

Administering Medication

At Incey Winceys Day Nursery and Preschool 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 nursery, we will agree to administer medication as part of maintaining children's health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning or the 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 specific medication before, especially a baby/child under two years of age, it is advised that the parent keeps the child at home for the first 24 hours to ensure no adverse effect, as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings' and the manager is responsible for ensuring that all staff understand and follow these procedures.

The room leader, deputy or third in charge of the room is responsible for the correct administration of medication to children within the room. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly, and that records are kept according to procedures. In the absence of the room leaders, the Manager is responsible for the overseeing of administering medication.

Procedures

Children taking prescribed medication must be well enough to attend the setting. The medication must be in date and prescribed for the current condition.

Children's paracetamol (non-prescribed) is administered when written parental consent is given on the day needed, and in the case of a very high temperature (39°C or above), an emergency consent form is signed when joining the nursery. In the event of a child needing this, the parent will be contacted to give verbal consent, and a medication form will be signed upon collection of the child. If the parent is uncontactable and the temperature is above 39°C staff will administer an emergency dose as per the contractual consent. This is

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to prevent febrile convulsion caused by a high temperature. For this reason, parents must **always** tell staff if their child has had any medication within 4 hours of coming to nursery to prevent accidental overdose.

Staff will continue to monitor the child's condition after having Calpol and if it has not improved 20 minutes after administration and the temperature remains high, staff will contact the parent and ask for the child to be collected.

In instances of extremely high temperatures e.g. over 40°C, or if a child has a rash, is lethargic, floppy, or otherwise, clearly unwell staff may use their judgment and request for the child to be collected immediately. In the instance of parents being unavailable to collect immediately, the staff will contact the emergency contact and request collection.

Children's medicines are stored in their original containers, they are clearly labelled and are inaccessible to the children.

Parents give written prior permission for the administration of medication. The staff provided the medication in the morning must ask the parent to sign a consent form stating the following information, and no medication may be given without these details being provided:

- Full name of child and date of birth
- Name of medication and strength
- Dosage to be given at nursery and at what time
- The time that the medication was last administered
- The form should be signed and dated by the parent or carer

The administration of medication is recorded accurately each time it is given and is signed by the staff member who administered it and countersigned by the manager or deputy manager. Parents must also sign the medication form on the day administered to acknowledge that we have administered the medication. Any necessary medication will be taken on outings, with the necessary documentation for administration.

Storage of Medicines

All medication is stored safely in a cupboard or refrigerator. The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent or carer. For some conditions, such as asthma, medication

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may be kept in the setting and a long-term medication form will need to be completed by the parent/carer.

Children's paracetamol e.g. Calpol must be kept within the setting. The room leader and key person check that any medication held to administer when needed is in date and should return any out-of-date medication back to the parent.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members of staff by a health professional. Staff are trained in the administration of Epi-Pens as part of the paediatric first aid course.

No child may self-administer medication. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person or another member of staff what they need. This does not replace staff vigilance in knowing and responding to when a child requires medication.

Long Term Medication

With regards to children who have long-term medical conditions and who may require ongoing medication, a health care plan must be in place before they start. This includes any allergies that may require the use of an Epi-Pen, or Asthma that requires the use of a pump as well as more complex health needs requiring medication to be administered. A health care plan for the child is drawn up by a health professional in Redbridge. The health care plan should include the measures to be taken in an emergency. It is reviewed at least annually, and the review should include any changes to the dosage of the medication or any noted side effects. Parents must receive a copy of the health care plan and should sign to acknowledge receipt of the plan.

In addition, other medical or social care personnel and parents may need to be involved in a nursery risk assessment. This involves being shown around the nursery, assessing the routines and activities, and noting anything which may be a risk factor for their child. For some medical conditions, the key person 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 may form part of the risk assessment.

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Consent for staff to administer the medication for the long-term condition is gained once and following this, each time the medication is administered the parent signs to acknowledge they have been informed. Parents understand it is their responsibility to update the details of the medication consent if/when the dosage, frequency, or medication changes.