



Medicines Policy

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.

In many cases, it is possible for children's GP's 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, it is advised that the parent administers the medicine at home and monitors the child to ensure there are no adverse effects 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'; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly (top 2 shelves in kitchen cupboard/fridge) and that records are kept according to procedures. In the absence of the key person, the room leader is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

EYFS key themes and commitments :

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and Wellbeing	2.2 Parents as Partners 2.4 Key Person	3.2 Supporting Every Child	

Procedures:

Children taking prescribed medication must be well enough to attend the setting. Only prescribed medication is administered. It must be in-date and prescribed for the current condition by a doctor, dentist, nurse or pharmacist (such in the case of medicines such as Calpol). Medicines containing aspirin should only be given if prescribed by a doctor).

Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a

health reason to do so, such as a high temperature. The administering of un-prescribed medication is recorded in the same way as any other medication.

As a setting we have taken the decision to not administer any homeopathic medicines in tablet form, as the packaging often has no instruction or often it is unclear who has prescribed the medicine.

Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information.

No medication may be given without these details being provided:

- full name of child.
- full name of medication.
- expiry date.
- dosage to be given in the setting.
- how the medication should be given.
- the dosage number of the day (i.e. has the child already had a dose before coming to Nursery?).
- signature of parent and date.

A separate consent form must be completed for each medicine.

All staff are aware that if they are given medicine by a parent that they must complete the medication record before the parent leaves the premises. The member of staff (normally the key person) will also advise the Nursery Manager that the medicine is on the premises. Upon the parents return they will be shown the medication record that shows when and how often the medicine was given. The parent will be asked to sign the consent form to indicate their awareness that the medicine has been administered at Nursery.

The administration is recorded accurately each time it is given and is signed by the member of staff that administered the medicine. The child's name is written on our info board in the main play room, so that at pick up time the room leader is prompted to ask the parents to sign the record book to acknowledge the administration of a medicine.

Storage of medicines:

- All medication is stored safely (up high in a cupboard, in the kitchen, or the fridge where children do not access without a member of staff) but is easily accessible by staff.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on a regular basis (such as a ventolin inhaler), is in date and returns 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 member of staff by a 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.

Children who have long term medical conditions and who may require on ongoing medication

- A risk assessment is carried out for each child with long term medical conditions 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 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 staff 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 is 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 the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency. The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. The HCP is kept in the main play room with the register.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings:

- If children are going on outings; 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 a child is taken in the going out bag, with the medication form, this is the responsibility of the Team Leader.
- If a child on medication has to be taken to hospital via ambulance, the child's medication and a copy of the medication consent form are taken. Although a member of staff will accompany the child (if the parent cannot be contacted or can't reach Nursery in time), the nursery will pass responsibility for the medical care of the child to the trained paramedics.
- This procedure is read alongside the outings procedure.

Legal framework:

- Medicines Act (1968)

Further guidance:

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

Other useful Pre-school Learning Alliance publications:

- Medication Record (2006)
- Register and Outings Record (2006)

This Policy was reviewed by:	Ellie Hanna
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