



Little 1 Nursery

6.1 Administering Medicines

At Little 1 Nursery we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection. If a child requires medicine, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We will obtain information about the child's needs for this and will ensure this information is kept up to date.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below.

We follow the 7 Rights of Medication which are;

- Right Medication
- Right Child
- Right Dose
- Right Time
- Right Route
- Right Reason
- Right documentation

Medication prescribed by a doctor, dentist, nurse or pharmacist

(Medicines containing aspirin will only be given if prescribed by a doctor)

- Prescription medicine will only be given when prescribed by the above and for the person named on the bottle for the dosage stated.
- It is possible for a child's GP to prescribe medicine that can be taken at home in the morning and evening such as antibiotics. 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. When a child needs to be given antibiotics they must stay at home for the first 24 hours to ensure no adverse effects as well as to give time for the medication to take effect, even if the child has had the antibiotics before.
- Medicines must be in their original containers with their instructions printed in English and in date.
- Those with parental responsibility for any child requiring prescription medication should hand over the medication to a qualified member of staff who will then ask the parent to complete the details of the administration on the appropriate form and a senior member of staff will check these details.
- The parent must be asked when the child has had their last dose of the medication and must fully complete all sections on the medication form. Similarly, when the child is picked up, the parent must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times.
- Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:

- a. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed.
 - b. The dosage on the written permission must match the dosage on the bottle and is the only dosage that will be administered. We will not give a different dose unless a new form is completed.
 - c. Parents must notify us **IMMEDIATELY** if the child's circumstances change, e.g. a dose has been given at home, or a change in strength or dose needs to be given
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a signed letter from a doctor or dentist.
 - At the time of administering the medicine, a qualified member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication)
 - If the child refuses to take the appropriate medication, then a note will be made on the form
 - Where medication is 'essential' or may have side effects, discussion with the parent will take place to establish the appropriate response.
 - Inhalers **MUST** be kept on premises named in the medicine cupboard in the office and an ongoing medication form will be completed.
 - Along with NHS guidance we state that a temperature is 38°C and above should your child spike a temperature we will call a parent to gain permission over the phone to administer medicine. This is to prevent febrile convulsion and is limited to one dose.
 - We will recheck the temperature 20-40 minutes later and if still high we will call the parents to collect.

Non-prescription medication (*these will not usually be administered*)

- The nursery will not administer any non-prescription medication containing aspirin
- The nursery will only administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought.
- If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner
- If a child needs liquid paracetamol or similar medication during their time at nursery, such medication will be treated as prescription medication with the *onus being on the parent to provide the medicine/*nursery providing one specific type of medication should parents wish to use this.
- An emergency nursery supply of fever relief (e.g. Calpol) and antihistamines (e.g. Piriton) will be stored on site. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date
- For any non-prescription cream for skin conditions, e.g. eczema relief, prior written or verbal (via phone) permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child's name
- If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form

- As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
- The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine.

Injections, pessaries, suppositories

- As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication. For children with long term medical requirements, an Individual Health Care Plan from the relevant health team will be in place to ensure that appropriate arrangements are in place to meet the child's needs.

Staff medication

All nursery staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or feel unwell and cannot meet children's needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy.

If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability to care for children they must inform their line manager and seek medical advice. *The nursery management will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment/health declaration form.

Where staff may occasionally or regularly need medication, any such medication must be kept in the office. It must not be kept in the first aid box and must be labelled with the name of the member of staff.

Storage

- All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is out of reach of all children.
- When medicine needs to be stored in the fridge it
- Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach. Any antibiotics requiring refrigeration must be kept in the upstairs fridge on the top shelf of the door.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

Medication stored in the setting will be regularly checked with the parents to ensure it continues to be required, along with checking that the details of the medication form remain current.

A risk assessment is carried out for each child with a long term medical condition 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 the risk assessment, they will be shown around the setting to understand the routine and activities and to point out anything which they think may be a risk factor for their child.

For some medical conditions staff will need to have additional training to gain a basic understanding of the condition as well as how medication is to be administered correctly. The training needs for staff is part of the risk assessment. A health care plan for a child is drawn up with the parent: outlining the staff members role and what information must be shared with other staff who care for the child. The plan should include what to do and measures to take in an emergency.