

Medication Policy

'Providers must have and implement a policy, and procedures, for administering medicines. It must include systems 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 usually 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) ' (EYFS: 2017: Section 3: 3.45: p27)

This policy will cover:

A procedure for managing prescription medicines when they need to be taken whilst in the setting

- A clear statement on the role and responsibility of staff for managing and administering or supervising the administration of medicines
- A clear statement on parental responsibilities in respect of their child's medical needs and written agreement for medicines to be administered to their child
- Staff training in dealing with medical needs
- Storage of medicines within the nursery
- Long term medicine administration
- Non prescribed medicines
- Managing Asthma
- Risk assessment and management procedures

Managing prescription medicine

Medicine should only be taken at the setting when essential: that is where it would be detrimental to the child if the medicine was not administered during the day. Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

WE CANNOT ACCEPT MEDICINES THAT HAVE BEEN TAKEN OUT OF THE CONTAINER AS ORIGINALLY DISPENSED NOR MAKE CHANGES TO DOSAGES ON PARENTAL INSTRUCTIONS.

Setting trips and excursions

Medicines will be administered on setting trips or outings where it would be detrimental to a child's health if the medicine were not administered whilst the child was away from the setting premises. Parents will need to complete the appropriate authorisation form.

A designated member of staff will be responsible for the transportation, control and administration of medicine for duration of excursion. The designated person will ensure medical records and medication consent forms are taken also.

Setting staff's role and responsibility for managing and administering medicines

'Medicines (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. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practical'

(EYFS: 2017: Section 3: 3.46: p27)

Must record 'any medicine administered to any child who is cared for on the premises, including the date and circumstances and who administered it, including medicine which the child is permitted to self-administer, together with a record of a parent guardian/carer's consent'
(CR8: Childcare Register)

Staff will ensure parents requesting administration of medicine for their child complete a medication consent form.

Before accepting the medicine staff must ensure they:

Check the medicine name, previous dosage details, prescribed dose, expiry date, child's name, written instruction provided by prescriber on label or container. The staff must ensure parents have completed the Medication Permission Form (HS7.1) or Long Term Medication Form (HS7.2) correctly and read back to parent their written instructions.

On receipt of medicines these should be taken immediately to the setting kitchen and stored within the medicines fridge, or in the medicines storage box if the medicine is to be kept at room temperature only. Complete the Medicine Storage Record Sheet (HS7.1a) before leaving the room.

Medicine may only be administered by staff directly employed by the company and qualified to Level 2 or above (witnesses may be unqualified). Under no circumstances should students or volunteers administer medicine (although regular students may be used as witnesses subject to Managers discretion).

Before administering medication to a child ask a colleague to also witness the medication name, previous dosage details, prescribed dose, expiry date on medicine label/container, and written dosage on the Medication Permission Form (HS7.1) and stay whilst medicine is being administered and then co-sign the Medication Permission Form (HS7.1).

When the medicine is administered there should be two members of staff present and the member of staff administering the medicine should check that the

medicine, the dosage and the time is correct and sign once the task is completed. The witness must double check this.

When the medication is given, staff should briefly record this in the child's diary (under 2 yrs) or the child's room log (over 2 yrs) and verbally confirm this to the parent on collection of their child. Staff should ensure parents sign the Medication Permission Form to confirm they know their child has been administered the medicine.

Staff must sign the medicine out of the fridge and return to parents after the acknowledgement of administration is signed.

Parent's role and responsibility for managing medicines

Parents have the prime responsibility for their child's health and should provide the setting with information on their child's medical needs / conditions.

Parents requesting medicines to be administered during the setting day must ensure they provide: information on the reason for the medication, the previous dosage details at home, medicines are clearly labelled with child's name, prescribed dose, expiry date and completion of a medication consent form (up to & including the 'time due' column) and signed by the parent/carer on arrival to setting. The staff should never fill in this for the parent.

On collection of the child, the staff must ensure the parent signs the final column of the Medication Permission Form (HS7.1).

It is the parent's responsibility to request their medication.

Staff training

Every Early Years setting has access to a Nursery Educator for advice, support and training regarding children with medical needs.

Storage of medicines

All medicines should be stored in accordance with product instructions relating to temperature control. All medicines must be stored in the kitchen fridge or medicine storage box. All medicines are recorded on the Medication Storage Form (HS7.1a). Medicines exempt from this are for emergency use such as asthma inhalers and adrenaline pens which must always be in close proximity to that specific child.

Long-Term Medication

If a child requires the same medication, at the same time each day over a period of a month or more then an alternative form can be filled in (HS7.1a). To follow this procedure the parent should initially send a letter, giving us permission to administer the medication. It must detail the full name of the child and the medication, the

frequency, the dosage and the time it should be given. It must state that this should be administered every day at nursery. This letter will be stored with the child's record. The parent must continue to sign this form daily to show acknowledgement of their child's medicine being administered. The same procedure for signing this medicine in and out should always still be used. It is the staff's responsibility to record this on the white board and sign and witness this form each time a dose is given to the child and record in the appropriate diary.

Non-Prescription Medicines

The administration of Infant Suspension Paracetamol, Teething Gel and Ibuprofen based medication can sometimes be made when it is in the best interests of the child. However we do not administer these routinely and we would require parents to sign and staff to administer in the same way as Prescribed Medicines. This means that parents will need to date, sign, write the dosage, detail the exact times and staff must sign the forms as witness and administrator of the medicine in the same way and ask parents to sign at the end of the day. We reserve the right to refuse to administer these non-prescribed medicines if they are given too frequently as this may be hiding an underlying ailment that requires professional medical attention.

NB PLEASE NOTE, WE CANNOT ADMINISTER ANY MEDICATION WHERE A PARENT HAS NOT GIVEN THESE SPECIFIC DETAILS E.G. 'WHEN NEEDED' IS **NOT** AN ACCEPTABLE ENTRY FOR ANY MEDICINE PRESCRIBED OR NON-PRESCRIBED

In an emergency when a parent, carer or other relative cannot be contacted a decision on administering non-prescribed fever relief will be made if it is in the best interests of the child e.g. if their temperature was extremely high and risk of febrile convulsion was possible. In these circumstances, we should always seek permission in writing though fax or email, even in an emergency situation, in order to protect staff or management from prosecutions. If this is not available and the situation is critical then authorisation can only be given by the Chief Executive in the first instance or the Head of Operations if the Chief Executive is not available for any reason.

The Registration Form gives Parental Consent to cover these emergencies and a note must be made on the Child's Medical Record if they have an allergy or if permission has not been given or is very withdrawn.

Should the need arise then a child's medical records must be consulted before any medication is administered.

Government advice states that Cough and Cold Medicines should never be given to children under 2 (www.mhra.gov.uk/NewsCentre/CON028268). In order to ensure we provide consistent policies for staff the company has taken the decision not to administer ANY form of cough or cold medicine to children of any age. The current advice is to treat the fever or pain through pain or fever-relief medicine and we will

do this as stated above. Other than that we will not administer non-prescribed 'remedies' of ANY sort unless these have been prescribed by a Medical Practitioner.

We DO NOT administer anything such as vapour rubs, inhalant decongestants or plain saline nasal drops. Nappy creams and Sun cream – whilst not medicines do require Parental Permission Forms to be signed prior to administration.

Managing Asthma

What is asthma?

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying their tummy hurts or that it feels someone is sitting on their chest. Not all children get these symptoms and some children may only get symptoms occasionally.

Medicine and control

There are two main types of medicines used to treat asthma, relievers and preventors. Usually a child will only need a reliever during the nursery day. RELIEVERS (BLUE INHALERS) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken immediately before exercise. Whilst PREVENTORS (BROWN, RED, ORANGE INHALERS), are usually taken at home.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer is used with most inhalers some children may need help with this, many children from an early age learn to take charge of their inhaler themselves.

Staff will take responsibility for inhalers for younger children who are not personally able to be responsible for their inhaler. Inhalers will be stored in a safe but readily accessible place and clearly marked with child's name. Children will always be shown where their inhaler is stored. Inhalers will always be available during physical / sports activities and excursions.

Signs of an asthma attack

- Coughing
- Being short of breath
- Wheezy breathing
- Feeling of tight chest
- Being unusually quiet

When a child has an attack they should be treated according to their individual health care plan as previously instructed by child's parent. An ambulance should be called if

- The symptoms do not improve sufficiently in 5-10 minutes
- The child is too breathless to speak
- The child is becoming exhausted
- The child looks blue

A member of staff will stay with the child and ensuring the child remains calm and to give reassurance. Another member of staff will telephone parents immediately.

Parent's information

Parents will inform the nursery if their child suffers with asthma and will complete a separate Asthma Health care plan for their child. The health plan will give information on medication the child needs, triggers and individual symptoms for their asthma and emergency contact details.

All staff that care for the child must be informed of the child's specific medication needs. Training will be given to all staff.

On outings and excursion a designated staff (in agreement with parent) will be responsible for the child and transportation, control and administering of medication for duration of the excursion. The child will also be informed who will be responsible for their medication in advance of outing.

Risk assessment and management process

Any risk assessments relating to individual children are found within the risk assessment section in the H&S folder in the setting office.

NB. The setting will not administer any medication without the written permission of the parent beforehand. Verbal permission over the telephone is not accepted, due to risk of prosecution. However in exceptional circumstances or where a parent has forgotten to sign, confirmation via email may be obtained provided it is quite clear that it is from the child's parent (e.g. by the email users name or signature compared to Parental Agreement) and it details name of medication, dosage and times for it to be given. If this should ever be required then parents should still be asked to sign the main Medication Form on collection to ensure they know that the medicine has been given and at what times.

Review of Policy

This policy is reviewed annually.

Review date – Dec 2021