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**GOONHAVERN EARLY YEARS ADMINISTERING MEDICINES POLICY**

**Rationale**:Top of Form

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

The class teacher, in partnership with the class TA’s and all other Early Years Practitioners, are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that the medication book has been completed, that medicines are stored correctly and that records are kept according to procedures.

**Procedures**

***General***

* Children taking prescribed medication must be well enough to attend school.
* Only prescribed medication is administered by a class teacher. It must be in-date and prescribed for the current condition.
* Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
* Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the medication form. No medication may be given without the form being fully completed.
* It is the responsibility of the child’s class teacher and/or TA to receive the medicine and ensure the medication form has been completed.
* The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record to acknowledge the administration of a medicine.

***Storage of medicines***

* All medication is stored in accordance with product instructions. Medicines are placed in a secure cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
* The child’s parents are responsible for ensuring medicine is handed back at the end of the day.
* For some conditions, medication may be kept in the setting. Key persons check that any medication held is in date and return any out-of-date medication back to the parent or, if more appropriate, a pharmacy.
* Emergency medicine such as asthma inhalers or Epi-pens will be stored in a personal medical bag in a place that is easily accessible and known to all staff. Children may be required to carry their medicine with them at some times during the school day. This will be decided in discussion between the school, parents and, if applicable, the child’s doctor. Secondary Epi-pens will be stored in the medicine cupboard.
* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* If rectal medication is given another member of staff must be present.
* 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.

***Non-prescription medicine***

* Non-prescription medicines should not normally be administered.
* There are circumstances under which staff may administer non-prescribed medicines, for example, if a child suffers regularly from frequent or acute pain and the parents have referred the matter to the child’s GP. In this instance staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case. A note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine. A short written agreement with parents may be all that is necessary. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
* Where a non-prescribed medicine is administered to a child it should be recorded on a form and the parents informed.
* **A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

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

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school or an early years setting where it would be detrimental to a child’s health if it were not administered during the day.

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

Schools and settings need to know about any particular needs before child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

• details of a child’s condition

• special requirement e.g. dietary needs, pre-activity precautions

• and any side effects of the medicines

• what constitutes an emergency

• what action to take in an emergency

• what not to do in the event of an emergency

• who to contact in an emergency

• the role the staff can play

* A copy of this information is stored on the shared area. The health care plan is reviewed annually or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Any changes to the health care plan are discussed with parents.
* A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the SENCO 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. They should understand the routines and activities and point out anything which they think may be a risk factor for their child. If appropriate they may also be shown around the setting.
* 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. Staff training needs forms part of the risk assessment.
* The risk assessment includes vigorous activities and any other school activities that may give cause for concern regarding an individual child’s health needs.
* A separate risk assessment is written if taking medicines on outings outside of the school grounds and the child’s GP’s advice is sought if necessary where there are concerns.
* A list of children needing Epi-pens is displayed in the Staff Room.

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

* If children are going on outings, staff accompanying the children must include the class teacher for the child with a risk assessment, or the class TA who should be 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, name of the medication. Inside the box is a copy of the medication book entry, with the details as given above.
* On returning to the setting the class teacher signs the medication record book.
* 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 medication book entry signed by the parent.
* As a precaution, children should not eat when travelling in vehicles.
* This procedure is to be read alongside the outings procedure.

***Disposal of Medicines***

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy

***Confidentiality***

The head and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith for safe disposal.

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