

Plymouth Nursery Schools Federation
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Administration of Medicines Policy

Adopted by the Governing Body:

Signed:

Chair of Governors

Date:

Review schedule: Biennial

Next review: February 2025

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. 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, they must remain 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. We will always request that parents/carers are the first person to administer medicines to their child. This is to ensure that there are no adverse effects.**

Commented [SM1]: Proposed amendment

Staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the child’s key person, another member of staff will be assigned the responsibility for the overseeing the administering of medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We will 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, will not usually be administered unless there is a clear health reason to do so, such as a high temperature. **Calpol will only be given in emergency situations and cannot be given to prolong the period of time before a parent collects their child.** Written permission will be sought for parents using the medicine consent form. Children under the age of 16 years are never given

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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. NB. We may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child, the parent will sign the consent form on arrival.

- 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 will ask the parent to sign a medicine 'consent form' stating the following information.

No medication may be given without these details being provided:

- the full name and date of birth of the child;
 - the name of medication;
 - who has prescribed the medicine;
 - the dosage and times to be given in the setting;
 - the date and time of the last dosage;
 - the method of administration;
 - how the medication should be stored and its expiry date;
 - any possible side effects that may be expected; and
 - the signature of the parent, their printed name and the date.
- The date, time, medical condition and dosage is recorded every time medicine is administered. The form will be signed by the person administering the medication and countersigned by a witness. Parents are shown the record either at the end of the session or at the earliest opportunity and will be asked to sign to acknowledge the administration of the medicine.
 - If the administration of prescribed medication requires specific medical knowledge, we will obtain training by an appropriate health professional.
 - 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 will 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.

Commented [SM2]: Changed typo

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Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required.
- The child's key person is responsible for ensuring that 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 persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Managing medicines on trips and outings

- Key persons are responsible for liaising with parents and checking if any of their key children require medication to be taken and/ or administered whilst on an outing.
- Medication for a child is taken in an appropriate container, clearly labelled with the child's name. A copy of the signed medicine consent form will be kept with the medicine and will be signed and countersigned when the medicine has been administered.
- Where medicine needs to be kept in a refrigerator, the key person or trip leader will ensure in advance that there is provision for this at the location of the visit.
- Parents will be asked to check and sign the completed medicine consent form at the earliest opportunity to acknowledge administration of the medicine.
- Where a child on medication has to be taken to hospital, the child's medication will be taken with them with a copy of the consent form.

Emergency Administration of Calpol

- A bottle of Infant Calpol will be kept at the setting at all times to be used in the event of an emergency. It is the First Aider's responsibility to ensure that this is stored securely (out of sight and reach of children) and in line with the manufacturer's instructions. It is also the First Aider's responsibility to ensure that the Calpol is replaced before the 'expiry date'.
- Parents will be asked to sign a permission slip before their child starts nursery to indicate that they give their permission for a first aider to administer Calpol in an emergency.
- Calpol will only be administered by a First Aider to reduce a rapidly spiking temperature and there are concerns that the child may suffer a convulsion. It is not necessary to administer Calpol for all children who suffer high temperatures and in these cases our normal 'sick child' procedures will apply. Parents will be informed at the earliest opportunity whenever Calpol has been administered and further medical advice and support will be sought.

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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 the most senior member of staff, alongside the child's 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 persons 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 will 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.
- Where appropriate an individual health plan for the child will be 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 will receive a copy of the individual health plan and each contributor, including the parent, will sign it.

Related policies:

Safeguarding

Risk Assessment

Legal framework

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EYFS Statutory Framework 2017

The Human Medicines Regulations (2012)