



Administering Medicines and Supporting Children with Medical Conditions Policy

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Version Control Log

Date	Date agreed with Managers	Overview of changes
March 2019	March 2019	Comprehensive review and update of existing policy to reflect current, improved practice within the setting

Introduction

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.

Additionally, at Little Owls, we believe that all children have the same right of admission and we strive to support and include children with special medical needs within our setting; working closely with parents/carers and other professionals where appropriate to ensure this is the case.

Policy Implementation

The Manager of the setting is responsible for the implementation of this Policy. The Manager is also responsible for ensuring that sufficient staff are suitably trained in light of this policy. Along with a child's key person, the Manager is responsible for briefing any new person in relation to a child's medical needs and this policy. The Manager and the key person are also responsible for any risk assessments required however all staff are responsible for helping to identify risks, both current and arising during the day-to-day operation of the setting, and for compliance with the risk assessment. Where appropriate, the setting's SENCO may also be involved.

Definitions of Medical Conditions:

A child's medical needs may be broadly summarised as being of two types: ☐

Short-term which may affect the child's ability to participate in activities within the setting, perhaps because they are on a course of medication for example.

Long-term potentially requiring extra care and support (deemed special medical needs).

Children with medical needs will be properly supported and, working with parents/carers, Little Owls will ensure that appropriate arrangements are in place to achieve this. Staff at Little Owls will also endeavour to consult and work with health care/and or social care professionals and other children within the setting to ensure the needs of any child with a medical need is understood.

Some children with medical needs may be disabled. Where this is the case Little Owls must comply with the Equality Act 2010. Some children may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Little Owls SEN Policy.

If a child is deemed to have a long-term special medical need, Little Owls will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities as any other child.

Procedures

During the registration process for children under one year, parents/carers will be required to grant permission to allow staff to administer over-the-counter medication in the event it is considered a risk to the child not to do so. For example, children's paracetamol may be administered for children under the age of one year in the case of high temperature in order to prevent febrile convulsion.

Staff MUST also seek verbal consent prior to administering the medication. All information related to the administering of over the counter medication must be recorded on the short-term medication form (Appendix A) which must be signed by the parent/carer upon collection of the child.

Subject to the procedure for children under one year, no child should be given over-the-counter medicines without prior Parental/Carer written consent (Appendix A).

If the administration of prescribed medication requires medical knowledge, staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Little Owls, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Parents/carers and other appropriate healthcare professionals will be required to provide training.

We will ensure that the correct procedures will be followed whenever we are notified that a child has a medical need. The procedures will also be in place to cover any transitional arrangements between nurseries/pre-schools, the process to be followed upon reintegration after a period of absence or when a child's needs change and arrangements for any staff training or support. For children starting at Little Owls, arrangements will be in place by the time the child starts.

In making the arrangements, Little Owls will take into account that many medical needs that require support will affect quality of life and may be life-threatening. We will also acknowledge that some conditions will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical need impacts on their day to day experience at Little Owls.

Little Owls will aim to ensure that arrangements give parents/carers and their children confidence in Little Owls' ability to provide effective support for medical conditions in the setting. The arrangements will show an understanding of how the medical need may impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support needed.

Little Owls will make arrangements for the inclusion of children with medical needs in outings and other events and work with the parents/carers to make reasonable adjustments to achieve this. However, in line with our Safeguarding duties, we will not be able to do this where circumstances deem it would be detrimental to the health of that child or others.

In the event where a child has not been diagnosed or is waiting for a diagnosis, Little Owls will work with the parents/carers and other health and social care professionals as appropriate to provide the right support to the child and an Individual Health Care Plan (Appendix B) may be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

At Little Owls we strive to ensure all our staff are Paediatrically First Aid Trained and Individual Health Care Plans will be written and reviewed by a member of staff who is trained as such. Normally these plans will be developed by the key person, the Manager, and where appropriate, the SENCO, alongside the parent/carer and other health care/social care professionals where appropriate. Where there is an Individual Health Care Plan it is likely there will be a need for a risk assessment (Appendix C). The Manager, with the key person and the parents/carers will be responsible for actioning any necessary risk assessments.

Individual Health Care Plans will provide clarity about what needs to be done, when and by whom. Appendix B depicts a template for the Individual Health Care Plan and the information needed to be included. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical needs are long-term and complex. However, not all children will require one. In conjunction with the parents/carers, the health care/social care professional, Little Owls should agree when a Health Care Plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix D.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

In conjunction with the parents/carers, the health care/social care professional, Little Owls will review the Individual Health Care Plans as appropriate.

Where an Individual Health Care Plan is not required, it may be that a risk assessment is still required. This is likely to be the case for children with long term medical needs. This is the responsibility of the Manager alongside the key person and the parents/carers and other health care/social care professionals where appropriate.

Managing Medicines at Little Owls

Procedures to be followed for managing medicines:

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

Medicines should only be administered when it would be detrimental to a child's health not to do so.

No child should be given prescription or over-the-counter medicines without their Parents/Carers written consent (Appendix E).

All medication must be administered and witnessed by two different members of staff. Both members of staff must sign the record (Appendix E).

If a child has not had medication before, especially a baby/child under two, it is advised that the parent/carer keeps the child at home for the first 48 hours to ensure there are no adverse side effects as well as give time for the medication to take effect.

No child may self-administer. Where children are capable of understanding when they need medication, they should be encouraged to tell a member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child needs medication.

Little Owls will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available inside an insulin pen or a pump, rather than in its original container. ☒

All medicines will be stored in their original containers, be clearly labelled in the 'Medical Cupboard' or where required, in the refrigerator. Medicines will not be accessible to children but will, however, be easily accessible to the staff so as to treat children quickly when required. All medicines must be kept in a plastic, clearly labelled box.

During trips and outings, a first aid trained member of staff will carry all medical devices, medicines, consent forms and record forms required. ☒ A risk assessment should be put in place for the trip/outing for any child with a medical need.

Staff accompanying the children must include the key person for any child with a risk assessment or another member of staff who is fully informed about children with medical needs and/or medication.

On returning to the setting and upon collection of the child(ren) the record forms must be signed by the parent(s)/carer(s).

Staff administering medicines should do so in accordance with the prescriber's instructions. Little Owls will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (Appendix E).

Any side effects of the medication to be administered should be noted and staff must contact the parents/carers if they are at all concerned. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Complaints

Should Parents/Carers be dissatisfied with the support provided they should discuss their concerns directly with the Manager of Little Owls. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Little Owls complaints procedure.

Short Term Medication Form

Child's Name					
Child's DOB					
Reason for Medication					
Name of Medication					
Medication Expiry Date					
Dosage					
Frequency					
Parent Signature					
Date and time last dosage given at home	Parent Signature	Date and time last dosage given in the setting	Staff Signature	Witness Signature	Parent Signature
Date and time last dosage given at home	Parent Signature	Date and time last dosage given in the setting	Staff Signature	Witness Signature	Parent Signature
Date and time last dosage given at home	Parent Signature	Date and time last dosage given in the setting	Staff Signature	Witness Signature	Parent Signature

Individual Health Care Plan

Child's name	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	
Name of Parent/Carer 1	
Contact Numbers	Work: Mobile: Home:
Relationship to child	
Name of Parent/Carer 2	
Contact Numbers	Work: Mobile: Home:
Relationship to child	
Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications

Daily Care Requirements

Specific support for the child's educational, social and emotional needs

Arrangements for outings, visits/trips etc	
Other relevant information	
Describe what constitutes an emergency and the action to take if this occurs	
Who is responsible in an emergency, state if different for off-site activities	
Staff training needed/undertaken – who, what, where, when	
Plan developed with	Signed by:
Name:.....
Name:.....
Name:.....
Copied to:	

Risk assessment

Appendix C

Risk Assessment Template

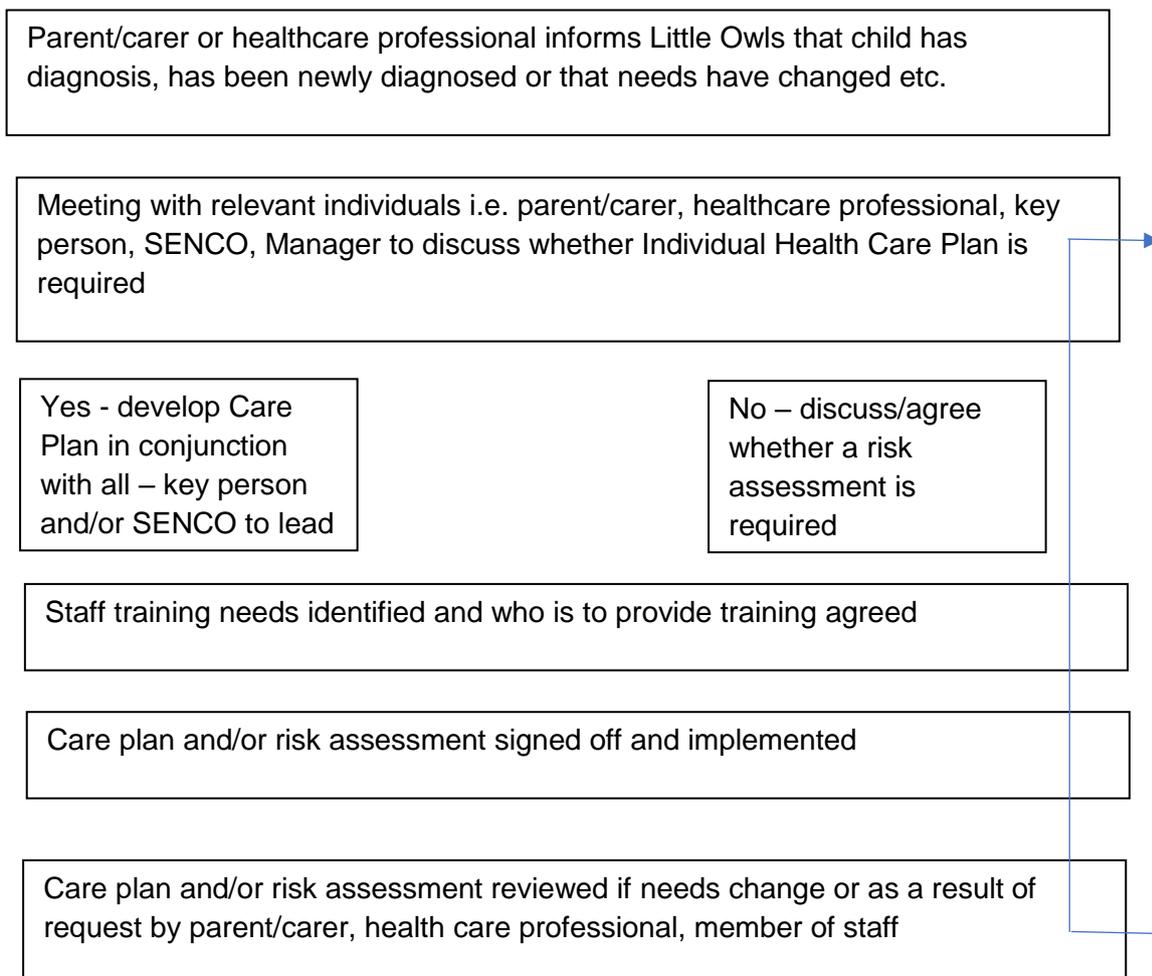
Activity:

Company name:

Date of risk assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done

Model Process for Developing Individual Health Care Plans



Record of Medicine Administered to an Individual Child

Child's Name				
Date medicine provided by parent/carer				
Quantity received				
Name and strength of medicine				
Expiry date				
Quantity returned				
Dose and frequency of medicine				
Staff signature				
Parent/carer signature				
Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
Witness initials				
Note any changes, side effects*				
<p>*please contact the parent/carer immediately if you are at all concerned</p>				