04 Health procedures

**04.2 Administration of medicine**

Room leaders are responsible for 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, especially a baby/child under two, 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 setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

**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 room senior. The setting manager should also be informed.

*Practitioners ensure that a room leader or management is present to discuss medication with the parents in the morning during drop offs. A medication form in filled in by the parents and then signed by management to ensure the management team are aware.*

* 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
* dosage to be given
* 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. Refrigerated medication is stored separately in the kitchen fridge, or in a marked box in their individual rooms (such as an asthma pump) in a named labelled box on top of the adults first aid wardrobes.

* Practitioners in the childs room must ensure the 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.
* 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.

**Record of administering medicines**

A record of medicines administered is kept near to the medicine cabinet or in the child’s group room, or in the setting manager’s office. Settings can choose which works best for them, as long as members of staff are aware, and it is consistent.

*Medication forms are kept within the contact details plastic wallet of that child, in their rooms. These folders are blue and found in every cupboard across the nursery.*

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 administrator and a witness
* 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.

**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 setting 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.
* 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.

**NON PRESCRPTION**

Non-prescription medication, such as pain or fever relief **(e.g. Calpol)** and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature (over 38 degrees for under 1 year old, over 38.2 degrees for over 1 year old). Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.

* *If their temperature reduces and returns to a normal temperature, they can stay at the nursery.*
* *After 30 minutes, if the childs temperature has not gone down, they must be collected from nursery. We will not administer Calpol twice at the nursery, as this means they are too unwell to attend the setting and must be collected (managers discretion)*
* *If a child had had Calpol BEFORE entering the nursery setting, they will not be allowed to attend the nursery, as they were too unwell in the morning, and therefore the parents/ carers administered Calpol and therefore are too unwell to be at the nursery.*
* *If a childs temperature reached 39 degrees or over, Calpol will be administered, and they will have to be collected immediately.*
* *If a child has Calpol for 2 consecutive days at the nursery, they are not well enough to be at the setting and must remain at home for 24 hours.*

The administering of un-prescribed medication is recorded in the same way as any other medication. NB we may administer children’s paracetamol (un-prescribed) for children under the age of one year with the verbal 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.

**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 consent form and the medication form
* 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.

**Staff taking medication**

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

**Life-saving medication and invasive treatments**

Life-saving medication and invasive treatments may include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

* The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
* The child’s welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
* The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
* Children with complex and/or long-term health conditions have a health care plan, in place which considers the principles and best practice guidance given here.
* Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
* Key persons speak directly to the child, explaining what they are doing as appropriate to the child’s age and level of comprehension.
* Children’s right to privacy and modesty is respected. Another practitioner is usually present during the process.

**Record keeping**

For a child who requires invasive treatment the following must be in place from the outset:

* 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 parents allowing members of staff to administer medication
* 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
* Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

**Physiotherapy**

* Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
* If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

**Safeguarding/child protection**

* Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
* If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

**Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.**

**Further guidance**