



## 04 Health procedures

### 04.2 Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, 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. The nursery manager must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Children taking prescribed medication must be well enough to attend the setting.

Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.

The administering of un-prescribed medication is recorded in the same way as any other medication.

We may administer non-prescribed children's paracetamol (e.g calpol) for children with the verbal or written 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.

#### **Consent for administering medication**

- ❖ 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.
- ❖ When bringing in medicine, the parent informs their key person or deputy nursery manager if the key person is not available. The setting manager should also be informed.
- ❖ 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.
- ❖ 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.
- ❖ 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 and time to be administered
- 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

### **Storage of medicines**

All medicines are stored safely in a locked cupboard in the middle room within a marked lockable box or refrigerated as required. Refrigerated medication is stored in a marked box in the kitchen fridge and will not be accessible to children.

- ❖ The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- ❖ For some conditions, medication for an individual child may be kept at the setting. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- ❖ 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.
- ❖ Any creams or medications must be handed into staff and not be kept in children's bags as they are accessible during nursery sessions.

### **Record of administering medicines**

The administration of medicines is recorded accurately on the Medical Request form (04.02a) kept in the middle room cupboard. It is completed each time medicine is given and is signed by the person administering the medication and an additional member of the team to witness the administration. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine.

The medicine record book records:

- ❖ name of child
- ❖ name and strength of medication
- ❖ the date and time of dose
- ❖ dose given and method
- ❖ signed by key person/manager
- ❖ verified by parent signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- ❖ 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.
- ❖ 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.

### **Children with long term medical conditions requiring ongoing medication**

- ❖ Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- ❖ Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- ❖ 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.
- ❖ Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- ❖ Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- ❖ 04.2a 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.
- ❖ 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.

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

- ❖ Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- ❖ Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the Medication request form, which includes the last time doses were given, to record further administrations, with details as above.
- ❖ On returning to the setting, the copy of the Medication Request form is later stapled to the original 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 as above with a copy of the Medication Request form.

## Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in the locked metal tin in the middle room cupboard away from the children. The manager must be made aware of any contra-indications for the medicine so that they can assess and take appropriate action as required.

## Further guidance

[Medication Administration Record](#) (Early Years Alliance 2019)

This policy was adopted by	Abinger Common Nursery
On	March 2024
Date to be reviewed	March 2025
Signed on behalf of the provider	
Name of signatory	Mrs Emma Powell
Role of signatory (e.g. chair, director or owner)	Nursery Chair Person