



**BRISTON COMMUNITY NURSERY SCHOOL  
LIMITED**

**ADMINISTERING MEDICINES POLICY**

**Company number 5379895**

**Ofsted numbers**

**Nursery - EY317355**

**Preschool – EY258828**

## Policy statement

Whilst it is not Briston Community Nursery School Ltd Policy to care for sick children, who should be at home until they are well enough to return to our setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

As far as possible, we will only administer medicine where it would be detrimental to the child's health if not given in the setting. If a child has not had medication before, especially a baby/child under 2, we advise the parents to keep their 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. If the child has been prescribed antibiotics, they **must** remain at home for 48 hours after starting the medication.

Medication such as nappy cream, teething gel, aqueous cream etc. that may not have been prescribed by a doctor but may be needed to make a child feel comfortable may be appropriate, but the same process of permission must be followed as for prescribed medicines.

*Medicines must not usually be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).*

*Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.*

### *Statutory Framework for the Early Years Foundation Stage*

It is the Supervisor's responsibility for ensuring all staff understand and follow these procedures.

All staff who administer medication must hold a valid and in date (within in 3 years of training) First Aid certificate.

The **Key Person** is responsible for the correct administration of medication to their Key Children. All administration of medication must be witnessed by another member of staff and both Practitioners must sign the consent form. They must also ensure.

- That Parent/Carer consent forms have been completed for every medicine that needs to be administered (separate forms for each medication) and **signed** by the Parent/Carer.
- That the medication given by the Parent/Carer has a prescription label attached clearly indicating the child's name and expiry date. No prescribed medicine can be given to any child, other than the child named on the label, including siblings. Currently it is not always possible to get to see a doctor, therefore if a parent/carer has medication given by a pharmacist, which is for the good of the well-being of the child, we will accept the pharmacist to place a label on the packaging stating the child's name and dosage due.

- That medicines are stored correctly e.g. high up in the first aid cupboard in playroom (out of all children's reach) or in the staff fridge at nursery and in the locked filing cabinet or locked fridge at the preschool.
- That records are kept according to procedures.
- When the Parent/Carer arrives at the end of the session they are handed back the completed medication form.

In the absence of the child's Key Person or if their First Aid certificate has expired, it is the responsibility of the Room Leader for the correct administration of medication. A qualified First Aid trained staff member is always attendance at every session.

### **Procedures**

- Children taking medication must be well enough to attend the setting.
- The setting holds a bottle of Calpol appropriate for the baby age group. Parents are asked to sign a permission form when joining the Ladybird room or Dragonfly room. If a baby has a temperature, staff must call the main carer and obtain verbal consent to give Calpol and then the age-appropriate dose stated on the bottle can be given.
- Only prescribed medication is administered. It must be in date and prescribed for the current condition. We will only administer the dosage and frequency indicated on the instructions.
- Prescribed medication can only be given to the child named on the prescription label. We cannot administer to any other child, including siblings, any medication that is prescribed for another named child.
- We cannot administer both Paracetamol and Ibuprofen at the same dosage time; these must be given at separate times according to the manufacturer's instructions. We cannot give any aspirin-based medicines to children under the age of 16 unless prescribed by a doctor.
- Children's prescribed medicines are stored in their original containers and are clearly labelled and inaccessible to the children.
- Parents must give prior written permission for the administration of medication. Staff receiving the medication must ask the parent to sign a consent form stating the following information:
  - Name of persons given permission to administer medicines.
  - Full name of child and date of birth.
  - Name of medication and strength.
  - Who prescribed it.

- Dosage to be given in the setting.
- When it should be administered.
- Signature, printed name of parent and date.

**No medication will be given without these details being provided.**

### **Medication consent forms**

#### **Occasional medication/treatment**

- For those children who require medication on occasional basis we will record all medicine administered on a non-prescribed medication form. The Parent/Carer will be required to sign this form daily on arrival and collection of their child. These medicines must be taken home each day and cannot be stored overnight on the premises.

#### **Long term/course of medication/treatment**

- For those children who require a course of medication or who are on long term medication, prior parental permission will be recorded on a long term/course of medication treatment consent form, along with instructions for when it should be administered. These medications can be stored on site for as long as they are required, but it is the responsibility of the Child's Key person to ensure that the medication is in date and inform the child's Parents/Carers when they are close to expire so they can be replaced.

#### **Recording administration**

- The administration of medicine is recorded accurately each time it is given and signed by staff.
- Parents sign the consent form to acknowledge the administration of medicine.

When administering medicines staff records the following information on the medication consent form –

- Dosage taken.
- Date and time medicine administered.
- Name of person administering the medicine and signature

- The staff member witnessing the administration of medicine must then record their name and signature on the medicine consent form.
- The Key Person then ensures that the consent form is verified by a Parent/Carer signature, including the time they were informed, at the end of the same day or as soon as reasonably practicable.

### **Storage of medicines**

- Children's prescribed medicines are stored in their original containers and are clearly labelled and inaccessible to the children.
- All medication must be stored out of reach of any children.
- All medicines are stored strictly according to products instructions e.g. in the fridge.
- All medication must be stored correctly as soon as the medication is handed over to the practitioner.
- The child's Key Person is responsible for ensuring medicine is handed back to the parent at the end of the day. Medicines must be sent home with the child daily and cannot be left overnight in the setting.
- The exception to this is for children with long term medical condition such as serious allergies, asthma, eczema etc. Medication for these conditions can be kept in the setting if a 'Long term medication form' has been completed. It is the Key Persons responsibility to check that the medication is in date and return any out-of-date medication back to the Parent/Carer.
- We do not allow children to self-administer. Where children are aware that they need their medication e.g. asthma, they are encouraged to tell their Key Person. However, staff still needs to be vigilant and respond to the child's needs.

### **Long term medical conditions**

- We carry out a risk assessment for each child with a long-term medical condition that requires ongoing medication. This is the responsibility of the Supervisor alongside the child's Key Person. Other Medical or Social Care Personnel may need to be involved in the risk assessment.
- Parents will also be included in the risk assessment and will be shown around the setting and the routines and activities explained so they can point out anything which might be a risk factor.
- If the administration of medication requires technical/medical knowledge e.g. EpiPens, insulin, injections etc. then individual training must be provided for all staff from a qualified Health Professional which

**must** be arranged and undertaken before a child can attend the setting. The training must be specific to the individual child concerned.

- A Health Care Plan will be drawn up with the Parent outlining the Key Person's role and what information must be shared with other staff that cares for the child.
- The Health Care Plan will include measures to be taken in an emergency.
- This plan will be reviewed every 6 months or more, if necessary, e.g. changes to medication, or the dosage or side effects.
- Parents receive a copy of the Health Care Plan and each contributor including the Parents signs it.

This policy was adopted at a meeting of BCNS Limited on \_\_\_\_\_

By \_\_\_\_\_

Date to be reviewed \_\_\_\_\_