**Principle**

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.

**Policy**

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.

The Leader is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Parents are asked to keep children at home if they have any infection, and to inform setting as to the nature of the infection.  This will allow the playgroup to alert other parents via the whatsapp and to make careful observations of any child who seems unwell.

Children who have had someone in their household test positive, must isolate for 10 days. The playgroup must be informed of any child isolating.

Children are not to attend Little Buds if they have been vomiting or had diarrhoea until at least 48 hours has elapsed since their last attack.

A child should not return until all symptoms have disappeared and they are fully recovered. With regards to the chicken pox virus children should not return until all visible spots have disappeared.

Little Buds will ensure that the first aid equipment is kept clean, replenished and replaced as necessary.  Sterile items will be kept sealed in their packages until needed.

A member of staff will be responsible for checking first aid equipment and there will always be a first aider present at all sessions.

If a child is unwell parents/carer or emergency contact person will be contacted to collect them. A member of staff will sit quietly with the child giving care and comfort until they arrive. In an emergency if unable to contact parent/carer the child’s doctor will be consulted for advice.

**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.

* 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:

* Name of child
* Name of medication
* Dosage
* Frequency of administration
* Date of dispensing
* Storage requirements
* Expiry date
* The administration is recorded accurately each time it is given by staff. Parents sign the record book to acknowledge the administration of a medicine.
* 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 staff 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 Leader alongside the rest of the staff. 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 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; 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 plastic box clearly labelled with the child’s name, name of the medication, Inside the box 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, if medication has been administered, 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 box 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.
* This procedure is read alongside the outings procedure.

 **Monitoring**

This policy will be reviewed annually by the management team to ensure it remains fit for purpose.

This policy was adopted by Little Buds management team.

Signed: …………………………………………………………………………………..

(on behalf of the management team)

Position: …………………………………………………………………………………..

Date: …………………………………………………………………………………..

Reviewed on:

Date: ……………… Signed: …………………………………………..

Date: ……………… Signed: …………………………………………..

Date: ……………… Signed: …………………………………………