Ladygrove Primary School and Nursery

Administering Medicines

Due for review September 2021

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

Health

Administering medicines (3.44-3.46 Statutory Framework for EYFS)

Policy statement

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 keeps the child at home for the first 48 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: *Supporting pupils at schools with medical conditions*; the manager is responsible for ensuring all staff understand and follow these procedures.

Staff

Nursery staff are not required to administer medicines or drugs to a pupil or to supervise pupils taking medication. We have members of staff that have undertaken Safer Handling of Medication training who will administer or support children in taking their medication.

The Nursery Practitioners are responsible for 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 key person, the nursery teacher is responsible for the overall.

Informing Parents

The Nursery team or administration team outlines our procedures for the administration of medicines in nursery when welcoming parents whose children are about to enter the Nursery.

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Forms

On entry into Nursery, parents are required to complete forms to notify the Nursery if the child has any allergies or medical conditions. Parents will be required to complete additional forms if appropriate to their child.

Inhalers

If a child is asthmatic and needs an inhaler in Nursery, a Nursery Asthma Record and Emergency Salbutamol Inhaler consent form must be completed. Parents / Carers must ensure that school are provided with two prescribed inhalers from the pharmacy with your child's dosage details.

Epipens

If a child has a severe allergy and requires an Epipen in Nursery then it is the parents responsibility to inform the Nursery on the registration form and provide two Epipen's and to ensure that the Epipen is in date.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- In the event of an emergency parents/carers are required to collect their child as soon as possible.
- Medication provided by carers/parents must be prescribed by a doctor in order for it to be administered (other medically qualified person) at the setting. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- All medicines must be in the original bottle/packaging in which prescribed and clearly labelled with the pupil's name, contents, dosage and date. These medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- No pupil should be forced to take medication. The Nursery will inform the parent /carer if there is any refusal.
- 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 and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.

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The person in charge/nursery administrator receives the child's medication and asks the parent to complete a consent form.

It will be identified at all times who the person in charge of the setting is to receive medication from parents.

- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person/manager; and is
  - verified by parent signature at the end of the day.
- We use the Pre-school Learning Alliance's publication *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.
- Upon discovery of medicines being given to the wrong child, or when the incorrect dosage has been given immediately contact first aider, then Nursery teacher and parents/carer, **never leave the child unattended**. In the event of the child receiving the incorrect medication, going into unconsciousness or display severe signs or symptoms of a reaction to that medication an ambulance must be summoned immediately. The incident must be reported to the Health & Safety unit and a full investigation made.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- 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 an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Antibiotics (including antibiotic eye drops) must be stored in the staff room fridge (which is located in the front office). Prescribed medicine must be stored in the locked first aid box.

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- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- The nursery should only need to administer medicine once during the school day at Lunchtime.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- 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.
- Asthma inhalers are kept in an individual emergency box clearly labelled for easy access in the event of asthma attack in the nursery. Emergency inhalers are kept on site with accompanying consent forms to use in the case of an emergency.
- Epipens are to be supplied and kept in the medicine cupboard in the nursery.

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 nursery teacher 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.
- 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.

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- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.

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Date of Policy Creation	**September 2020 – reviewed every year annually**	**Named Responsibility**	R. Morgan
Date of review completion	**September 2021**	**Named Responsibility**	Pupils, Staff, Parents Governors
Inception of new Policy	**September 2020**	**Named Responsibility**	Joanne Weichlbauer
Date of Policy Adoption by Governing Body		**September 2020**	