



Administering Medicines

The Montessori approach ensures that all children are cared for whilst at nursery. 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 agree to administer medication as part of maintaining their health and well being or when they are recovering from an illness.

*In most cases, GP prescribed medicine should be administered at home. Administering medicines will only be done at nursery where it would be detrimental to the child's health if not given in the setting. If the child has not had a medicine before (especially if under 2 years old), children should remain at home for 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

The following procedures are written in line with current guidance.

EYFS: Themes & Commitments

- Children learn best when they are healthy, safe & secure, when their individual needs are met.....(EYFS 3.1)
- Providers must take all necessary steps to keep children safe & well...promote good health...maintain records..(EYFS 3.2)
- Providers must have and implement a policy, & procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, & for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor) EYFS 3.4
- Medicine (both prescription & non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parents & / or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents & / or carers on the same day, or as soon as reasonably practicable. (EYFS 3.44)
- **A unique child:** identify any need for additional support; keep children safe

Effective Practices

Staff

Hannah Roberts is the nominated person for Health & Safety (training) and is responsible for the general implementation of this policy.

- The duty manager will agree with the parent whether the child is well enough to attend the setting and whether the medication should be administered at home.
- **Only prescribed medication is administered.** It must be in date and prescribed for the current condition. *NB Children's paracetamol (un-prescribed) is administered only for children under 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 carer is on their way to collect a child.*
- **In extreme circumstances,** un-prescribed 'over the counter' medication such as Calpol may be administered to a child. This action can only be implemented in rare circumstances where there is written permission from parents/carers prior to the child arriving at nursery. For example, if the child is known to have suffered from febrile convulsion due to a high temperature, staff may be permitted to administer Calpol in order to prevent a child's temperature from rising further. Parents must provide the nursery with the required medication, which should be stored in a named sealed bag. Parents must complete a Health Declaration Form, which is to be reviewed every three months. Once the medication has been administered by a member of nursery staff, the child's parents/carers will be contacted and asked to collect the child immediately. At the beginning of the child's session the parent/carers will be asked when the last dosage of Calpol was given and record this in the nursery diary and on a medication form. This is to ensure the child is not given a second dosage within the 4 hour period. Parents are advised to seek additional advice from a medically qualified person, who is in a position to confirm that the 'over the counter' medication is suitable for the child with their condition. This person should be named on the authorising letter.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to children.
- Parents give prior written consent for the administration of medication, The staff member receiving the medication must ask the parent to sign the consent form, which should be fully completed in ink with the following information:
 - **Full name of child and date of birth**
 - **Name of medication and strength**
 - **Who prescribed it**
 - **Dosage to be given in the setting**
 - **Time of dosage to be given in the setting** (N.B. if possible this dose should be given at home – see * above)
 - **How the medicine should be stored and the expiry date**
 - **Any possible side effects that may be expected should be noted**
 - **Signature and printed name of parent and date**

- The administration is recorded accurately in ink each time it is given and is signed by the staff member who has administered it.
- The room leader will ensure that this is counter-signed by the parent to acknowledge the administration of the medicine. This includes the following information:
 - **Name of child**
 - **Name of medication and strength**
 - **Date and time of dosage**
 - **Dosage given**
 - **Signed by the key person or acting manager**
 - **Verified by parent signature at the end of the day**
- Medicines are stored in a locked cupboard or refrigerated as is necessary.
- The child's key person is responsible for making sure that the medication is handed back to the parent at the end of the day.
- For some conditions, medication may be kept at the nursery. The key person must ensure that any medication held to administer on an as and when required basis or on a regular basis is in date. Any out-of-date medication must be returned to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided 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 medication record.
- No child may self administer. Where children are capable of understanding when they need medication, such as for 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.
- Any medication administered at nursery to any child will be noted on Keep Track notes and medication form stored in the child's registration wallet.

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 may require ongoing medication. This is the responsibility of the manager with the parent and key person. Other medical or social care professionals may need to be involved in the risk assessment.
- 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. This should be part of the risk assessment.

- The risk assessment includes all activities that may give cause for concern regarding a child's health needs. This includes vigorous activities, taking medication on outings etc.
- A health care plan for the child should be drawn up with the parent outlining the key person's role and what information should be shared with other staff who care for the child.
- The health care plan should include measures to be taken in an emergency.
- The health care plan is reviewed every 3 months or more if necessary. This includes reviewing the medication (e.g. changes to medication, changes to dosage, any side effects noted, any 'episodes', etc.)
- The health care plan should be signed by each contributor (including the parent).

Managing medicines on trips and outings

- If children are going on an outing, 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 for the child is taken in a sealed plastic box/bag clearly labelled with the child's name. Inside the box is a copy of the consent form and a pen to record the details of the administered dose (see above).
- On returning to the setting, the forms are returned to the file and the parent signs it at the end of the day (see above).
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box labelled with the child's name and details of the medication. Inside is a copy of the consent form signed by the parent.
- Children should not eat when travelling.

Parents

- Parents are required to follow the above requirements in order for the nursery to properly care for their child.
- Parents must provide the nursery with their child's required medication, which should be stored in a named sealed bag. Parents must complete a Health Declaration Form, which is to be reviewed every three months.
- Parents are advised to seek additional advice from a medically qualified person, who is in a position to confirm that the 'over the counter' medication is suitable for the child with their condition. This person should be named on the authorising letter.

- Parents are required to keep the nursery fully informed of any changes to their child's health and well being. Parents should ensure that they can be contacted at all times whilst their child is at nursery. This information must be shared with the key person or duty manager.

Children

- Children are encouraged to express their needs (including if they are feeling unwell) with any member of staff at any time.

Legal framework

- Medicines Act (1968)

Further Guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
<http://publications.teachernet.gov/eOrderingDownload/1448-2005PDF-EN-02.pdf>