



## Promoting Health and Hygiene - Administering medicines in Nursery

### Policy statement

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.

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, especially a baby/child under two, 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.

In order to ensure the health and wellbeing of the children in our care and to comply with our insurance scheme policy cover the following conditions must be adhered to when administering medicine.

### Oral Medication

- Oral medication must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The nursery must have the parent's or guardian's prior consent.
- The group must be provided with clear written instructions on how to administer such medication.

### Life-saving medication/invasive treatments

These include adrenaline injections for anaphylactic shock.

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Written consent from the parent or guardian allowing staff to administer medication.
- Proof of training in the administration of such medication.

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) 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.

## **The Medication Record**

The Medication record allows parents to share with the nursery the responsibility for administering medication to a child and for all the adults involved to be absolutely clear about what medication the child has received as well as the size and time of each dose. Any treatment of accidents, which will not include the use of medication, should be recorded in the setting's Accident Book.

Parents should provide full information about their child's medical needs, including details of all medicines they require. They will need to complete the parental agreement section of the medication record. Parents may give their permission for another responsible adult to sign this form, such as a grandparent/nanny/childminder. If another adult is signing the form on behalf of the parent the nursery will telephone the parent to gain verbal permission that this is acceptable to them. A new record must be completed for each medicine.

The medication record is pasted into the medicines book.

Staff responsible and trained for administering medicines when giving medicine to a child should check:

- Name of child.
- Name of medication.
- Dosage.
- Method of administration.
- Time/frequency of administration.
- Any side effects.
- Dates dispensed.
- Expiry date.

Each form must be kept confidential.

In addition to the signature of the member of staff administering the dosage, it is also recommended that another member of staff is present to double check the administration is handled correctly. At the end of each session, the parent should check and sign that the entry to acknowledge that the administration of medicine was appropriate and that s/he has been informed about it.

It is advisable to keep Medical Records of children for least 10 years after administration.



## Additional Forms:

### **Health care Plan**

The nursery needs to know about any particular needs before a child is admitted, or when a child develops a medical need. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This health care plan can be made available should an emergency arise and an ambulance needs to be called. All staff should know how to call the emergency services.

A copy of the Health Care Plan should be kept in the child's personal file and a further copy with a medication record attached should be kept with the medication in the locked medicines cabinet. If the medication requires administering in accordance to the Health Care Plan the medication record should be completed and then transferred to the Medication Record Book and a new, blank copy of a medication record should be attached to the Health Care Plan.

### *Storage of medicines*

- All medication is stored safely in a locked cupboard wall-mounted first aid cabinet in the staff room which only senior staff have access to or refrigerated. If a medicine required refrigeration it will be stored in the fridge upstairs in the synagogue kitchen in a named bag. It will not be stored in the nursery fridge.
- The medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication 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.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- 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 on ongoing medication*

- 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.
- 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 a member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in the green first aid bag stored in the grab bag and clearly labelled with the child's name, name of the medication, Inside the bag is a copy of the Medication Record and Health Care Plan.
- On returning to the setting any completed forms are pasted 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 bag clearly labelled with the child's name, name of the medication. Inside the bag 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**

- Medicines Act (1968)
- Early Years Foundation Stage Statutory Framework (2017)

#### **Further guidance**

- *Managing Medicines in Schools and Early Years Settings* (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

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