

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.



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. 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, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Management/ Room leaders are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the room leader, the deputy manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only Room leaders and management will administer medication to the children
- 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. Except for Paracetamol and Ibuprofen, teething gels or over the counter nappy creams, these can be given without a prescription label, but instructions must be adhered to.
- Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- We may administer nursery's paracetamol (un-prescribed) for children, with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. Nursery Calpol is only to be used in case of high temperatures. If your child is relying on medicine, we ask you to keep your child at home. This is due to paracetamol masking underlying problems.
- 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 for that child.

- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided (Except for Paracetamol, Ibuprofen, teething gels or over the counter nappy creams, they may only cover part of the form):
 - the full name of child and date of birth;
 - the name of medication and strength;
 - who prescribed it, or which pharmacy it was collected from where Doctor's name is not available;
 - the dosage and times to be given in the setting;
 - the medication's expiry date;
 - any possible side effects that may be expected; and
 - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately on our medicine forms each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the form to acknowledge the administration of the medicine. The medicine form records the:
 - name of the child;
 - name and strength of the medication;
 - date and time of the dose;
 - dose given;
 - signature of the person administering the medication and a witness; and
 - parent's signature.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the medicine form.
- 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 their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Storage of medicines

- All medication is stored safely in a locked cupboard in the office or refrigerated as required, when stored in the fridge they are kept in a marked plastic box.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Managers check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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

- We carry out a risk assessment for some children 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 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. The training needs for staff form 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.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- We review the health care 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 receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another 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 box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the card is stapled to the medicine form and the parent signs it.
- 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 consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

This policy was adopted by

Ladybirds Day Nursery

On

01/09/25

Date to be reviewed

01/09/26

Signed on behalf of the provider

Name of signatory

Janine Lissack

Role of signatory

Owner