



Administering medicines

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 only if needed. 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 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 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 there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children for whom they are the key person who attend the setting. 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, any other staff who are level 3 qualified are responsible for the overseeing of administering medication.

Some medicines need to be administered to enable children with occasional special medication to participate in activities in the nursery at Little Discoverers.

For example these could be an inhaler or nebuliser for asthma, epinephrine (EpiPen) for an allergic reaction or glucagons for insulin.

Parents/carers will need to fill in the prescribed medication forms and instruct the qualified staff members when to administer it. For example "As needed" (with a description of what 'As needed' looks like for the child)

Nebuliser treatments for Asthma.

A qualified member of staff may have to administer a nebuliser treatment in response to a mild to moderate asthma attack in a child with a history of asthma.

- The parents/carers should provide written instructions from their GP for the administration, dosage or frequency.
- The device, nebuliser chamber, tubing and air compressor, should be in a named bag.

Use of Epinephrine for allergic Reaction – EpiPen

Senior staff may need to administer epinephrine in response to an allergic reaction. In a child with known history of serious allergy develops signs and symptoms after an exposure to the causative substance.

Will only be used when:

- An EpiPen prescribed specifically for that child or staff member.
- Written authorisation from their GP with clear instructions on when and how to administer the drug.
- Qualified Staff members must be trained to administer it.

Glucagons treatment for Insulin Shock

Senior Staff may need to administer glucagons in response to a rapid onset of severe insulin shock or hypoglycaemia in a child with insulin-dependent diabetes.

- A prescribed glucagons kit.
- Written authorisation from the GP with specific directions and dosage and method of administration.
- Qualified staff members must be trained to administer it

Antibiotics:

- Any child who has been prescribed any new antibiotics **MUST NOT** attend the nursery until 24 hours have elapsed since the first dose.
- This is so the child can be monitored at home in case of an adverse reaction to the medication, such as diarrhoea or an allergic reaction.
- This does not apply if the child has had the medicine before.
- Medicine request form must be completed fully and signed by parent or carer upon the child's return to Nursery.
- When medicines are administered these are to be given by qualified member of the team and witnessed and counter signed. All medicine will be stored appropriately and out of the reach of children.

Administering Non-Prescription Medication:

Aim:

To ensure that the administration of medication is controlled. To ensure that the requirements of the relevant body Ofsted are complied with.

Methods

Procedure

Only prescribed medication may be administered with the exception of temperature reducing infantile suspension and other agreed necessary medication for the child. Parents will be informed as soon as the child's body temperature reaches 38 degrees. If a parent has given consent to give calpol, the nursery will ONLY administer this if the child's body temperature reaches 38 degrees. Once a parent gives consent once to use calpol, the staff can administer calpol at any time in accordance to the body temperature.

The temperature reducing infantile suspension is only to be given to the child with the parents/carers written consent. Controls are put in place for administration of it:

- The parents/carers will be contacted by phone that their child is unwell and before a dose of medication is given.
- After one dose of medication is given, should a child's state of health still warrant further assistance, parents will be asked to collect their child from the Centre.
- All medication should be checked for expiry date and this should be recorded on the child's medicine sheet.
- The child's temperature and other symptoms are recorded on a child health form.
- Any medication is to be given by qualified staff members and witnessed by another staff member. The time and date of this will be recorded on the medication form.
- Children who have been given the reducing infantile suspension and whose temperature does not respond or rises will be recommended to seek further medical advice.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever 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 must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth
 - the name of medication and strength
 - who prescribed it
 - the dosage and times to be given in the setting
 - the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child
 - name and strength of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly

- parent's signature (at the end of the day)
- If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book is monitored to look at the frequency of medication given in the setting.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box in the kitchen where it is locked.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key person checks that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- Medicines will be stored in the kitchen in a cupboard labelled, Medicines.
- *Children who have long term medical conditions and who may require ongoing medication*
- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. [This is the responsibility of our 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] form 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 advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.

- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently 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 individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person will accompany the children 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, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

This procedure should be read alongside the outings procedure.

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