

## Managing Medicines Policy

### Policy Statement

At Bushey Gan we believe that sick children should be cared for in the home environment until they are well enough to return to nursery. The purpose of this is to reduce the risk of infection in the nursery, and to ensure that an ill child is nursed back to health whilst in their secure and loving home environment.

We will agree to administer medication as part of maintaining children's health and well-being, or when they are recovering from an illness. In many cases, it is possible for a child's GP's 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 is prescribed medication, the medical advice given to us is that the parent should keep the child at home for the first 48 hours, to ensure that there is no adverse effect, as well as to give time for the medication to take effect.

**Michelle Peters** has received adequate training to take the responsibility for the correct administration of medication to the children, and this training is updated annually. Michelle will ensure that when medication is administered there will always be a second member of staff observing. Furthermore, she will ensure that parent consent forms have been completed, that medicines are stored correctly, and that records are kept according to procedures. In her absence the nursery head and class lead teacher will be responsible for the overseeing of administering the medication.

As a setting we adhere to the Early Years Foundation Stage, Safeguarding and Welfare Requirements, and we have agreed that no un-prescribed medication will be given to the children.

We respect the child's right of confidentiality and information will only be shared with relevant staff members after discussion with parents, about who needs to be informed.

### Procedures

- Children taking prescribed medication must be well enough to attend school.
- Medication administered must be in-date and prescribed for the current condition.
- Medication should be brought in with either a spoon or syringe for administering the medicine to the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled, and are inaccessible to the children. These are then stored in a clear airtight box, clearly labelled with a picture of the child.
- Parents give prior written permission for the administration of medication, by completing and signing a consent form. **No medication will be given without this form being completed.**
- We may ask parents to provide a doctor's letter stating why a child is on a specific medication. This information will provide part of the child's health care plan.

- Staff will accurately record each time the medication is administered by completing a record of medicines administered sheet. This will be signed by the member staff administering the medication and countersigned by a second member of staff who will observe.
- If a child refuses to take their medication, staff will not compel them to do so. They will record the refusal on the record of medicines administered form, and inform the parents as soon as possible.
- Short term medication will be signed in and out of the setting. It will be signed in by a member of staff and signed out by the parent when they collect the child at the end of the day.
- It is important for parents to inform us whether administration of the medication is time sensitive, for example, given with food, on an empty stomach, etc.
- We ask parents to inform us whether the child has had a medication before, for example, antibiotics.
- We ask parents to inform us whether the child has had any previous reactions to the medication.
- Each time medication is administered a risk assessment will be carried out. If a child does not feel well, medication may not be administered and the parent will be called.
- If any member of staff is taking medication which they believe may affect their ability to care for children, they should inform the head teacher and only work directly with children after seeking medical advice, and a thorough risk assessment is carried out. The nursery will require evidence of this before the practitioner is able to work directly with children.

### **Storage of medicines**

- All medication will be stored safely in the respective kitchen/office area in a named, clear airtight box, with a photograph of the child on it. It will be stored in a place that cannot be accessed by the children. There is a suitable refrigerator in this area if required for temperature sensitive medication.
- The class lead teacher is responsible for ensuring that medicine is handed back at the end of the session to the parent/carer.
- For some conditions, medications maybe kept in the setting. Michelle Peters, the nursery Special Educational Needs Coordinator (SENCO) will check that any medication held to administer on an as and when required basis, or on a regular basis, is in date, and will return out-of-date medication 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. For example, auto-injector/ epipen use.
- No child may self-administer their medication. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a member of staff what they need. However, this does not replace staff vigilance in knowing when a child requires medication.
- All staff medication, whether prescribed or non-prescribed will be securely stored out of the reach of children.

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

- For some medical conditions staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. Where necessary, advice from the parent and from a medical practitioner will be sought.
- A health care plan for the child is drawn up with the parent and signed by a medical practitioner: outlining the setting's role and what information must be shared with the staff team who are for the child. This health care plan will include the measures to be taken in an emergency, and is renewed every year or sooner if the condition requires. A copy of the health care plan is given to the parent.
- If there are any changes to the dosage of the medication, the nursery **must be** informed of this in writing.

## **Managing medicines on trips and outings**

- If the children are going on an outing, one member of staff accompanying the children must be fully informed about the child's medical needs and/or medication.
- Medication for a child is taken on outings, together with a copy of the signed health care plan, if appropriate and the medication record. After the outing the medication record shall be returned to the medication record file. This medication will be signed in and signed out by the teachers.
- If a child on medication has to be taken to hospital, the child's medication is taken with, together with a copy of the medical health care plan and medication record.
- This procedure is read alongside the outings procedure and allergy and anaphylaxis policy.

## **Legal Framework**

- Medicines Act (1968)

*March 2018*