

EYM Medication

Issue date: 01/10/2023



Copyright © 2021 Fernbees (Olea Care Group)

The copyright in this work is vested in Fernbees (Olea Care Group) and the information contained herein is confidential. This work (either in whole or in part) must not be modified, disclosed or disseminated to others or used for purposes other than for which it is supplied without the prior written consent of Fernbees (Olea Care Group). If this work or any part hereof is furnished to a party under a contract between that party and Fernbees (Olea Care Group) use of this work by that party shall be governed by the express contractual terms between Fernbees (Olea Care Group) and that party.

Document Control

Scope

At Fernbees we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see sickness and illness policy). If a child requires medication we will obtain information about the child's needs for this, and will ensure this information is kept up to date.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below.

Ownership

<i>Owner:</i>	<i>Signed:</i>		<i>Date:</i>
Gary W Claffey (Technical Director)	<i>G Claffey</i>		01/10/2023
<i>Reviewed and Approved By:</i>	<i>Signed:</i>		<i>Date:</i>
L Claffey	<i>L Claffey</i>		01/10/2023
<i>Date of issue:</i>	<i>01/10/2023</i>	<i>Date of next review:</i>	<i>01/10/2024</i>



Medication Policy

1. Medication prescribed by a doctor, dentist, nurse, or pharmacist

- a. Proof of prescription must be obtained before the medication will be administered by nursery staff. Prescription medications will not be administered unless they have been prescribed by a doctor, dentist, nurse, or pharmacist and we have seen proof of prescription.
- b. Any medication containing aspirin will not be administered unless prescribed by a doctor and we have seen proof of prescription.
- c. Prescription medicine will only be given when prescribed by the above, to the person named on the bottle/packaging for the dosage stated.
- d. Medicines must be in their original containers, labelled with the child's name and the pharmacist's label and with their instructions printed in English
- e. Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- f. Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the appropriate form and another member of staff will check these details
- g. Members of staff who receive the medication must ask the parent to sign a consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it
 - dosage to be given
 - how the medication should be stored and expiry date
 - a note of any possible side effects that may be expected
 - confirmation of permission to administer
 - signature and printed name of parent and date
 - the child's allergy status
- h. The staff member must check the medication is in date and prescribed specifically for the current condition
- i. Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication.
- j. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed
- k. The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed
- l. Parents must notify us IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.
- m. 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
- n. The parent must be asked when the child has last been given the medication before coming to nursery; and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times
- o. At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication)
- p. If the child refuses to take the appropriate medication, then a note will be made



- q. Where medication is “essential” or may have side effects, discussion with the parent will take place to establish the appropriate response.
- r. As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is 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

2. Non-prescription medication

- a. The nursery will not administer any non-prescription medication containing aspirin
- b. The nursery will only administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought
- c. 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
- d. 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
- e. 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 or anti-histamine in particular circumstances such as an increase in the child’s temperature or a wasp/bee sting. 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 nursery CANNOT contact the parent
- f. An emergency nursery supply of fever relief (e.g. Calpol) and anti-histamines (e.g. Piriton) 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
- g. If a child does exhibit the symptoms for which consent has been given to give non-prescription medication during the day, the nursery will make every attempt to contact the child’s parents. Where parents cannot be contacted then the nursery manager will take the decision as to whether the child is safe 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 on their registration form.
- h. Giving non-prescription medication will be a last resort and the nursery staff will use other methods first to try and alleviate the symptoms (where appropriate). The child will be closely monitored until the parents collect the child
- i. 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
- j. 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 is staying, 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
- k. 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
- l. The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine.

3. Sickness and Illness

- m. If a child exhibits symptoms of an illness, it is at the discretion of the manager to determine whether the child is fit to be in the nursery setting. This decision will be made taking into account any information given by the parents and any agreements made between the nursery and parents in regards to specific circumstances.
- n. Any agreements must be in writing using FORMEYM03_SicknessSymptomsAgreement



- o. If it is determined that a child is unfit to be within the nursery setting for their own safety or the safety of other children, staff must contact their parent(s) and ask them to pick up their child as soon as possible. During this time the child's key person should care for the child in a quiet, calm area, wherever possible
- p. We follow the guidance published by Public Health England (Health Protection in Schools and other childcare facilities) and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery
- q. Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours
- r. Staff must inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. Equipment and resources that may have come into contact with a contagious child must be thoroughly cleaned and sanitised to reduce the spread of infection
- s. The manager must notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises.
- t. We ask parents to keep children on antibiotics at home for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell). This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics
- u. If you have administered Calpol to your child, they should not attend nursery for 24 hours from the time the medicine was ingested. This is because Calpol can mask the effects of illness which could then be passed on to other children.
- v. We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- w. We make information/posters about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

Meningitis

- x. If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we may be contacted directly by the IC Nurse and the appropriate support given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

Transporting children to hospital

- y. The manager or staff member must inform a member of the management team immediately
- z. The manager or staff member must call 999 for an ambulance immediately if the illness is severe. DO NOT attempt to transport the unwell child in your own vehicle
- aa. The staff member must follow the instructions from the 999 call handler
- bb. Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital
- cc. The manager should redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- dd. The most appropriate member of staff should accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- ee. Staff should remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

4. On-going medication

- a. A risk assessment must be carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.



- b. Parents must contribute to risk assessment. They must be shown around the setting, understand routines and activities and discuss any risk factor for their child.
- c. For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs must be included as part of the risk assessment.

5. Managing medicines on outings

- d. Where a child requiring medication is present on an outing, at least one member of staff be fully informed about their needs and medication.
- e. Medication should be taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- f. The card should then be stapled to the medicine record book and the parent must sign it.
- g. If a child on medication has to be taken to hospital, the child's medication must be taken in a sealed plastic box clearly labelled as above.

6. Storage of medication

- a. All medication for children must have the child's name clearly written on the original container and kept in a locked cupboard, which is out of reach of all children. Emergency medication, such as inhalers and auto-injectors, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach. Any antibiotics requiring refrigeration must be kept in a fridge inaccessible to children.
- b. All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.
- c. The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- d. For some conditions, medication for an individual child may be kept at the setting.
- e. Parents must not access where medication is stored to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

7. Recording

- a. A record of medicines administered is kept in the manager's office.
- b. The medicine record book records:
 - name of child
 - name and strength of medication
 - the date and time of dose
 - dose given and method
 - signed by key person/setting manager
 - verified by parent signature at the end of the day
 - A witness must sign the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.
- c. No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- d. The medication records are monitored to look at the frequency of medication being given and identify trends.