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Administering Medication Policy

Our Policy is written in line with current guidance in 'managing medicines in schools and Early Years Settings.' The Nursery Manager: Elaine Apperley is responsible for ensuring all parents and staff understand and follow this policy for the best interest of both children and staff in the care of Little Cherubs Nursery.

Parent's are to keep the child at home for the first 48hours after their first dose of prescribed medication to ensure no adverse effect, as well as to give time for the medication to take effect. It is not Little Cherubs Nursery policy to care for sick children; they should remain absent until they are well enough to return to Nursery. Unprescribed medication (calpol/Nurpofen, Txylix etc) will not be administered. If a child requires these regularly throughout the day, they are considered not well enough to attend the setting.

Little Cherubs Nursery are prepared to administer prescribed medication only to children that need until the course is completed; where possible the medication should be administered at home. Little Cherubs Nursery will administer the minimal amount of doses possible with prior written consent from the parents. Little Cherubs Nursery will not administer eye drops.

The head Of Room is responsible for the correct administration of medication to children for whom they care for in their room. This includes ensuring the following:

- Parent consent forms have been completed,
- Medication is in its original bottle & stored correctly,
- The prescribed medication date is checked; ensuring that the child has been given the medication for 48hours at home
- The appropriate records are kept according to this policy.

In the absence of the head of room, the child's Key Person is responsible for ensuring the above is correct and the child has their medication on time.

Procedure

Children taking prescribed medication must be well enough to attend Little Cherubs Nursery.

Only prescribed medication is administered, it must be in date and prescribed for the current condition of the child.

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 prescribed medication.

Named branded children's paracetamol (un-prescribed) is administered with the verbal consent of the parents in case of high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. A child must be collected if they require any form of paracetamol or pain relief.

The staff receiving the prescribed medication must ensure the parent has completed the Medication form and signed. The medication Form consists of the following information:

- Full name of child
- Name of medication
- The date & time of dose last given to child
- Time & amount to be administered to child
- Signature, printed name of parent and date

Prescribed Medication will not be administered without the above information. The administration is recorded accurately each time it is given and is signed by the member of staff administering the prescribed medicine and a witness. Prescribed Medication may be administered by a Head of Room or Management; the witness maybe another member of staff. Parents sign the medication form to acknowledge the administration of a medicine. All medication forms are stored in the child's confidential file.

Storage of medicines

All medication is stored safely in the manager's office in a blue labelled plastic box or in a section marked in the refrigerator. The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent. No member of staff will administer any eye drops or any rectal diazepam in our setting any said medication must be given at home. No child may self-administer. Where children are capable of understanding when they need medication, for example asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing & responding when a child requires medication.

Long term 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 and the parent. 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 need for staff is part of the risk assessment. A Care Plan for the child is drawn up with the parent, outlining the key person's role and what information must be shared with the Head of Room for that child. The Care Plan should also include the measures to be taken in an emergency. The plan is to be reviewed every six months or if any other circumstances may change. Parents receive a copy of the Care Plan and each contributor, including the parent, signs it.

Managing medicines on trips & outings

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or other member of staff who is fully informed about the child's needs and /or medication. Medication for a child is taken in a sealed plastic bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the consent form and a record of when it has been given. On returning to the setting the record is stapled to the medication slip and the parent signs it. If a child that is on medication has to be taken to hospital, the child's medication is taken with a copy of the consent form signed by the parent.