1.15 Administering medicines

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 manager 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 person, the Manager or Deputy is responsible for the overseeing of administering medication.

Procedures

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

- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, 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 high temperature. Children under the age of 16 years are never given 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. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the staff checks that it is in date and prescribed specifically for the current condition.
- Parents must 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 following information. No medication can 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
    - Any possible side effects that may be expected
    - The signature of the parent, their printed name and the date
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child must 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 record forms 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 a similar time may indicate the need for better infection control.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
    - The name of the child
    - The medication given

- The time given
- The doseage given
- Signature by staff administering the medication and a witness

Storage of medicines

- All medication is stored safely in the metal cabinet in the large hall. Or in the kitchen fridge if needs to be stored at a cool temperature. The medicine should be clearly labelled with the child's name.
- The child's key person or manager is responsible for ensuring medicine is handed back at the end of the session to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager and Health and Safety Lead 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 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other playgroup activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if neccessary where there are concerns.
- 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.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more 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 health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- 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.
- Medication for a child is taken in a sealed bag clearly labelled with the child's name, the original pharmacist's label, name of the medication, Inside the bag is a copy of the consent form and a medication administered form to record when it has been given, with the details as given 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.
- On returning to the setting the form is inserted into the medication folder 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 bag clearly labelled with the child's name, name of the medication. Inside the bag is a copy of the consent form signed by the parent.
- This procedure is read alongside the outings procedure.

Medicine Administered for an Unexpected Temperature (Calpol)

- To prevent the delay of treating a child with an unexpectedly high temperature, parents can choose to pre-authorise Playgroup to administer Calpol. This is done via a consent form held on the child's file.
- The dosage given will be in line with the recommended dosage for the child's age group on the medicine's packaging.
- When administering the medicine, the dosage and time given will be recorded and provided to the parent/guardian on collection of the child
- When deciding whether or not to administer Calpol, team members will use the following criteria:
  - Child is feeling unwell
  - Child is in pain
  - Child's temperature is above 37.5 °C.

- If the answer to two or more of the above is yes, then the child can be given a single dose of Calpol provided this has been pre-authorised by the parent.
- However, if a child's temperature goes over 38 °C, Calpol can be administered on this fact alone if pre-authorised by the parent.
- If a child is administered Calpol, a parent or guardian will be contacted and will need to pick their child up.

This policy was adopted at a meeting of	St Christopher's Playgroup	name of setting
Held on	September 2026	(date)
Date to be reviewed	September 2027	(date)
Signed on behalf of the management committee	KJCookes	
Name of signatory	Karen Cookes	
Role of signatory (e.g. chair/owner)	Playgroup Manager	