



LADYBIRDS
NURSERY

Administering Medicines 2021/2022

Promoting Health and Hygiene

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.

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 at least 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written within line with current guidelines in 'Managing Medicines in Schools and Early Years settings. The manager is responsible for ensuring all staff understand and follow these procedures.

The senior staff is responsible for the correct administration of medication to children. This includes ensuring the parent consent forms have been completed, that medicines are store correctly and that records are kept.

Prescribe and Prescription

We take account of the guidance set out in the Statutory Framework. This states that 'medicines must not usually be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist

The word 'prescribe' means the medication is recommended.

The word 'prescription' means written instructions from a doctor or dentist.

Most pharmacists cannot write prescriptions and can only prepare the medicine as instructed by a doctor or dentist. However, they can recommend (prescribe) over the counter medicines such as teething gels when children are teething, or pain killers, when children have a temperature.

Recent changes in the law mean that qualified nurses, independent prescribers, and pharmacist independent prescribers, can prescribe any licensed medicine for any medical condition they have been trained to specialise in.

So, therefore, we can administer medication that is recommended by a pharmacist or nurse without a written prescription, as well as any medication prescribed by a doctor, dentist or an appropriately qualified pharmacist or nurse.

Procedures

- ❖ Children taking prescribed/prescription medication must be well enough to attend nursery
- ❖ Only prescribed/prescription medication is administered. It must be in date and prescribed for the current condition.
- ❖ Pain relief will only be administered if the child has their own labelled medication, parents/carers must sign a consent form daily.



Parents must state on the medication form what type of pain relief they have supplied to nursery. Only the medication that has been signed for will be administered.



Verbal consent is not acceptable. Should your child be taken ill during the day, you will receive a telephone call to collect your child.



Parents must sign and date the medication form before leaving the child in our care, stating the following information



Parents are permitted to fill in the online medication form when requested by staff if they get a telephone call for parental permission for medication during the day. This must be filled in and electronically returned before medication can be administered.

- 1) Full name of the child
- 2) Date of birth of the child
- 3) Which room the child is in
- 4) Name of medication
- 5) What the medication is for
- 6) Required time of administration
- 7) Dosage required
- 8) Time of last administration and by whom
- 9) Signature of parent
- 10) Date

The team leader will store the medication in the appropriate place until it is needed. When it comes to the administration of the medicine, only the appointed people may give the medication, this must be witnessed by a second party

The administration is recorded accurately each time it is given, it will be signed and witnessed by staff. Parents must sign the medication form at the end of the child's day, to acknowledge the administration of the medication, particularly the time of the last dosage.

Dosage

Guidance on the recommended dose of liquid paracetamol given to children has been revised to ensure young children are not given too much of the medication.

The Medicines and Healthcare Products Regulatory Agency (MHRA) has revised former guidelines, which recommend the same dose of liquid paracetamol for children aged one to six years old, and created four age brackets, with a specific dose for each.

The revised instructions, which will now feature on packaging of children's medicines including Calpol and Disprol, recommended that children aged six-to-24-months are given 5ml four times a day, 2 to 4-year olds, 7.5ml four times a day, and for children aged four to six, 10ml four times a day.

The recommendation for children aged three months to one year remains the same, 2.5ml four times a day.

Storage of Medicines

 Any medication needed to be stored in the fridge will be placed in a plastic bag with the child's name on and put in the fridge.

 Calpol and Paracetamol is stored in the office labelled with the child's name.

 All medication is stored in plastic bags with the child's name clearly written on it.

 The key person is responsible for ensuring medicine is handed back at the end of the day to the parent, and having the medication formed signed by the parents.

 For some conditions, such as asthma, medication may be kept in the nursery. The deputy or manager is responsible for this medication. This will be administered in a potentially life-threatening situation. Parents will be asked to give specific information and guidance.

 No child may self administer. Where children are capable of understanding when they need medication, for example 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 needs 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 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 need for staff is part of the risk assessment.



The risk assessment includes 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 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 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.

- ❖ 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 is taken in a sealed plastic box clearly labelled with the child's name, name of medication. Inside the box is a copy of the consent form and a card to record if and when it has been given, with the details as given above.



On returning to nursery the card is stapled to the medication form 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 medication. The emergency medical consent form signed by the parent will also be taken.

Life Saving medication such as Inhalers

All the staff will be aware of any child who requires inhalers on a regular basis. Parents will show staff how to administer the medication and fill in forms to say so. It is our policy for only team leaders and managers to administer medication, administering life saving inhalers is an exception. The team leader may not be available at the time of the emergency, action in these circumstances needs to be taken immediately. Therefore, all the staff in the room will be shown how to use the inhalers efficiently. Should this be the case, the training will be recorded on a training form and kept in the staff individual files. Parents are made aware of this exceptional procedure, and if needed, they will sign a consent form to allow any staff to administer the life saving medication.

The child will have a healthcare plan in their individual file in the office.

Policy Issued January 2016

Date to be Reviewed January 2017

Date Reviewed March 2017

Date to be Reviewed March 2018

Date Reviewed May 2017

Date to be Reviewed May 2018

Date Reviewed May 2018

Date to be Reviewed May 2019

Date Reviewed April 2019

Date to be Reviewed April 2020

Date Reviewed June 2020 (Additional Covid 19 Information)

Date to be Reviewed August 2020

Date Reviewed September 2021 (Covid information amended)

Date to be Reviewed September 2022

Date Reviewed December 2021

Date to be Reviewed December 2022

Date Reviewed March 2022 (Covid Information Removed)

Date to be Reviewed March 2023

Date Reviewed

The policy will be reviewed sooner than the review date should any new information be obtained.