

## Felixstowe Nursery School

### **Safeguarding and Welfare Requirement: Health**

**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.**

## Administering medicines

### **Statement**

It is not our settings 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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's G P's to prescribe medicine that can be taken at home in the morning or evening or after our session has ended. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given at the setting. If a child has not had the medication before, it is advised the parent keeps them at home for the first 48 hours to ensure no adverse effects as well as to give the medication time 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 is responsible for the correct administration of medication to the 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. In the absence of the key person, the manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

### **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.
- Non-prescription medication, such as pain relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed

specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- 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;
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage and time to be given in the setting;
  - method of administration;
  - how the medication should be stored and expiry date ;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.

The manager or deputy will receive the child's medication and will ask the parent to complete the consent form. All staff are informed of this procedure during induction to the setting.

- The administration is checked by two staff to ensure the correct procedures are followed and correct dosage is given, it is recorded accurately each time and is signed by the two members of 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 ;
  - name of the doctor that prescribed it;
  - the date and time of dose;
  - dose given and method; and is
  - signed by the key person/manager; and is verified by parent signature at the end of the session.
- ⑩ We use the Pre-school Learning Alliance's publication Medication Record for recording administration of medicine and comply with the detailed procedure set out in that publication.
- ⑩ If the administration of prescribed medication requires medical knowledge, we obtain individual training [for the relevant member of staff] by a health professional.
- ⑩ If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- ⑩ 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.
- ⑩ We monitor the medication record book to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

## **Storage of medicines**

- All medication is stored safely in the locked kitchen area or in the refrigerator. They are kept in a marked plastic box.
- Inhalers are kept in the same room as the child for easy quick access but kept high out of the children's reach.
- The child's key person is responsible for ensuring medicine is handed back at the end of the session to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication is 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. This medication will be kept in the large storage cupboard out of session as other persons access the premises.
- Staff are informed of storage of medication during the induction period.

## **Children who have long term medical conditions and who may require 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.
- The risk assessment includes arrangements for taking medicines on outings and the child's G P's advice is sought if necessary where there are concerns.
- An individual 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 plan should include the measures to be taken in an emergency.
- The health 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 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 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.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

### **Legal framework**

- The Human Medicines Regulations (2012)

**This policy was adopted at a meeting of Felixstowe Nursery School.**

**Held on .....**

**Date to be reviewed.....**

**Signed by Chairperson.....**

**Signed by Manager.....**