



Chatham Nursery School Birth to Five Administering Medicine Policy

Administering Medicine Policy

1 Introduction

“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.” (EYFS March 2012)

“Medicine both prescription and non-prescription must be only administered to a child where written permission for that particular medicine has been obtained from a child’s parent/carer”. (EYFS March 2012)

Children taking prescribed medication must be well enough to attend the school/setting.

2 Aims and objectives

This policy aims to outline the regulations, procedures and responsibilities for administering medicines.

It seeks to outline procedures to be undertaken to minimise the impact of any child’s medical condition on their life in the school/setting and to ensure that parents, carers and early years staff at the setting understand the steps which need to be followed when a child has medical needs.

The objective of this policy is to ensure a responsible, consistent and reliable approach to administering medication is adopted that complies with all of the statutory requirements relating to this.

3 Administering medicine

We promote the good health of children attending the school/setting and this includes administering medicine. We have a procedure, discussed with parents/carers, for responding to children who are ill or infectious, taking necessary steps to prevent the spread of infection and appropriate action if children are ill.

- 3.1 We provide training for staff where the administration of medicine requires medical or technical knowledge.
- 3.2 The prime responsibility for a child’s health lies with the parent/carer who is responsible for the child’s medication and supplying the school/setting with any relevant information.
- 3.3 To support children’s health through administering medication we will:
 - work in partnership with parents/carers to minimise the impact of any child’s medical condition on their life in the school/setting;



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- provide members of staff (working with the child) with information about the medical condition, the need for medication and how best to help them;
- arrange training for staff who volunteer to support individual children with special medical needs;
- liaise as necessary with medical services to support the child in the setting and ensure that all children with special medical needs have, wherever possible, access to the full life of the setting.
- maintain appropriate records.

- 3.4** As a setting we will deal with each request to administer medication or offer other support to a child with special medical needs, separately. Where the school/setting has agreed to administer a child's medication it is required that:
- the prescription and dosage is clearly typed or printed on the outside of the container with child's name; Altered medication labels will not be accepted.
 - there is written permission (prior to administration) for that particular medicine from the child's parent/carer;
 - a written record is kept each time a medicine is administered to a child it is signed by the administrator and witness. The child's parents/carers will sign on collection of child.

4 Medication and care plans

If it is viable and appropriate for the medication to be administered at the setting then the setting will work with the parent/carer to set up an Individual Health Care Plan (IHCP) for the child. It is essential that parents/carers inform us of any medication they may have given their child before they arrive into our care. We need to know what medicine the child has had, the dose and time given.

- 4.1** The IHCP is a confidential document and outlines the procedures staff follow in the event of an emergency.
- 4.2** The setting accepts that all staff have rights in relation to supporting children with medical needs such as:
- receiving appropriate training;
 - working to clear guidelines;
 - having concerns about legal liability;
 - bringing any concerns they have about supporting children with medical needs to the attention of the head teacher/manager.
- 4.3** Medication will be kept in a secure place that is only accessed by designated setting staff and each time medication is administered the child's medication record is completed and countersigned by a second designated person.



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- Lockable medicine box kept I fridge in Baby room kitchen.
- Lockable medicine cupboard in both 0-2 room ,2 – 3 rooms & 3-4 rooms

Any left-over medication will be returned to the parent/carer in person, as agreed at the outset of the child's treatment.

All medication records will be retained for future reference.

4.4 The procedure for administering medication at the setting is as follows:

- medication will never be given without the prior written request of the parent/carer, including frequency, dosage, any potential side effects and any other pertinent/relevant information;
Confidential entry will be made in rooms daily log book and Administration of Prescribed Medicine form (Appendix 1) will be completed.
- Staff at handover will be responsible for ensuring:
 - (i) prior consent is arranged;
 - (ii) all necessary details are recorded;
 - (iii) medication is properly labelled and safely stored during the session;
 - (iv) another member of staff acts as a witness to ensure that the correct dosage is given;
 - (v) parents/carers sign the permission to administer medication form to acknowledge that the medication has been given.

4.5 Some children need non-prescription medicine on a regular basis, for example if they are teething. We are willing to consider giving a child non-prescribed medication, such as Calpol , teething gel nappy creams etc., but only if we have a signed parental permission form for us to do so and if the child really needs it. Nursery will purchase sachets of Calpol and parents will sign permission slip to administer to their child if required. If a child has been given Calpol prior to nursery date time and dosage will be recorded by staff on appropriate form and signed by parent/carer

4.6 Medication permission forms will be regularly reviewed to ensure that there are no changes, for example a child may no longer need or be able to take some medication or may need an additional form. Even though a parent/carer may have signed a form, we will still contact them by telephone to check that we can administer the medication. This is to protect the child, parents/carers and the setting/school.

4.7 If medication is not administered Non-Administration of medicine form (Appendix 4) will be completed and given to parent/carers.



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5 Responsibility

- 5.1 Parents/carers will be responsible for providing us with the medicine and it must be in its original packaging/bottle/tube.
- 5.2 We will NOT take responsibility for administering non-prescribed medication if a child has not taken it previously in case of an allergic reaction.
- 5.3 If a child needs to take medication prescribed by a doctor, parents/carers have the responsibility to discuss this with their child's key person.
- 5.4 In some cases, for example where a child is on antibiotics, parents/carers may be asked not to allow them to attend for 2-3 days in case they react adversely to the medication and to prevent the spread of an infection to others. This particularly applies if the child has not had the antibiotics before.
- 5.5 Parents/carers must sign the medication form to acknowledge the administration of a medicine (Appendix 1). The medication record form records:

6 Staff training

- 6.1 Some staff are all trained to administer basic medicines, and this is enhanced whenever a new type of medication is introduced. Current list of trained staff to administer medication.
 - Julie Howard Training 06/05/21
 - Les Nicholson Training 06/05/21
 - Rebecca Higgins Training 06/05/21
- 6.2 Supervision is used to support staff in administering medication to children.
- 6.3 Administering medication policy is part of induction training for all staff.



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Asthma and allergy training

- Melissa Mills Training 26/10/18
- Chris Brennan Training 26/10/18

7 Storage of medicines

- 7.1** All medication is stored depending on prescriber's instructions; however it will be stored safely, either in a locked cupboard out of children's reach or refrigerated.
- 7.2** Parents/carers of children with inhalers or other emergency lifesaving equipment for example, EpiPens, are asked to place them in a medication box or bag with instructions attached. The bag/box is kept out of children's reach during sessions but readily available in case of an emergency.
- 7.5** If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- 7.6** Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person or a member of staff about what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.



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8 Medication on trips/outings

- 8.1** If children are going on outings, staff accompanying the children will include the key person for the child with a completed risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- 8.2** Medication for a child is taken in a sealed plastic box/bag clearly labelled with the child's name and photo for easy identification, and the name of the medication. Inside the box/bag is a copy of the signed consent form and a pro-forma to record when it has been given, with the details as given above (see 5.7).
- 8.3** This box/bag will also be taken with the child to hospital if emergency treatment is required.
- 8.4** On returning to setting the pro-forma is stapled to the medication record form for the parent/carer to sign.

9 Monitoring and review

- 9.1** This policy was agreed and implemented on 7th July 2021 and is due for review July 2022
- 9.2** There will be ongoing monitoring of this policy as some aspects may require amending/updating before the review date should there be any incidents which take place relating to it that give cause for concern.