

Administering Medicine Policy and Procedure
In conjunction with Managing Children with Allergies policy and procedure
And Calpol policy and procedure

Policy statement

Whilst it is not our policy to care for sick children, who should be kept at home until they are well enough to return to nursery, we will agree to administer prescribed medication as part of maintaining their health and well being or when they are recovering from an illness.

In many cases, it is possible for children's GPs 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 nursery. If a child has not had a medicine before, especially a baby or child less than two years of age, it is advised that the parent/guardian 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 Manager (Emma Taylor), Deputy Manager (Kerry Allen) and the child's room leader are responsible for administering medication. This means that they have to witness the completion of parent/guardian consent forms, make sure that medicines are stored correctly and that records are kept according to the policies and procedures. Also any person witnessing the medication will be a full time and/or qualified practitioner.

Procedures

- Children taking prescription medication must be well enough to attend nursery.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition,
- **NB Calpol is administered only for children who have a high temperature** and whose parents/guardians have previously filled in a form giving us permission. We will always try and contact a parent/guardian on the phone to inform them that we have administered Calpol to their child. If the temperature is above **38.0** then it **usually means that they are too unwell to be at the nursery.**
- Children's prescribed medicines are stored in their original containers and clearly labeled and are inaccessible to the children.
- Parents/guardians give prior written permission for the administration of medication. The manager (Emma Taylor), Deputy Manager (Kerry Allen) or the child's room leader must ask the parent/guardian 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;
 - Dosage to be given in the setting and times;
 - How the medication should be stored and the expiry date;
 - Any possible side effects that may be expected should be noted; and
 - Signature, printed name of parent/guardian and date.

The administration is recorded accurately each time it is given and is signed by staff. Parents/guardians sign the medical authorisation form to acknowledge the administration of a medicine. The form records:

- Name of child;
- Name and strength of medication;
- The date and time of dose;
- Dose given and method; and is
- Signed by person that administered the medication and witness; and is verified by parent/guardian signature at the end of the day.

The only exception to this rule would be with ongoing medication such as asthma inhalers and cream for skin conditions.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked lockable box.
- The Nursery Manager (Emma Taylor), Deputy Manager (Kerry Allen) or the child's room leader is responsible for ensuring medicine is handed back at the end of the day to the parent/guardian.
- For some conditions, medication may be kept at the nursery. The Nursery manager (Emma Taylor), Deputy Manager (Kerry Allen) or the child's room leader check that any medication held to administer on an as and when basis, or regular basis, is in date and any out-of-date medication is returned back to the parent/guardian.

If the administration of prescribed medication requires medical knowledge, individual training will be provided.

- 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 a member of 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 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 (Emma Taylor), Deputy Manager (Kerry Allen) and the child's room leader. Other medical or social care personnel may need to be involved with the risk assessment.
- Parents/guardians 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 to gain a basic understanding of the condition, as well as knowledge of 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 GP's advice is sought, if necessary, where there are concerns.
- A health care plan is drawn up with the parent/guardian; outlining the key persons role and what information must be shared with other staff who care for the child.

- 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. All staff will be made aware of any changes made.
- Parents/guardians receive a copy of the health care plan and each contributor, including the parent/guardian, signs it.

Teething Gels or Medication

Monty's Daycare staff will also administer teething gel or medication for the relief of mild pain. The recommended daily dosage will not be exceeded and parents/guardians consent should be given on the medical authorisation form.

Creams

In addition to Sudocrem and creams for allergies or medical conditions, Monty's Daycare staff will administer other nappy rash creams for children with severe nappy rash. This should be brought in by the parent/guardian, in its original packaging, labeled with the child's name and a medical authorisation form should be signed. If a parent/guardian wishes us to use any other creams, there will need to be a backup letter provided by the child's GP.

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 labeled with the child's name; name of the medication and inside the box there should be a copy of the consent form and the medicine.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labeled with the child's name and name of the medication. Inside the box is a copy of the consent form signed by the parent/guardian.
- As a precaution children should not eat when traveling in vehicles.
- This procedure is read alongside the outings procedure.

Legal framework

- Medicines Act (1968)

This policy was revised at a meeting on 16th April 2015. Emma Taylor (Nursery Manager) and Kerry Allen (Deputy Manager) were present. (Policy and procedure is to be revised during the month of April 2016).