



Medicine Policy

In all circumstances, these are the procedures to follow when administering medication.

Medicines should not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist. Non-prescription medication e.g. pain and fever relief, teething gel, teething granules and medicated creams (including nappy creams) may be administered, but only when there is a health reason to do so at which point written consent from parents has to be obtained before any medication is administered or creams applied.

NB* Medicines containing ASPRIN should only be given if prescribed by a Doctor.

ADMINISTRATION OF CALPOL OR OTHER PARACETAMOL MEDICATIONS

If a child has a fever, parents must not send their child to nurseries or schools. This means, the onus is on the parent to give their child paracetamol if they have a fever, whilst keeping their child at home. (Public Heath Doncaster – 07 October 2021).

Medication prescribed by a doctor, dentist, nurse or pharmacist

- Prescription medicines will only be given to the person named on the bottle for the dosage stated. The label needs to be clear, any labels that cannot be read cannot be accepted
- Medicines must be in their original containers.
- 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 letter from a doctor or dentist. In addition, medication will only be administered or applied for the duration as stipulated on the prescriber's instructions unless again accompanied by a letter from a dentist or doctor.
- Parents must explain all medication requirements to a staff member at the point of arrival.
- A medication consent form must be completed before any medication can be accepted, administered and/or applied. The medication form **MUST** always be completed in its entirety and signed accordingly.
- The medication must have the child's name clearly labeled on it.

- The medicine must be within the expiry date. Any out of date medication will never be administered
- The last dosage administered to the child must be stated by the parent/carer and recorded on the medicine record sheet, this will ensure no risk of overdose.
- The time the medication is to be given, the dosage and the method of administration must be recorded on the medication record sheet.
- The staff member must check all of the above details before they accept medication from the parent.
- The parent/carer must sign the medicine record sheet to confirm the accuracy of the information provided and to give the practitioner consent to administer the medication before leaving the child.
- On administering medication, a qualified named staff member who has up to date first aid training must check all of the above and be witnessed by another fully qualified staff member. Both staff members must then sign the medicine record sheet in addition to completing the time and dosage administered to the child.
- On collection of a child, parents/carers must sign the medicine record sheet to acknowledge that they are aware that the medication has been administered, along with the dosage and time of administration. All medication should then be passed over to the parents and the staff member needs to sign the medication form to acknowledge the parent has left with the medication.
- If there is a reason that the medication has not been administered this should be recorded on the medication form, signed by the member of staff and shared with the parent and or carer at the point of collection. If however the child refuses the medication or spits the medication out, it is expected that the child's key person contact the child's parent to make them aware. Children will not be forced to take medication.
- Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. They should include instructions for administration. Where instruction is via the leaflet often included in the medication package it is advised that the staff member photocopy this information
- Medicine that requires refrigeration for the children in the baby room, will be stored in a lidded container and kept in a designated area in the baby fridge, this will enable ratios to be maintained during administration.
- Medicines for children in all other areas will be stored in a lidded container in a designated area in the main fridge located in the kitchen.

- The medication of children who are allergic to penicillin will be stored in a separate container within the fridge space
- Medication will be administered away from any individual who has any allergies to the medication being administered
- Staff who are allergic to penicillin MUST NOT administer such medication to a child, nor should they be expected to witness the administration
- **Under no circumstances must any form of medication be left in children's bags.**
- All medication must be passed back to the parents at the end of their child's session. In the unlikely event that medication is not passed back to the parents on collection, a member of staff must inform the manager and contact the parent to inform them. Parents should be given the opportunity to come back to the nursery to collect the medication. A correspondence record should be completed with regards to the telephone conversation and parents should be asked to sign this form when they collect the medication. Storage of emergency lifesaving medication will be discussed with the parents on an individual basis and included on the child's long-term health care plan. Emergency medication will be stored in line with the manufacturer's instructions, out of reach of the children but easily accessible to staff
- Where a child has been prescribed antibiotics for the first time, we suggest that this is given at home for the first 24 hours to reduce the risk of the child having an allergic reaction whilst at nursery. **Please note that all antibiotics will be administered in line with the manufacturers instruction, e.g. if an antibiotic is to be administered three times per day, this will be between 6-8 hourly, not 4 hourly which is usually expected from parents**

Non-prescription medication (*these will not be administered unless there is a health reason to do so*)

- **We will not administer Calpol or any other paracetamol/ibuprofen medications every four or six hours whilst at nursery unless this is prescribed by a doctor or other healthcare professional.**
- The nursery will not administer any non-prescription medication containing aspirin.
- The nursery will only administer non-prescription medication for a short initial period (this will be taken from the manufacturer's instructions printed on the bottle/pack), dependent on the medication or the condition of the child. After which time medical attention should be sought. Any bottles where the instructions cannot be read must not be accepted.
- 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 and complete the relevant medication form. The exact name of medication should be recorded on the medication form, this is because similar medication for e.g. calpol and Boots Paracetamol vary in ingredients.
- On registration, parents will be asked if they would like to fill out a medication form to consent to their child being given a specific type of liquid paracetamol in particular circumstances such as an increase in the child's temperature. This form will state the dose to be given, the circumstances in which this can be given e.g. the temperature increase of their child, the specific brand name or type of non-prescription medication and a signed statement to say that this may be administered in an emergency if the parents are too far away or are prevented from coming to nursery to collect their child.
- An emergency nursery supply of fever relief (e.g. Calpol) 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.
- If a child does exhibit the symptoms for which consent has been given to administer non-prescription medication during the day the nursery will make every attempt to contact the child's parents. Parent's will be asked to provide verbal consent and then the appropriate form will be completed when the parent collects. Where parents cannot be contacted then the nursery manager will take the decision as to whether it is safe and appropriate for the child to have this medication based on the time the child has been in the nursery, the circumstances surrounding the need for this medication and the medical history of the child given on their registration form and from updates on the child's medical history provided to nursery by the child's parents. Giving non-prescription medication will be a last resort and the nursery staff will use other methods first to try and alleviate the symptoms, e.g. for an increase in temperature the nursery will remove clothing and use fanning as well as giving the child cool drinks of water. The child will be closely monitored until the parents collect the child. When administering emergency medication, the member of staff will administer the dose as illustrated on the bottle for the age of the child. The administration will be recorded on the 'Emergency Medication Log for Calpol' by the person who has administered the medication and countersigned by a witness. The administration will be shared with the parent/carer at the point of collection and a parental signature will be sought. Where emergency Calpol needs to be administered parents are required to collect their children with immediate effect and children will need to remain at home until they no longer have a temperature and they feel well (as defined from the NHS/HPA). Parents MUST inform nursery if their child has been administered any paracetamol based medication before arriving at nursery.
- For any non-prescription cream for skin conditions e.g. Sudocrem, prior written 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 remains at nursery, 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, along with a parent signature.
- 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. Parents **MUST** sign the medication form at the point of collection, failure to do this will put the child at risk and may in the majority of circumstances result in disciplinary procedures being followed
- **The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine.**

Medication record sheets will be confidentially stored and monitored on a regular basis by a member of the management team. All paper forms will be stored in each room's medicine file. Completed sheets are to be returned to the manager's office to be filed.

Parents/carers of children who need continuous medication e.g. asthma inhaler will need to complete a children's long term health care plan to enable medication to be given as and when needed. The children's long term health care plan is to be reviewed with parents whenever changes occur to medication or on a termly basis. The Room Supervisor and/or manager is responsible for checking the long-term health care plans on a regular basis to ensure that we have the most up to date knowledge of the child and keeping a central record of children on long term health care plans. It is essential that long term health care plans are completed in their entirety paying particular attention to including a date of when the health care plan was completed and by whom, this will support future review dates. Whenever a long-term health care plan is created the nursery management team must be informed and asked to sign the form. **SHORT TERM MEDICATIONS MUST NOT BE INCLUDED ON A LONG TERM HEALTH CARE PLAN.** A copy of the child's health care plan must be stored in the medication file and a copy given to the parent for their records

Adults with parental responsibility are responsible for their child's own medical needs and as such need to ensure that any changes to their child's medication, health or individual needs are fully discussed with their child's key worker on a regular basis. Nursery staff are only able to carry out this procedure correctly by working in accordance with parent's requests and therefore it is imperative that information given to staff is correct and up to date. Parents information will not go above medical instruction. Where parents identify a change in the medication, for e.g. prolonged use and this does not match the prescribers instruction additional information from the medical professional should be requested.

For children who have more complex long term medical needs, we will complete a long-term health care plan with parents, in addition to working with outside agencies to provide the correct care for the child. These long term health care plans will be reviewed every term or when the need arises due to changes in medication, whichever is sooner. In cases where occasional, regular or emergency medication is required such as EpiPen's, Hypodermic injections or tube administered medication, we must have a letter from parents or carers providing specific consent for us to administer the medication and a letter from the child's GP or consultant stating:

What condition the drug or medicine is for with its name
How and when the drug or medicine is to be given
The length of time for the administration/application
What training of staff is required, if any
Any other relevant information.

If the administration of prescription medicine requires technical or medical knowledge, individual training will be sourced for staff and given by a qualified health professional. During the registration process, if a parent discloses that their child has complex medical needs requiring specific medication administration, training will be sought. The child will not be admitted into the setting until relevant training has been accessed. If a child is diagnosed with a complex medical condition and they already attend the setting, contingency plans will be introduced to ensure the needs of the child are met prior to staff attending training.

To ensure children's continued safety and to be confident that children have been administered medication based on the information recorded on the medication form/long term health care plan, children will not be able to self-administer.

As the administration of injections, pessaries and suppositories represents intrusive nursing, they should not be administered by any member of staff unless appropriate medical training is given to key members of staff caring for this child such as the child's key person plus a member of the nursery management team. This training would be 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.

If a child requires medication when on an outing away from the setting, we will always follow the procedure as above. If the parent accompanies their child on the outing we will ask them to take parental responsibility for the administering of the medication.

In addition, we will provide a cool pack with ice packs to keep any medication at the required temperatures.

Emergency procedures

In the event of an ambulance being called due to a child being ill or because of an accident and the child is in current receipt of medication, the practitioner

accompanying the child to hospital will take a copy of any medication form along with the medication.

NB* For the purpose of this procedure a qualified member of staff will hold a relevant child care qualification to level 3 or above and have a relevant pediatric first aid certificate

Defibrillator

In the unlikely event that first aid procedures need to be followed to preserve life (i.e CPR) the nursery has its own defibrillator which is in the staff room. If CPR is taking place it is imperative that another member of staff retrieves the defibrillator in the first instance, this means it is on hand immediately if needed.

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 too unwell to 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 they must inform the nursery manager and seek medical advice. The nursery manager 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.

Where staff may occasionally or regularly need medication, any such medication must be kept in the person's locker in the staff room. Where staff may need easy access to emergency medication such as an asthma inhaler or Epi-Pen, these will be stored in the emergency box, located in the staff room. In all cases it must be stored out of reach of the children. All staff medication should be clearly labelled.

Staff required to take regular medication will be expected to complete a long term health care plan. The plan will include the name of the medication, the condition the medication is being taken for, the dosage, what constitutes a medical emergency, along with the name and contact details of their consultant. The long term health care plan will be shared with the people who need to know and stored in the staff members personnel file, whilst maintaining confidentiality. Where applicable, a risk assessment will be completed to ensure we eliminate any type of risk to the staff member and/or children they care for.

Confidentiality

The staff at the nursery will always treat medical information confidentially. The key person will agree with parents/carers who else should have access to records and other information about the child. Children and/or staff medical history will always be shared with emergency services to support an individual's transition to hospital.

In all other circumstances medical information will be shared on a need-to-know basis. (For further information, please refer to confidentiality policy).

In the event of a medical emergency please refer to accident procedure and care of a sick child policy.

Please refer to the staff medication policy

This policy was adopted on	September 2017
Signed on behalf of the nursery	
Signed by Nursery Owner	
Date for review	September 2026