

MANAGING MEDICINES POLICY

The following guidance and policy draw directly on advice contained within DfES publication 'Managing Medicines in schools and Early Years Settings': DfES/Department of Health 2005 Ref 1448-2005 DCL-EN which has been replaced by

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

Children with Medical Needs

Children with medical needs have the same rights of admission to the Nursery as other children.

Support for Children with Medical Needs

Parents/carers have the prime responsibility for their child's health and should provide the Nursery with detailed information about their child's medical condition.

Anyone caring for children (including nursery staff) has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/ or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits or outings.

Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals. They will be made aware of the correct procedures to follow in administering medicines, and procedures in the event of the child not reacting in the expected way.

Protocol for Managing Medicines

Many children will need to take medicines during the day at some time during their time in the Nursery. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken a Nursery where it would be detrimental to a child's health if it were not administered during the day.

Prescribed Medicines

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The Nursery should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

At Nursery, the circumstances that we can administer non-prescribed medicine are:

Calpol for raised temperature

Suncream for prevention of sunburn

Sudocrem for nappy rash

In each case, prior written consent is sought from parents on the enrolment form.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting.

The Nursery will need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. Individual healthcare plans will be completed with parents and will include details of how to manage a child in the case of a medical emergency.

Administering Medicines

The Nursery must keep written records each time medicines are given.

Any member of staff giving medicines to a child should check:

- The authorisation for medication form has been signed by parents
- The child's name is stated clearly on the medicine
- The prescribed dose is clearly stated, and there are written instructions provided by the prescriber on the label or container
- The last dosage given prior to the child coming to nursery must be recorded on the medication form.
- Expiry date
- Any side effects

Medication must always be given by two members of staff each completing the necessary checks and one administering and one checking, witnessing and recording the medicine being given. The form will be signed by both members of staff.

The parent will be asked to sign this entry when they collect their child. **All early years settings must keep written records of all medicines administered to children, and make sure that parents sign the form to acknowledge the entry.**

Should this signature be missed for any reason a phone call must be made to the parents on that day.

Before administering non-prescribed medicines, staff should check:

- That this is a condition named in the Nursery policy, eg raised temperature (38.5)
- Side effects of the medication
- That the parent has given prior written permission for this medication on the child's enrolment form
- The parent should be telephoned prior to administering the medicine to confirm their consent, they should also be asked if the child has been given any medication prior to them attending nursery (this information should be recorded on the medication form.
- Parents should be asked to telephone in an hour to check on the child's condition. If it is deemed by staff that the child is too ill to be at nursery, the parent will be asked to collect their child.
- The dose given will be the minimum dose stated on the box for the child's age.
- The child will be closely monitored until their condition improves and then at regular intervals

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, with the exception of adrenaline pens e.g epi pens. Parents will be contacted if a child refuses their medicine and the information recorded.

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Record Keeping

Parents should tell the Nursery about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. It is essential that parents/carers are responsible for replacing medicine

before the expiry date. It only requires one parent to agree to or request that medicines are administered.

Managing medicines on outings and visits

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Roles and responsibilities

The Manager

The day to day decisions regarding the administration of medicines will fall to the manager or whosoever they delegate to. The manager must ensure that staff receive proper support and training where necessary and that arrangements are in place to up-date training on a regular basis. For a child with special needs, the manager will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the manager should seek advice from the GP or other medical advisors. The manager should ensure that there are appropriate systems for sharing information about children's medical needs.

Staff

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. The DSL should keep the care plans updated and provide all staff with information about which children have a care plan.

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