



## **High Legh Preschool Nursery - Administering Medicines Policy**

### **Policy Statement**

It is not High Legh Preschool Nursery's policy to care for sick children. Children who are ill should be cared for at home until they are well enough to return to the setting.

High Legh Preschool Nursery will agree to administer medication as part of maintaining a child's health and wellbeing 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 GP 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 48 hours to ensure no adverse effect, as well as to give time for the medication to take effect. Staff are responsible for the correct administration of medication to children for whom they are the key person. 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 key person, the Managers are responsible for overseeing medication administration. We will notify our insurance provider of all required conditions, as laid out in our insurance policy.

### **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for the child by a doctor (or other medically qualified person). It must be named, in-date and prescribed for the current condition.
- Non-prescription medication such as pain or fever relief (e.g. Calpol) may be administered but only with prior consent of the parent and only when there is a health reason to do so, such as a high temperature or staff have been advised to do so by emergency services. (Children under the age of 16 should not be given medicines containing aspirin unless specifically prescribed by a doctor)
- The administration of unprescribed medication is recorded in the same way as any other medication.
- Non-prescription medicine for allergic reactions (e.g. Piriton) may also be administered if a child has a known allergy assessed by a professional. Medication will only be given with prior consent of the parent.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving medication, staff check that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication must ask the parent to sign a consent form stating the following information.

*No medication may be given without these details being provided:*

- full name of child and date of birth
- name of medication and strength
- who prescribed it
- dosage and times to be given in the setting (If these instructions are from a doctor and exceed the dose recommended on the packaging the parent must confirm in writing their agreement to you doing this.)
- how the medication should be stored and expiry date
- any possible side effects that may be expected should be noted
- signature of parent, their printed name and the date

The administration is recorded accurately each time it is given and is signed by the member of staff giving the dose. Parents sign the record book at the end of the day to acknowledge the administration of a medicine. The medication record book records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signature of the person administering the medication and a witness who verifies that the medication has been given correctly
- parent signature at the end of the day

If the administration of prescribed medication requires medical knowledge, we will 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-sign the record book. 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. We monitor the medication record book to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

### **Storage of Medicines**

All medication is stored safely in the kitchen or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box or sealed bag.

- The child's keyperson is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, e.g. asthma, medication may be kept in the setting. The child's Keyperson check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

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

A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the Manager alongside the keyperson. 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other Pre-school 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 the child's GP's advice is sought 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 staff who care for the child.*

- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more 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, staff accompanying the children must include the key person for the child 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, name of the medication, inside the box is a copy of the consent form and a medicine form to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box is a copy of the consent form signed by the parent.

### **Managing children who are sick, infectious, or with allergies**

High Legh Preschool Nursery aims to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergic trigger.

### **Procedures**

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Nursery Manager or Deputy will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent.

- Where verbal consent is not possible, the Nursery Manager or Deputy may decide to administer medication if the child's health would be compromised without it or they are advised to do so by emergency services. This is to reduce the risk of febrile convulsions. Parents will sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting. This is to ensure children do not have a reaction to the antibiotics.
- After 3 episodes of diarrhoea parents will be contacted to collect their child from Nursery.
- After diarrhoea or sickness, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross contamination may be suspended for the duration of any outbreak.
- High Legh preschool Nursery has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) and includes common childhood illnesses such as measles.

#### **Reporting of 'notifiable diseases'**

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, the Nursery Manager will inform Ofsted and contacts Public Health England, and act on any advice given.
- We will always inform parents of any episodes of sickness or diarrhoea or other contagious conditions such as chicken pox etc. or indeed any notifiable diseases.

#### **Managing children who are sick**

HIV/AIDS/Hepatitis procedure HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and paper towels; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

## **Nits and head lice**

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, you must notify the parent's and ask them to treat their child and all the family if they are found to have head lice.
- No child will be singled out or left alone. The child's head will never be covered and play activities will continue with normal supervision until the child is collected.

## **Procedures for children with allergies**

When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form. If a child has an allergy, we complete a risk assessment form to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
- Control measures - such as how the child can be prevented from contact with the allergen. Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where all staff can see it.
- A health care plan will also be completed.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nuts or nut products are accidentally brought in, for example to a party.

## **Insurance requirements for children with allergies and disabilities**

If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance. At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage 2017.

## **Oral medication**

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed for the child by a GP or have manufacturer's instructions clearly written on them.

- We must be provided with clear written instructions on how to administer such medication.
- We adhere to all risk assessment procedures for the correct storage and administration of the medication.
- We must have the parents or guardians' prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- \*N.B Oral medicines such as Piriton and Calpol may not always be prescribed by the doctor as it can be bought cheaply over the counter. Staff will only administer these types of medicines if there

is evidence of the child's condition/allergy and information regarding treatment given from the child's doctor. Written consent from the parent or guardian must be obtained. This information will be obtained during registration or at the onset of the condition.

**Life-saving medication and invasive treatments:**

These include adrenaline injections (EpiPen's) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy) We must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- written consent from the parent or guardian allowing our staff to administer medication.
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Treatments, such as inhalers or EpiPen's are immediately accessible in an emergency.
- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [insurance@eyalliance.org.uk](mailto:insurance@eyalliance.org.uk)