



Health

6.1 Administering medicines

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 GPs 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 required that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

The key teacher is responsible for the correct administration of medication to children for whom they are the key teacher. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The setting manager or the deputy should witness the administration of medicines. In the absence of the key teacher, the manager or the deputy is responsible for the overseeing of administering medication.

Procedures

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

If a child is brought into nursery unwell with obvious signs of a temperature and/or cough, runny nose etc, parents will be kindly asked that the child be taken home.

Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). Children's calpol (un-prescribed and provided by Notting Hill Nursery School) can only be administered with the written consent from a parent followed by a verbal consent of the parent in the case of a high temperature i.e. between 37.5c – 40c. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. The administration of calpol is recorded accurately on calpol consent form and is to be signed both by a staff member (child's key teacher) who had administered the medicine and a person who witnessed administering the medication (either Headteacher or Deputy Head). Parents are shown the record and are asked to sign the form to acknowledge the administration of the medicine.

Where a child's temperature exceeds 40c, professional medical treatment will immediately be sought and the parents or named person will be requested to collect the child.

In the event that the child is taken to a hospital the parents or named person will be contacted and requested to go directly to the hospital.

In the event of accident or emergency when a child needs to be taken to the hospital a child will be accompanied by Notting Hill Nursery School manager (or authorised deputy); health professionals will be responsible for any decisions on medical treatment in the absence of the parent/ named person.



A child with a high temperature should remain at home for 24 hours after the last event of a temperature between 37.5C and 40.C. A child should only return to the nursery when the temperature has remained normal without the assistance of temperature reducing medication.

Children's prescribed medicines are stored in their original containers, are clearly labelled, inaccessible to the children and kept in 'children medication box'.

Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a 'Medication Consent Form'. All the medication provided must be in-date, prescribed for the current condition and have a pharmacist's label on (indicating: name, surname, child's d.o.b.). No medication may be given without these details being provided:

- The full name of child, age and date of birth;
- The name of medication, its strength, dosage, information about the course of the medication and the frequency in which it should be administered to a child;
- Who prescribed it;
- Reason for administering the medication;
- When the first and the last dosage of the medication was given;
- If a child has not had a medication before, it is required that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.
- When an antibiotics have been prescribed parents are asked to keep their child at home for 48 hours before returning to the setting.
- How the medication should be stored and its expiry date;
- Any possible side effects that may be expected; and
- The signature of the parent and the date.

The administration of medicine is recorded accurately on medication form each time it is given to a child and is to be signed both by a staff member (child's key teacher) who had administered the medicine and a person who witnessed administering the medication (either Headteacher or Deputy Head). Parents are shown the record at the end of the day and are asked to sign the form to acknowledge the administration of the medicine.

Storage of medicines

All medication is stored safely in a plastic container labelled 'children medication box' in a kitchen cupboard or refrigerator if required.

The child's key teacher or a member of management team 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 to be administered on a regular or as-and-when- required basis. Key teachers check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.



If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members of staff by a health professional e.g. an insulin pump training conducted by a nurse.

When a medication is given to a child either the setting Headteacher or Deputy Head must be present and co-signs the medication record.

No child may self-administer medications. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require ongoing medication

A risk assessment is carried out for each child with severe allergies and long term medical conditions that require on going medication. This is the responsibility of the manager alongside the key teacher. 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. Recognising 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 advice is sought from the child's GP if necessary where there are concerns.

The risk assessment is reviewed every six months, or more frequently if necessary; the review includes changes to the medication or the dosage, any side effects noted etc.

For the child with a long term medical condition a health care plan is provided by the child's GP or a doctor. For the child with severe allergies either a health care plan or an allergy action plan is provided.

The health care plan or allergy action plan should include the measures to be taken in an emergency.

Managing medicines on trips and outings

If children are going on outings, staff accompanying the children must include the key teacher for the child with a health care plan/allergy action plan, or another member of staff who is fully informed about the child's needs and/or administration of his/her medicine.

Medication for a child is taken in a 'medication box' clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the health care plan/allergy action plan and a medication consent form.

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 and the name of the medication. Inside the box is a copy of the health care plan/allergy action plan together with a medication consent form signed by the parent.



As a precaution, children should not eat when travelling in vehicles.

This procedure is read alongside the outings procedure.

Legal framework

The Human Medicines Regulations (2012)

Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy will be reviewed annually

This policy was adopted by Soraia Almeida on March 2024

Next review on March 2025