



Medicine Policy

Policy statement

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 prescribed by a doctor as part of maintaining their health and well-being or when they are recovering from an illness.

If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings' (Department for Education, March 2005). The Nursery Head is responsible for ensuring all staff understand and follow these procedures. All staff are made aware of policy and procedure on induction.

A parent consent form must be completed stating dose and when medicine should be given.

Procedures

Children taking prescribed medication must be well enough to attend the setting and be free from sickness and diarrhoea for at least 48 hours.

Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). The medication must be in the original box where the specified administration dosage and for how long can be clearly seen and followed.

Non-prescribed medication brought into the setting without the original box or administrative instructions cannot be given.

Staff will follow normal recording procedures including a signed parent consent form indicating clearly that their child has had no previous adverse effects to the medication.

Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the consent.

No medication may be given without the consent form being completed with dose and when medicine is to be given.

The administration is recorded accurately each time it is given and is signed by the administering member of staff.

Refusing medicines

If a child refuses to take their medication staff should not force them to do so, but should inform the parents immediately. If a child with a long term medical need refuses medication or support then staff follow the child's health care plan and protocol.

Storage of medicines

All medication is stored safely in the setting or refrigerated as required. It is the responsibility of the parent to ask for the medicine at the end of the day, however the child's key worker should work with the family and hand the medicine back to parents with any significant information about the administering of medicine.

Children's medication is stored in the medicine cabinet in the cloakroom or in the fridge in the Nursery kitchen. Each child should have a copy of the **record of medication administered to an individual child** form with their medication and be stored in a plastic wallet. The first aid box and accident forms are kept in the medicine cupboard in the Nursery cloakroom. Any medication which requires refrigeration can be stored in the fridge in the kitchen. Again this medication will need to be kept with the **record of medication administered to an individual child** form and in a plastic wallet.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

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 key worker what they need. However, this does not replace staff vigilance in knowing and responding to when a child requires medication.

Any staff that are required to take medication during the working day must store this medication in the cabinet in the office. Staff are obliged to inform the leadership team of any medical conditions they might have which could impact on their performance e.g. epilepsy, asthma.

Children who have long term medical conditions and who may require on 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 Nursery Head alongside the key worker. Other medical or social care personnel may need to be involved in the Risk Assessment. All staff will be made aware of any individual's medical needs or condition. Parents can also contribute to a Risk assessment.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. Training needs for staff form part of the Risk Assessment. The school's SENDco will co-ordinate, training and any refresher training required for the staff.

The Risk Assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.

A Health Care Plan for the child is drawn up with the parents, nursery staff, and medical professionals outlining the support needed for the child and what information must be shared with other staffs that cares for the child.

The plan should include:

- The type of medical condition, its triggers, signs and symptoms and treatments.
- The pupil resulting needs, including medication and other treatments, time, facilities, equipment, testing, access, to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, the outside play spaces.
- Support for specific educational and social emotional needs.
- The level of support needed, including if a child is self-managing their needs.
- Who is responsible for providing the support and what arrangements are in place in their absence.
- Who in the school/playgroup is aware of the child's condition and the support required.
- Arrangements for written permission from parents and the Head teacher for medication to be administered.
- Separate arrangements for school trips
- Emergency arrangements.

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 if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects. Parents receive a copy of the Health Care Plan and each contributor, including the parent, signs it.

When the school is notified of a child entering with a medical need, transitional arrangements will be made with the family and the SENDco.

A protocol for children who have a long term medical need will be drawn up by the health professionals and the Nursery Head; this is signed by the health professional, the Nursery head and the parent. Where a child is supported by an adult to meet their medical need, arrangements will be made in order to cover this person if they are away from work. This includes the exact procedures for administrating a child's medication and measures taken in an emergency.

The protocol is displayed with a photograph of the child within the setting where all staff can access it. All parties involved receive a copy of the Protocol.

Managing medicines on trips and outings

If children are going on outings, staff accompanying the children must include the key worker for the child with a Risk Assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic wallet clearly labelled with the child's name and name of the medication. Inside the wallet is a copy of the consent form and an administration of medicine form.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic wallet clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

Common medical conditions

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, seizures and severe allergic reaction (anaphylaxis). It is important that the needs of children are assessed on an individual basis.

On registration of a child with any of these common medical conditions parents will be required to complete a health plan detailing administration of medication and the emergency procedures to follow in the event of an occurrence of any of these conditions. These procedures are also relevant to those children who attend our setting who have dietary needs which require medication and extra vigilance.

Important information regarding allergies or any medical conditions for our children are displayed with a photograph of the child in the staff room, and where appropriate in the learning areas.

Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

Reviewed October 2017

Agreed by FGB_____

Signed Chair of Governors_____