

Springboard Opportunity Group
Administration of Medicines Policy

Rationale

In order to ensure the health and safety to the children in our care and to minimize risk, Springboard Opportunity Group has drawn up the following policy and procedure for the administration of medicines in line with the **Statutory Framework for the Early Years Foundation Stage 2017** and its **Public liability Insurance via the Pre-school Learning Alliance 2018**.

We have a robust system in place for obtaining information about a child's needs for medicines and for keeping this information up-to-date.

Training must be provided for staff where the administration of medicine requires medical or technical knowledge.

Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

We keep a written record each time a medicine is administered to a child, and inform the child's parents and/or medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable

Insurance cover include administration of medicines providing that:

1. For **oral medication** (including asthma inhalers and nebulisers) :
 - a) it is prescribed by the child's GP or has the manufacturer's instructions clearly written on it and
 - b) the setting has the parent's/carer's written consent and clear instructions on how to administer such medication.

Details of above do not need to be forwarded to the insurers as insurance cover will automatically extend to include administration of medication.

2. For **life saving or invasive medication** (e.g. rectal diazepam or Buccal Midazolam for epilepsy or adrenaline injections / Epipens / Anapens and Jext pens for anaphylactic shock caused by reaction to substances such as nuts and Injections such as insulin for diabetes) an extension to the insurance cover will be needed. We will confirm in writing to the insurance team for each applicable child that we have received the following and can provide evidence if required to do so:

- a. A letter from the child's GP/consultant/specialist nurse stating the child's condition and the treatment required.
- b. Parent's/carer's written consent to allow staff to administer medicines.
- c. Proof of staff training in the administration of such medicines by a qualified nurse or doctor. In the case of children requiring adrenalin injections for anaphylaxis, the ALergyWise online training provided at www.anaphylaxis.org.uk has been approved

3. Assistance with Everyday Living

When a child requires help with everyday living eg breathing apparatus, colostomy bags or feeding tubes an extension to the insurance will be required and we will confirm in writing to the insurance team that for each applicable child we have received the following and can provide evidence for if so required:

- a. A letter from the child's GP/consultant/specialist nurse stating the child's condition and the treatment required.
- b. Parent's/carer's written consent to allow staff to administer treatment.
- c. Written confirmation that the Key Person and other named staff have the relevant medical training or experience to administer the treatment. This can include training by the parents/carers.

Procedure to be followed

In order to put this policy into practice and to meet the good practice requirements of Ofsted and the insurance company, Springboard staff will ensure that they ascertain sufficient and detailed information concerning a child's medical or health needs on initial attendance.

If it is reported by a parent/carer that a child is taking prescribed or non prescribed medicines the following procedures will be adhered to:

1. If a child requires ANY form of medication and/or invasive procedure during a session then an individual Health Care Plan will be drawn up by the Key Person and signed by the parent/carer giving permission for the medication or invasive procedure to be administered by named staff members. A copy will be kept in the in the playroom and displayed in the playroom with parental permission when child is in attendance. A copy will also be kept in the child's brown file and e-file and a copy given to the parent/carers
2. A Health Care Plan will include clear instructions about the dosage, method or mode of administration of the medication and named staff who are able to deliver it. The child's Key Person will arrange who should administer medication or invasive procedures and ensure that training has been carried out and that all have seen and signed the Health Care Plan. It is the setting manager's responsibility to ensure this has been carried out.
3. A full and detailed list of instructions for the administration of medication/ invasive procedures and medically assisted everyday living will be drawn up. Named staff members will be required to have sufficient knowledge of full procedures, have received training from a qualified health professional OR in some cases the child's parent / carer, and to follow the instructions as stated.

4. Where necessary training should be specific to the individual child concerned. A certificate or letter should be requested from the trainer OR they must complete a training certification form provided by Springboard. A copy must be added to the child's brown file.
5. The Key Person will keep the Manager and Room leader informed of all children requiring administration of medication/invasive procedures and any subsequent changes.
6. A written record of medication/invasive procedure administered to a child must be kept and parents/carers informed if this was carried out during a session. The administration of medication book must be signed by the parent/carer and a copy given to the parent/carer.
7. It is the Key Person's responsibility that prescribed medication must be in the original container and clearly labelled with child's name, dosage, any instructions and is for the child's current condition. Careful note must be made of the expiry date. The Key Person must always ensure the Health Care Plan is up to date and that the medicines and equipment are available during the session.
8. Medication and oxygen should be stored strictly in accordance with product instructions, in a refrigerator if required. It should be out of the reach of children.
9. To ensure good practice two staff members should always be attending to the child when medication/invasive procedure is administered, wherever possible.
10. The parent/carer must inform their child's Key Person of any changes to their medication/invasive procedure or changes to the support required.
11. Non prescribed medication for e.g. nappy rash, may be administered but only with prior written consent of the parent/carer
12. Non prescribed pain relief will not be administered by Springboard staff.

It must be noted that a child under 16 should never be given medication containing aspirin unless it has been prescribed for that child by a doctor.

13. Springboard reserve the right to refuse to take responsibility for a child if medication is not available as stated in Health Care Plan.

This policy was adopted at a meeting of Springboard Opportunity Group's Board of Trustees	
Held on:	27.11.18
Date to be reviewed:	November 2021
Signed on behalf of the Board of Trustees:	
Name of signatory:	Louise Petersen
Role of signatory:	Chair of Trustees