

# Medication Policy

## **POLICY STATEMENT**

When a child is unwell or has an infectious illness we require that they are kept at home in line with the setting's sickness policy. However, there are times when a child does not need to stay at home but needs medication or medical care.

Parents/ carers are requested to ask their doctor, wherever possible, to prescribe medication, which can be taken at times outside of the settings hours. However, where necessary we are prepared to take responsibility for administering prescribed medication or medical care in accordance with the guidelines laid down in this policy.

All staff who have received appropriate training are insured through St Paul's Community Development Trust's insurance. Should there be concerns related to the administration of a medicine, we reserve the right to not administer it without further advice. There is a named medical needs co-ordinator in each setting.

## **1. ON ADMISSION TO THE SETTING**

- 1.1. All parents/ carers will be asked to complete an admissions form giving full details of medical conditions, regular and emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. This information should be updated regularly as required.
- 1.2. Should we be asked to admit a child to the setting with special medical needs we will, in partnership with the parents/ carers, discuss the individual needs. We will also involve other professionals such as the child's health visitor, specialist nurse, nurse educator as required.
- 1.3. Where a child has specific medical needs, an Individual Care Plan or Alert Card will be completed in partnership with parents/ carers as storage, labelling and administration of medication may differ. This may involve the child's health visitor, specialist nurse and/ or nurse educator.
- 1.4. Any resulting training needs will be identified and training requested from the specialist nurse educator prior to the child starting at the setting.
- 1.5. We will not use any medical equipment without confirmation and appropriate training from a healthcare professional.

## **2. ADMINISTRATION OF MEDICATION**

- 2.1. No medication will be given without prior written consent from parents/carers and parents will be asked why the medication is needed.
- 2.2. Parents must confirm that the child has had the medication previously without any reaction prior to the setting administering it unless it is emergency medication such as an epipen.
- 2.3. It is the responsibility of parents/carers to provide a sufficient amount of medication and to ensure that it is in date.

- 2.4. Should a child need to receive medication during the setting's day, it is the responsibility of parents/carers to personally hand over the medication directly to a member of staff and parents/carers will be always be offered a copy of the medication policy.
- 2.5. Prescribed medication should be in the original container as dispensed, clearly labelled in English, with instructions for administration including:

- Child's name
- Name of medication
- Strength of medication
- How much to be given (dose)
- When to be given
- Date dispensed and expiry date. (Where there is not a stated, the expiry date should be 6 months after the date dispensed).
- Length of treatment or stop date where appropriate
- Any other instructions

**N.B. A label 'To be taken as directed' does not provide sufficient information**

- 2.6 Over-the-counter non-prescription medicines such as pain and fever-relief and teething gel may be administered. These should be provided to the setting in an unopened container and a setting label must be completed in full detailing:

- Child's name
- Name of medication
- Parent/carer name
- Parent/carer signature

**NB. The setting label must not cover the manufacturer's instructions.**

- 2.7 The medication consent form should be completed by the parent/carer. This will be kept in the medication folder within the relevant room. This will record

- Child's name
- Name, strength and quantity of medication
- Dosage instructions
- Parent/carer signature.

- 2.8 The dose requested by parent/carers on the consent form must be consistent with the instructions on the prescription label or manufacturer's instructions.

- 2.9 If a child has taken any medication prior to arriving at the setting or during the night, Parents must advise the setting and record this on the record of administration form, detailing time of last dose and amount given.

- 2.10 Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks, unless prescribed to do so.

- 2.11 When using a syringe this should be dispensed into mouth by the inside cheek to ensure it is not spat out.

- 2.12 A second member of staff will always be present to check that prescription and parent instructions are followed correctly.

- 2.13 Each dose will be recorded on the Record of Administration form which will record:

- Child's name
- Details of medication
- Dose given (including any prior to arrival at setting)

- The date and time of administration
- Names of staff administering medication
- Parent/carer's signature

- 2.14 Parents/carers will be required to sign this when collecting their child to acknowledge the medication given that day.
- 2.15 Should the medication need to be changed or if the dose changes, the setting should be given a new supply of medication, correctly labelled with the new dose, and a new consent form completed. The previous medication will be returned to the parent/carer.
- 2.16 Should the medication be discontinued before the completion of the course it is required that the parent/carer notifies us in writing.
- 2.17 Should the supply need to be replenished this should be done in person by the parent/carer, who should also ensure that the medication is in date.
- 2.18 Advice may be sought from other professionals.

### **3. RESTRICTIONS ON ADMINISTRATION OF MEDICATIONS**

- 3.1 Giving liquid paracetamol will be a last resort and setting staff will use other methods first to try and reduce a child's temperature, e.g. remove clothing, fanning, tepid cooling with a wet flannel.
- 3.2 Before pain relief is administered the setting will try to contact the parent to confirm the timing of a dose and quantity taken in previous 24 hours.
- 3.3 Paracetamol should not be given within the setting more frequently than every 6 hours and this will only be done in an emergency by a senior member of staff. Should the child need more frequent doses then they will be considered to be unwell and should not be attending the setting. (6 hours is normal spacing for 4 doses over 24 hours)
- 3.4 Ibuprofen will not be given more frequent than every 6 hours under any circumstances.
- 3.5 Should a child require Paracetamol or Ibuprofen within 6 hours of arriving at the setting and a specified time has not been provided on the "Record of medication" form, parents will be contacted to confirm any doses prior to arrival.
- 3.6 Where a child requires Paracetamol or Ibuprofen continuously for more than three days a letter will be required from the child's doctor.
- 3.7 Where a child has had a head injury, prescribed pain relief will not be administered as it may mask signs that need to be monitored.
- 3.8 Medicines containing aspirin will only be given if prescribed by a doctor – staff will check non – prescribed medication to ensure it does not contain aspirin.
- 3.9 Antibiotics will not be given during the first 24 hours of a course in case of a reaction to the medication and the setting will not administer the first dose of any medication.
- 3.10 Advice may be sought from other professionals.

### **4. EMERGENCY MEDICATION**

- 4.1 All children requiring emergency medication will have a Management Plan/Alert Card that will be written with involvement of other professionals and parents and displayed clearly in the room, with parental consent.
- 4.2 Emergency medication will be kept in the setting, clearly labelled and always accessible - never in a locked cupboard/room, with a copy of the child's Management Plan/Alert Card (see 10.3 & 10.4). Its location will be stated on the child's Management Plan/Alert Card.

- 4.3 Parents/carers must provide any emergency medications with the pharmacy label attached to the medication.
- 4.4 It is parent/carer's responsibility to ensure emergency medication is in date and that there is sufficient amount in the setting.
- 4.5 Emergency medication will accompany the child on any off-site visits and will be kept by the member of staff who will administer it, should it be required.
- 4.6 Staff members, who agree to administer emergency medication, will have training from an appropriate health care professional which is updated annually.
- 4.7 In the event of a child refusing to take emergency medication we will follow our emergency procedure and always call for an ambulance. Parents/carers will be informed as soon as possible and this will be recorded as an incident.
- 4.8 Should emergency medication be required or an ambulance called, a medical emergency report is completed and forwarded to the Medical Needs in Early Years Service.
- 4.9 Advice may be sought from other professionals.

## **5. REFUSING MEDICATION**

- 5.1 If a child refuses to take medication, staff will not force them to do so.
- 5.2 The refusal will be noted and parents/ carers will be informed as soon as possible on the same day.
- 5.3 We will not restrain a child to administer medication unless it is an emergency (e.g. Auto injector).

## **6. APPLICATION OF CREAMS AND LOTIONS**

- 6.1 Non-prescribed creams and lotions may be applied at the discretion of the setting, but only with written consent from parents/carers on the medication consent form.
- 6.2 Nappy creams are not intended for healthy, intact skin if disposable nappies are used, as they can reduce the effectiveness of the nappy in drawing urine away from the skin. If washable nappies are the parent/carers choice, a liner should be used to prevent the need for barrier creams.
- 6.3 Nappy creams with nut oils will not be used in the setting.
- 6.4 Parents/ carers are responsible for sending in creams and these will be labelled clearly for the individual child. Parents/carers are responsible for checking that creams and lotions are in date.
- 6.5 Where a child has eczema the setting will discuss the individual requirement with parents/carers and health professionals if necessary and a Care Plan will be written.
- 6.6 Steroid creams are usually to be applied twice daily only; we would expect these to be applied at home. Where steroid creams need to be applied more frequently we require a letter from the doctor.
- 6.7 We request sun creams/lotions which have been applied previously by parents/carers to be sent in for each child, labelled with the child's name, however written parental consent will be obtained on admission, for staff to apply sun protection cream purchased by the nursery.
- 6.8 The application of creams will be reassessed on a regular basis. Advice may be sought from other professionals if necessary.

## **7. TEETHING GELS**

- 7.1 Non-prescribed teething gels may be applied, but only with prior written consent of the parent/ carer.
- 7.2 Parents/ carers are responsible for sending in the teething gel, labelled for the individual child.
- 7.3 Teething gels containing choline salicylate will not be used in the setting.
- 7.4 The application of teething gel will be reassessed on a regular basis, as it should only be applied when there is a health reason to do so. Advice may be sought from the health visitor.

## **8. ALTERNATIVE MEDICINE**

- 8.1 Alternative medication including homeopathic and herbal medication will not be administered unless prescribed or agreed in writing by a GP, Consultant or qualified practitioner.

## **9. STORAGE & DISPOSAL OF MEDICATION**

- 9.1 All medication with the exception of Emergency Medication & those requiring refrigeration will be kept in a secure medicine cabinet or stored as per pharmacy instructions.
- 9.2 Medication requiring refrigeration is stored in the fridge inside a plastic closed container, clearly labelled "MEDICATION". It will be stored separately from food and must not be accessible to children.
- 9.3 Emergency medication will be stored in a plastic closed container, clearly labelled and containing a copy of the Management Plan/ Alert Card.
- 9.4 Emergency medication will be accessible to staff at all times. All members of staff working in the setting will be aware of where emergency medication is stored.
- 9.5 A regular check will be made of the medication cabinet every 6–8 weeks. Parents/carers will be asked to collect any medication which is no longer needed, is out of date, not clearly labelled or instructions are changed.
- 9.6 Any medication which has not been collected by parent/carers and is no longer required should be disposed of safely by returning it to a pharmacy.
- 9.7 No medication is disposed of into the sewage system or into the refuse as this is illegal under current waste disposal regulations.
- 9.8 Sharps disposal boxes should be provided on prescription and always be used for the disposal of needles or glass ampoules. Collection and disposal of the boxes should be arranged with the Local Authority Environmental Services.
- 9.9 The Medical Needs Co-ordinator is responsible for working in partnership with parents/carers to ensure that:
  - the information on medication is accurate and up to date
  - there is sufficient medication available
  - that medication has not reached its expiry date
  - that equipment (i.e. asthma spacer devices) are clean and in working order
  - ensuring that any medication no longer required is returned to the parent/carers for disposal.

## **10. OFFSITE ACTIVITIES / EXTENDED DAY CARE**

- 10.1 If children are involved in off-site activities e.g. trips, any medication that may be required, including all emergency medication, must be carried by the member of staff who would be responsible for administering the medication.
- 10.2 The record and administration forms should also be taken to ensure that normal administration procedures are followed.
- 10.3 Handover of medications between settings, i.e. children who attend the after school club and have temporary medication which is administered at school. The schools must ensure they hand over the medications to the after school club staff, we will follow the school procedures of signing them out. The medications will be handed over to parents when their child is collected. If our staff are expected to administer another dose, parents must complete medication forms as described in paragraph 2.

Reviewed June 2018

### Related Policies & Procedures:

Safeguarding Policy	Health & Safety Policy	Sickness Policy
First Aid procedure	Inclusion Policy	Trips & Visits procedure
Allergy Policy	Asthma Policy	
Procedure for changing nappies and clothes		