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## **ADMINISTRATION OF MEDICINES POLICY – COLLEGE NURSERIES**

**Leicester College Day Nursery**  
**EYFS Safeguarding and Welfare Requirements**  
**Health - Medicines**

### **1. ADMINISTRATION OF MEDICINE**

- 1.1. Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept.
- 1.2. Administering medicines during the child's session will only be done if absolutely necessary.
- 1.3. If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.

### **2. CONSENT FOR ADMINISTERING MEDICATION**

- 2.1. Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- 2.2. When bringing in medicine, the parent informs their key person/back up key person, or room senior if the key person is not available. The senior member of staff on duty should also be informed.
- 2.3. Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- 2.4. Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.

2.5. Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:

- full name of child and date of birth
- name of medication and strength
- who prescribed it
- dosage to be given
- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent and date

### **3. STORAGE OF MEDICINES**

- 3.1. All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the kitchen fridge, or in a marked box in the main kitchen fridge.
- 3.2. The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- 3.3. For some conditions, medication for an individual child may be kept at the nursery. A Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- 3.4. Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

### **4. RECORD OF ADMINISTERING MEDICINES**

- 4.1. A record of medicines administered is kept in the nursery office. A record is also kept of the frequency of medicine administered to each child.
- 4.2. The medicine record records:
  - name of child
  - name and strength of medication
  - the date and time of dose
  - dose given and method
  - signed by member of staff administering the medicine
  - verified by parent signature at the end of the day.
- 4.3. A witness signs the medicine record to verify that they have witnessed medication being given correctly according to the procedures here.
- 4.4. No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- 4.5. The medication records are monitored to look at the frequency of medication being given. 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.

## **5. CHILDREN WITH LONG TERM MEDICAL CONDITIONS REQUIRING ONGOING MEDICATION**

- 5.1. Risk assessment is carried out for children that require ongoing medication. The nursery manager will seek advice from the Leicester College H&S officer. This is the responsibility of the nursery manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- 5.2. Parents contribute to risk assessment. They are shown around the nursery, understand routines and activities and discuss any risk factor for their child.
- 5.3. For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- 5.4. Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- 5.5. Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- 5.6. A Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- 5.7. The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

## **6. MANAGING MEDICINES ON TRIPS AND OUTINGS**

- 6.1. Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- 6.2. Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- 6.3. The card is later stapled to the medicine record and the parent signs it.
- 6.4. If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

## **7. STAFF TAKING MEDICATION**

- 7.1. Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

## **8. ADMINISTRATION OF MEDICATION**

- 8.1. Only prescribed medication may be administered. It must be in-date and prescribed for the current condition. The exception will be in the case of a risk of febrile convulsion, where one emergency dose of Calpol can be administered whilst waiting

for the child's parent/carer to collect the child. The nursery will keep an emergency supply of Calpol that is regularly date checked and kept according to storage instructions on the bottle.

- 8.2. Children taking prescribed medication must be well enough to attend the setting.
- 8.3. Children's prescribed drugs are stored in their original containers, are clearly labeled and are inaccessible to the children.
- 8.4. Parents give prior permission for the administration of medication. The nursery practitioner to whom the medicine is handed keeps a record that states the name of the child, name/s of parent(s), date the medication starts, the name of the medication and the dose and times, or how and when the medication is to be administered.
- 8.5. The administration is recorded accurately each time it is given and is signed by staff.
- 8.6. Parents sign the record book to acknowledge the administration of a medicine.
- 8.7. If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

## **9. COMMUNICATION AND REVIEW**

- 9.1. This policy will be shared with parents and reviewed every three years.