



Lechlade Little Learners
PRESCHOOL

Medication policy.

Policy

The purpose of this policy is to ensure that any and all medication administered to children has been authorised by the child's parent/carer. Only authorised members of staff will be allowed to administer medication and accurate records of any medicine administered must be kept.

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 a child's health and well-being, or if they have a long-term medical condition or when they are recovering from an illness.

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 medication before it is advised that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Responsibility

It is the overall responsibility of the manager to ensure that there is documented parental/guardian permission to administer medication to children during the session. Our 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 manager/deputy manager is responsible for the overseeing of administering medication.

Procedure

- Children taking prescribed medication must be well enough to attend the setting.
- Staff members will not administer the first dose of medicine to the child. Parents should have given their child one dose to ensure no allergic reaction is caused by administering the medication.

- Licensed medication prescribed by a doctor (or other medically qualified person eg. qualified nurse independent prescriber, pharmacist independent prescriber) can be administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- Over-the-counter medication (such as pain or fever relief) can also be administered following the same procedures as for licensed medication.
- Members of staff may only administer prescribed medication to a child with the consent of the parent/carer and clear instructions with the child's name / dosage must be on the medication bottle.
- Where members of staff are required to administer medication to a child, whether short term or long term, the parent/carer must acknowledge the medication form on EYlog. A new entry should be completed where there is change in circumstances.
- Staff can only administer medication for the length of time stated on the bottle, staff will not administer medication beyond this time-scale unless we have a Doctor's letter.
- Before medicine is administered, the designated member of staff should check the medicine consent form for any changes.
- The administration of medicine must be logged on EYlog and acknowledged by the parent.
- Medicines to be stored in the fridge will be stored in a plastic box and will be clearly labelled.
- All other medicines are stored in the child's bag which will hang out of reach of children.

Administering Medication

- If any controlled drugs, such as morphine, is brought into the nursery to be administered to the child, staff must advise the parent to see the management team who will give the parent the relevant forms to fill in. Any controlled medication will be signed on and off site and if stored on site it is to be stored safely and securely.
- All medication given will be recorded on EYLog where it can be acknowledged by the parents.
- It must be clearly stated why the child is on medication.
- Medication must be stored accordingly in sealed containers in the fridge or in the child's bag.

Auditing Medication

- Medication forms will be checked daily by the manager/ deputy manager.
- All medication forms are easily accessible and stored on EYlog.

Storage of medicines

- All medication is stored safely in bags on hooks out of reach of the children or refrigerated as required. Medication kept in the refrigerator is kept in a plastic box.
- The child's key person/manager is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. The key persons/manager/deputy manager will check that any medication held in the setting is in date and return any out-of-date medication back to the parent. All medication is returned to parents/carers at the end of each term and will need to be brought back in by the parents on the first day the child attends the following term.
- If any rectal medication is administered, another member of staff must be present and co-signs the record 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 adult in the setting what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the 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 and 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 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 frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must be fully informed about the child's needs and/or medication.
- Medication for a child is taken in a rucksack. All information regarding doses and times will be on EYlog.
- As when in the setting, administered medication must be recorded on EYlog and acknowledged by the manager before parents can acknowledge.
- If a child on medication has to be taken to hospital, the child's medication is taken as well as the medication form and any important information.
- This procedure is read alongside the outings procedure.

Procedures for children with allergies

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.

If a child has an allergy, a risk assessment form is completed to detail the following:

1. The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
 2. The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 3. What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
 4. Control measures - such as how the child can be prevented from contact with the allergen.
 5. Review.
- This form is kept in the child's personal file and a copy is kept in the medical profile file.
 - Staff have training on how to administer medication and if needed the manager will provide extra training.
 - Generally, no nuts or nut products are used within the setting.
 - Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- The insurance will automatically 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 the insurance provider might be required before the child can attend the setting.

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and the Lechlade Little Learners Medication policy.

Oral medication

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting 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 your insurance provider.

Lifesaving medication and invasive treatments

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or diazepam medications both oral and rectal.

The provider 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 staff to administer medication; and
- 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.

Our insurer will need to be informed if children in attendance may need the above procedures.

Key person for special needs children - 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 those who have received appropriate instructions from parents or guardians, or who have qualifications.

As above our insurer may require notification of the above and extension of our insurance cover.

This policy was reviewed October 2024

This policy is to be reviewed annually unless legislation requires before.