



Health Procedures – Medicines

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, and that records are kept according to procedures.

If a child has not been given a prescribed medication before, especially a baby/child under two, it is advised that parents keep the child at home for the first 48 hours to ensure there is no adverse effect, as well as to give time for the medication to take effect.

Consent for administering medication

- Medicines should not be administered unless they have been prescribed for that child by a doctor, Dentist, pharmacist /Health visitor.
- Where medication is not prescribed such as eyes drops: A discussion will be had with the manager to authorise administration.
- When bringing in medicine to be given to a child, the parent informs the child's key person or most appropriate staff member or room senior if the key person is not available. The manager should be also be informed.
- Only a parent or person with parental responsibility (PR) for a child, or a foster carer may give consent for a child to be given medication. A childminder, grandparent, parent's partner who does not have PR, or other carer MAY NOT give consent. Where a parent may not be available to give written consent, as another carer may bring their child to nursery that day, verbal consent from the parent or person with PR may be called. And forms to be signed on collection by the parent or person with PR.
- Members of staff who receive the prescribed medication check it is in date and prescribed specifically for the current condition. It must be in the original container (i.e. not decanted into a separate bottle for the setting.)

Members of staff who receive the medication ask the parent to sign a consent form stating the following information:

- Full name of child and date of birth
- Name of medication
- Dosage to be given
- How the medication should be stored and expiry date
- Signature, printed name of parent and date

No medication may be given without these details being provided

Once these details are obtained, the parent/Carer may leave their child within our care. The keyperson/back up Key person is now responsible for ensuring that all staff are aware of this information, by writing it on the message board/register after verbally communicating with their supervisor.

Emergency Calpol administration

If the parent/carer is delayed in collecting their sick child and their temperature rises to 39 degrees Celsius or above (despite following NHS guidelines for reducing body temperature) verbal consent will be sought to administer calpol as an interim measure. A calpol recording form will be completed and signed by the person collecting the child. The child will still be sent home even if their temperature reduces.

Storage of medicines

Medicines are stored safely in our first aid locked cupboard or refrigerated medications are stored clearly labelled in the milk kitchen fridge for babies or in a marked box in the main kitchen fridge.

Record of administering and handling medicines

- Staff are responsible for ensuring medicine is handed back at the end of the day to the parent.
- Medicine forms are to be signed by parent/carer at the end of each session or as required.
- For some conditions, medication may be kept at 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.
- Parents do not have access to where medication is stored, to reduce the possibility of a mix up with Medication for another child, or staff not knowing that there has been a change.
- Parents are not allowed to change the dosage of medication: we must obtain consent/written confirmation from an appropriate medical professional.
- A record of medicines administered is kept in the room registers and medication file, these forms are completed once medicine has been administered by staff member and also parent/carer upon collection on that day.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they are 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.
- Medical forms are kept in the child's folder once completed course of medicine to keep a record.
- The medicine record file is monitored to look at the frequency of medication being given in the

setting eg.a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control / safeguarding concerns.

- Children with long term medical conditions requiring ongoing medication: A Medical plan will be completed on registration this may need to be completed with additional professional depending on medical need.
- A health care plan is drawn up with the parent and where required along side other supporting professionals outlining the key person's role and what information must be shared with other members of staff who care for the child.
- If a child needs a life saving medication/equipment this must be brought with the child each session or a spare one left at the nursery: Such as an inhaler. If the child arrives without the appropriate items as detailed in the medical plan the setting reserves the right to send them home.
- Where needed other professional support will be called upon to enable effective medical plans and risk assessments.
- Risk assessment is carried out for children with long term medical conditions that require ongoing medication, this is the responsibility of the manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents'/main careers will contribute to their child's individual risk assessment. When they are shown around the setting routines and activities are explained to them and they are given the opportunity to discuss anything they think may be a risk factor for their child. These can also be discussed further at professional meetings.
- For some medical conditions key members of staff will require training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs of staff members is part of the risk assessment, certificates of training will be held within their personal file. This will be completed via to the child starting nursery unless advised differently from medical professional.
- Risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment includes arrangements for taking medicines on outings; the child's GP's advice is sought if necessary where there are concerns.
- The health care plan includes 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 parents/carers will sign medical plan to show it has been reviewed along with the Key person and Manager, any amendments will be added to Kindersoft.

Managing medicines on trips and outings

- If children are taken on outings, members of staff accompanying children include the key person for the child with a risk assessment, or another staff member who is fully informed about the child's needs and/or medication.
- Medication for a child is taken clearly labelled with the child's name, along with a copy of the consent form and an administration form.
- If a child on medication has to be taken to hospital, the child's medication is taken along with the copy of the consent.