

Little Thinkers Pre-school and Nursery



Administering Medicines at Little Thinkers

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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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 advised 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.

Room leads and management are responsible for the correct administration of medication to all children, the staff member who received the child at drop off is responsible for informing the room lead/management in charge when medication is due. This includes ensuring that parent/guardian consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent/guardian and only when there is a health reason to do so, such as pain induced by teething, growing pains or pain caused by an injury at managements discretion. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. NB We may administer children's paracetamol (un-prescribed) for children in the case of a high temperature. We will attempt to obtain verbal consent but we will revert to the written consent given by

parents when registering their child as a measure to prevent febrile convulsion. When Calpol is given for any reason other than pain induced by teething, growing pains or injury, it is expected that the parent collects their child as soon as possible however collection is required within the hour.

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents/guardians must give prior written or electronic permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a physical or electronic consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child;
 - the name of medication and strength;
 - the dosage and times to be given in the setting;
 - the method of administration;
 - how the medication should be stored and its expiry date;
 - the signature of the parent/guardian, their printed name and the date.
 - The administration of medicine is recorded accurately on the consent form each time it is given and is signed by the person administering the medication [and a witness]. Parents/guardians are shown the record at the end of the day and asked to sign the record to acknowledge the administration of the medicine.
- If the administration of prescribed medication requires medical knowledge, i.e administering an Epi-pen we obtain individual training for the majority of staff by a health professional and/or during first aid training.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a practitioner what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication consent forms to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in a cupboard out of children's reach or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a place separate from the other items. The practitioner who is giving parental/guardian handover at collection is responsible for ensuring medicine is handed back at the end of the day to the parent/guardian.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Key persons/room lead check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

At Little Thinkers medicines, Epi pens and asthma pumps are all stored in the kitchen in the main nursery and in the office in the baby lodge, this area is only accessible for staff – the children are not allowed in this area under any circumstances. Medicines need to be well labelled – for pumps and spacers EACH item needs to have the child's name on and should be checked regularly to ensure they are in date.

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

We carry out a medical plan and a risk assessment as required for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.

- Parents/guardians will also contribute to a medical plan. 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/procedure is to be administered /carried out correctly. The training needs for staff form part of the medical plan.
- If required the risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The medical plan includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary, where there are concerns.
- An individual medical plan for the child is drawn up with the parent/guardian; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual medical plan should include the measures to be taken in an emergency.
- We review the individual medical plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents/guardians receive a copy of the individual health plan and each contributor, including the parent/guardian, signs it.

Managing medicines on trips and outings

- If children are going on outings, a room lead or manager familiar with the child's needs will accompany the children, with a risk assessment, or another member of staff (who may be the key person) who is fully informed about the child's needs and/or medication will attend.
- Medication for a child is taken in an emergency medication bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the medical plan which highlights when and how the dosage should be administered and allows for signatures of both administrator and witness to be added.

- If a child on medication has to be taken to hospital, the child's medication is taken in an emergency medication bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the medical plan signed by the parent/guardian.

Legal framework

- The Human Medicines Regulations (2012) /HMR (Amendment) 2021

This policy was adopted by

Little Thinkers Nursery

On

16th October 2024

Date to be reviewed

October 2026

Signed on behalf of the provider

S Nickerson

Name/Role of signatory

Sonia Nickerson

Role of signatory

Director