

**LONGRIDGE TOWERS SCHOOL**  
**JUNIOR DEPARTMENT**

**MEDICATION POLICY AND PROCEDURES**

**General Welfare Requirement: Safeguarding and Promoting Children's Welfare**

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

**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	

**1. 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.

In many cases, it is possible for children's GP's 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 no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the Head of Junior

Department is responsible for ensuring all staff understand and follow these procedures.

The key person is 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, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key worker, the Class Teacher is responsible for the overseeing of administering medication.

## **2. Procedures**

2.1 Children taking prescribed medication must be well enough to attend the setting.

2.2 In exceptional circumstances Non-prescription medicine e.g. pain and fever relief may be administered, but only with prior written consent of the parent and only when there is a health reason to do so.

2.3 Only prescribed medication is administered. It must be in-date and prescribed for the current condition.

2.4 Children's prescribed medicines are stored strictly in accordance with their product instructions and in their original container in which dispensed. They should include prescribers instructions for administration, staff members must ensure that they are clearly labelled with the child's name and ensuring that the medicine is inaccessible to the children.

2.5 Where children carry their own medication (asthma pumps or insulin for example), the setting recommends that staff hold onto the medication until it is required. This is to minimise possible loss of medication and to ensure the safety of other children. Inhalers should always be labelled with the child's name.

2.6 Parents must give prior written permission for the administration of each required dose of medication. The member of staff being given the medication must ask the parent to complete and sign a consent form stating the following information. No medication will be given without these details being provided:

- full name of child and date of birth;
- name of medication and strength;
- who prescribed it;
- dosage to be given in the setting;
- how the medication should be stored and the expiry date
- any possible side effects that may be expected should be noted; and
- signature, printed name of parent and date.

- medication within the last 24 hours. Details will be recorded.
- 2.7 The administration is recorded accurately each time it is given and is signed by the staff member at each administration. Parents must sign the medication record to acknowledge the administration of medicines.
- 2.8 The medication is always given by the child's key person with an additional member of staff present as a witness who should also sign the medication record form. The administration is recorded accurately each time it is given and it is signed by both staff members. Parents must then sign the medication form to acknowledge the administration of a medicine. The medication record form records:
- name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person/manager; and is verified by parent signature at the end of the day.

#### Storage of medicines

2.7 All medication is stored depending on prescriber's instructions, however it will be stored safely, either in a locked cupboard out of children's reach or refrigerated. As the stage or refrigerator is not used solely for storing medicines, they are also kept in a plastic box clearly marked with child's name and picture for easy identification.

2.8 It is the responsibility of the child's key person, to ensure that the medication is handed back to parents/carers at the end of the day. We do not keep any medication on the premises apart from during session times.

2.9 Parents/carers with children with inhalers or other emergency life saving equipment i.e. EpiPens are asked to be placed in a medication box or bag with instructions attached. During session the bag/box is carried out of children's reach allowing easy access in case of an emergency.

2.10 If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

2.11 Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person or a member of staff of what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

2.12 Where there is a major trauma to the teeth, the Emergency Dental Care guidance and procedure will be adhered to.

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

2.13 A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the School Matron and the Head of Junior Department alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.

2.14 Parents will also be required to contribute to a risk assessment. They will be shown around the setting, have the opportunity to understand the routines and activities and point out anything which they think may be a risk factor for their child.

2.15 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 members are part of the risk assessment.

2.16 The risk assessment includes vigorous activities and any other pre school activity that may give cause for concern regarding an individual child's health needs.

2.17 The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.

2.18 A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.

2.19 The health care plan should include the measures to be taken in an emergency.

2.20 The health care plan is reviewed at the beginning of every half term or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

2.21 Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### Managing medicines on trips and outings

2.22 If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

2.23 Medication for a child is taken in a sealed plastic box/bag clearly labelled with the child's name, and photo for easy identification, name of

the medication. Inside the box/bag is a copy of the signed consent form and a proforma to record when it has been given, with the details as given above. This box/bag would also be taken with the child to hospital if emergency treatment was required.

2.24 On returning to the setting the proforma is stapled to the medicine record form and the parent signs it.

2.25 This procedure also works alongside the outings procedure.

### **3. Legal Framework**

Medicines Act (1968)

### **4. Further Guidance**

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

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf> (Accessed 26.1.11)

**This policy reflects the whole school General First Aid Policy.**

S J Phillips  
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