

# Medication, Illness and Accidents

## 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 certain 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.

Staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent book has been completed, that medicines are stored correctly and that records are kept according to procedures. The manager and deputy are responsible for the overseeing of administering medication.

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor is administered. It must be in-date and prescribed for the current condition.
- It must have the original chemist label with dosage guidance on it.
- 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 a consent form stating the following information. No medication may 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 expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.
- 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.

### **Storage of medicines**

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- For some conditions, medication may be kept in the setting. The Manager checks 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.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional, prior to the child coming back into session or starting playgroup.
- No child may self-administer.

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

- Prior to the child starting at playgroup the following MUST be in place;
- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. Other medical or social care personnel may need to be involved in the risk assessment and the care plan.
- 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 necessary where there are concerns.
- A health care plan for the child is drawn up with the parent and health visitor; 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 be a member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child 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 and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book 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 box is a copy of the consent form signed by the parent.

### **Legal framework**

- Medicines Act (1968)

### **First aid**

#### **Policy statement**

In our setting staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current first aid training is on the premises or on an outing at any one time. The first aid qualification includes first aid training for infants and young children.

## **Procedures**

Our first aid kit complies with the Health and Safety (First Aid) Regulations

- The first aid box is easily accessible to adults and is kept out of the reach of children.
- At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

## **Legal framework**

- Health and Safety (First Aid ) Regulations (1981)

## **Asthma Policy**

### **Policy statement**

The Playgroup recognises that asthma is a widespread, serious but controllable condition affecting many children. The Playgroup positively welcomes all children with asthma and encourages them to achieve their potential in all aspects of playgroup life. We aim to do this by having a clear policy that is understood by all the staff, parents and volunteers. Staff attend asthma training. This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, and local healthcare professionals

### **Procedures**

- During the induction process, parents will have the opportunity to explain their child's needs and appropriate support will be offered. They will be asked to complete a consent form for staff to assist their child with administering medication if necessary.
- Immediate access to reliever inhalers is vital. The reliever inhalers of children will be kept in the playgroup room out of reach of the children. All inhalers must be labeled with the child's name and expiry date of inhaler, with the original label from the chemist still visible.
- Staff will check the inhalers expiry date and that it has not run out when they receive the medication, making a note of the expiration date on the medical form and on a label on the front of the named storage bag.
- Should your child require their blue inhaler prior to the session, we would request that they are kept at home. During our training we have been advised that they would not be well enough to attend the session.

- Playgroup staff are not required to administer medication to children except in an emergency.
- The child's parents will be called immediately at the onset of an attack, because of the age of the child.
- The Playgroup does all that it can to ensure the environment is favorable to children with asthma. The Playgroup does not keep furry or feathery pets and has a non-smoking policy.

## **Managing children with allergies, or who are sick or infectious**

(Including reporting notifiable diseases)

### **Policy statement**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

### **Procedures for children with allergies**

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form and a copy is displayed where staff can see it.
- Staff would attend the necessary training in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in.
- Please see "long term medical conditions and who may require ongoing medication" also.

### **Insurance requirements for children with allergies and disabilities**

- The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance. Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to our insurance provider.

**At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005)**

### **Life saving medication & invasive treatments**

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The setting must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's' nurse specialist or a community paediatric nurse.
- Copies of all three letters relating to these children must first be sent to the Playgroup's chosen Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.
- This must be in place prior to the child starting with us.

### **Procedures for children who are sick or infectious**

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- The playgroup can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After sickness and/or diarrhoea, parents are asked to keep children home for 48 clear hours after their last bout of illness.
- The setting has a list of excludable diseases and current exclusion times displayed in the room.

