routines and activities and feel comfortable enough point out anything they see that may be a risk.
- The training needs for staff is part of the risk assessment as staff may need to obtain a basic understanding of the condition as well as correct administration of medication and any possible risks that need to be considered.
- The risk assessment must also include all activities that setting may partake in that may cause concern for the child's health needs.
- Consideration for taking medication on outings and trips should also be considered.
- A health care plan (appendix 4) for the child must be drawn up with the parent, outlining the key person role and what information needs to be shared with other staff. This is also in line with GDPR requirements and will be considered a breach if not obtained.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan should be reviewed every six months or sooner if required.
- Parents and all involved should receive a copy of the signed health care.
- If relevant a fracture plan or any similar plan related to specific disability should be created in line with guidance and support from relevant professionals and agreed by parent before training staff. Any specific changes where appropriate will apply to all children to ensure inclusion maintained at every opportunity.
- Where creams i.e barrier creams are required in order to keep a child comfortable and able to fully participate i.e. with eczema, the setting will support application but this will need to be done in a way to promote the child's self esteem and confidence and sensitively. in the sight of another adult.
- Little Meadow is a sessional setting and will therefore not apply sun cream to children requesting parents do this beforehand. They will however keep children safe from the rays of the sun by ensuring children have reduced exposure by limiting time out and that hats are worn at all times as weather dictates. If the setting are concerned a child has not had cream applied they may further reduce the time a particular child is outside in the sun or may contact parent to clarify.



## Managing medicines on trips and outings

- If children are going on outings requiring medication to be administered, staff accompanying the children must include the key person for the child with a risk assessment made, or another member of staff who is fully informed of the child's needs and medication.
- Medication is to be taken in a sealed plastic box labelled with the child's name, name of medication, inside should be the medication labelled with child's name and also a copy of the consent form and a card to record when it has been given to be signed by parent on return.
- The card should be stapled to the administration of medicine form held on the child's file.
- This part of the procedure works in partnership with the outings procedure.



## Appendix 1

Checks made for child with temperature recorded at or above 38 degrees.

Childs name:						
Date of Birth						
Temperature reading	Initials	Time	Reading	Initials	Time	Reading
Date:						
Call made to parent	Name		No.		Time	
Questions						
1. Any medication given that day ?	<b>Yes</b>	<b>No</b>	If response YES, time and quantity			
2. Confirm temperature reading.	<b>Temp</b>		Time reading taken			
3. Any other observed symptoms' i.e. sickness	<b>Yes</b>	<b>No</b>	If yes confirm symptom described			
4. Precautions already taken i.e. removal of layers	<b>Yes</b>	<b>No</b>	If yes what?			
5. Procedure agreed with parent.						
Calpol to be given	<b>Yes</b>	<b>No</b>	5ml sachet only to be given			
Parent on route to collect	<b>Yes</b>	<b>No</b>	If NO medication is not to be given as setting needs acknowledged commitment from parent of their concern for the child's well being.			
Calpol administered	<b>Time</b>		<b>By:</b>			Initials
Witnessed	<b>By</b>		initials	<b>Date</b>		

the parent/authorised person, I agree the above procedure was completed in line with my/the parents wishes for.....(child's name)

The setting have also suggested that should the child continue to be unwell and/or a trip to the doctors follows, it may be advisable to allow 24 hours before resuming sessions.

Signed: Parent / authorised adult (delete as applicable)

Date:



## Appendix 2

### Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.



Name of school/setting	The Little Meadow Group
Name of child	[Redacted]
Date of birth	[Redacted] / [Redacted] / [Redacted]
Group/class/form	[Redacted]
Medical condition or illness	[Redacted]
<b>Medicine</b>	
Name/type of medicine (as described on the container)	[Redacted]
Date dispensed	[Redacted] / [Redacted] / [Redacted]
Expiry date	[Redacted] / [Redacted] / [Redacted]
Agreed review date to be initiated by	[Redacted]
Dosage and method	[Redacted]
Timing	[Redacted]
Special precautions	[Redacted]
Are there any side effects that the school/setting needs to know about?	[Redacted]
Self administration	Yes
Procedures to take in an emergency	[Redacted]
<b>Contact Details</b>	
Name	[Redacted]
Daytime telephone no.	[Redacted]
Relationship to child	[Redacted]
Address	[Redacted]
I understand that I must deliver the medicine personally to	[Redacted]

I accept that this is a service that the school/setting is not obliged to undertake.  
I understand that I must notify the school/setting of any changes in writing.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_



Appendix 3

Permission to administer medicines, that would otherwise prevent a child from attending Little Meadow on a regular basis.

I ..... grant permission for the Little Meadow staff to administer/ assist the administration of medicines for:

**Childs name:**

In line with my wishes(description of medication and help required)

I have completed a parent agreement form and understand that I will be asked to sign the below report after any such incidents.

Signed and dated.....

Signed by setting representative:.....

Date:

Date	Time	Circumstance	administered	witness	Parent





Appendix 4

**Health Care Plan**

Name of school/setting

The Little Meadow Group

Child's name

[Redacted]

Group/class/form

[Redacted]

Date of birth

[Redacted] / [Redacted] / [Redacted]

Child's address

[Redacted]

Medical diagnosis or condition

[Redacted]

Date

[Redacted] / [Redacted] / [Redacted]

Review date

[Redacted] / [Redacted] / [Redacted]

**Family Contact Information**

Name

[Redacted]

Phone no. (work)

[Redacted]

(home)

[Redacted]

(mobile)

[Redacted]

Name

[Redacted]

Phone no. (work)

[Redacted]

(home)

[Redacted]

(mobile)

[Redacted]

**Clinic/Hospital Contact**

Name

[Redacted]

Phone no.

[Redacted]

**G.P.**

Name

[Redacted]

Phone no.

[Redacted]



### Authorisation for the administration of rectal diazepam



Name of school/setting

The Little Meadow Group

Child's name

█

Date of birth

█ / █ / █

Home address

█

G.P.

█

Hospital consultant

█

█ should be given Rectal Diazepam █ mg.

If he has a \*prolonged epileptic seizure lasting over █ minutes

**OR**

\*serial seizures lasting over █ minutes.

An Ambulance should be called for \*

**OR**

If the seizure has not resolved \*after █ minutes.

**(\*please enter as appropriate)**

Doctor's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_