

**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.

**Promoting health and hygiene**

**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/manager 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.

**EYFS key themes and commitments**

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| **A Unique Child**  | **Positive** **Relationships**  | **Enabling** **Environments**  | **Learning and** **Development**  |
| 1.4 Health and wellbeing  | 2.2 Parents as partners 2.4 Key person  | 3.2 Supporting every child  |   |

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* Only medication prescribed by a doctor (or other medically qualified person) is administered.

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 a consent form
* 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:
	+ name of child;
	+ name and strength of medication;
	+ the date and time of dose;
	+ dose given and method; and is
	+ signed by staff member giving medication and is signed by staff witness
	+ verified by parent signature at the end of the day.

*Storage of medicines*

* All medication is stored safely in a locked cupboard or refrigerated. The child’s key person is responsible for ensuring medicine is handed back at the end of the day 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.
* 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 diazepam is given another member of staff must be present and co-signs the record book.
* 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.

*Children who have long term medical conditions and who may require on 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 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 nursery activity that may give cause for concern regarding an individual child’s health needs.
* 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.

***Immunisation Policy***

* We recognise, where possible, that children are vaccinated in accordance with their age. If children are not vaccinated, it is the responsibility of the parents to inform the pre-school to ensure that children/staff/parents are not exposed to any unnecessary risks of any sort.
* The pre-school manager must be aware of any children who are not vaccinated within the nursery in accordance with their age.
* Information regarding immunisations should be recorded on children’s registration documents and updated as and when necessary.

***Staff Vaccinations Policy***

* It is the responsibility of all staff to ensure they keep up to date with their vaccinations for: *Tetanus Tuberculosis Rubella Hepatitis Polio*
* If a member of staff is unsure as to whether they are up to date, then we recommend that they visit their GP or practice nurse for their own good health

*Emergency information*

* Emergency information should be kept for every child and should be updated yearly.