# 1st Steps Administration of Medicine Policy

1st Steps Day Nursery recognises that children with medical needs have the same rights to attend nursery as every other child and that most children at one time or another will have short term medical needs, e.g. antibiotics. Some children however, have long term medical needs and here at 1st Steps we will do everything we can to enable those children to attend the setting too.

Any child with a medical need will complete a health/allergy care plan for the nursery on admission. This is done for asthma sufferers, eczema, allergies, etc. where treatment may be ongoing. Where medical needs are very complex, more support and possibly 1 to 1 care will be used. This will involve the Inclusion Officer for Sefton, Sencos, parents and Primary care trust. Any reasonable adjustment needed will be done in accordance to the Disability Discrimination Act to help us offer the child full care. Parents of children with complex health needs are encouraged to share information about the needs with the nursery as soon as possible. This could be included on the induction or in their transition form. This will allow nursery staff to access specialist training if required, i.e. diabetic, epileptic, asthma nurses to do onsite training.

Once registered and attending nursery, if they then develop a medical need, it is the responsibility of the parents to inform the nursery and ensure that we receive the correct information. A health/allergy care plan can then be devised to help manage the medicine.

**Procedures for managing medicines and record keeping**

* On arrival to nursery with medicine, parents must complete a medicine form with a member of staff. All medicine, whether prescribed or not must be in its original box and both labelled with the child's name. Hand written labels are acceptable for over the counter medicines but must be labelled with the child's name, date and signed by parents.
	+ See Infection control list for various conditions, treatment and exclusion periods before child is left in nursery.
* Staff must ensure that our medicine form is fully completed before accepting the medicine and correlates with the medicine label and bottle. (Blank forms are stored in each room or in the pigeon holes).
* Both prescription and non-prescription medicines can only be administered where written permission has been obtained from the child’s parent or carer.
* Medications containing Asprin must be prescribed.
* If the medicine is not in the box, labelled and dated, parents will be asked to attend nursery to administer their own child's medicine. Medicine must be taken home daily to avoid any confusion and medicine forms checked daily to ensure procedures are followed.
* If the child needs the medicine on a long term basis, e.g. cream for skin problem’s, asthma or allergies, then a health/allergy care plan must be completed by the parent. This will include all information on the condition and medication needed to give us permission to administer it on a daily basis.
* Termly reviews are necessary between parent and key carer to ensure medication is required, use by dates are checked and to see whether there are any changes to medical needs/allergies. This health/allergy care plan must be copied. One kept in their learning journey, one with their admission records, 1 in the children allergy/ health care plans. Risk assessments will be devised if deemed appropriate and stored in the child's file and one in the fire evacuation file.
* It is a parents responsibility to keep nursery up to date with any changes to their Childs medication/allergy and health care needs and this must be done at least once each every half term.
* When parents give staff medicine they must check for the following details:
	+ All medicines must be in their original containers.
	+ They must be clearly labelled with
		- Child’s name
		- Name of medicine
		- Dosage
		- Method of administration
		- Time/frequency of administration
		- Any side effects
		- Check expiry date. We will not administer out of date medicine!
		- Check the purpose of the medicine.
	+ Receiving staff of the medicine must check that the instructions on the container and on the medicine form match before parents leave the nursery and then place it onto the relevant room register to ensure that the team are aware that medicine is required. In cases where children arrive early and do not go directly into their room or to their key staff, verbal confirmation is also given to the receiving staff to ensure they are aware of the medicine form.
	+ Brief details of medical needs will be written on the notice board to inform other members of staff of the medical needs (including allergies) and to make them aware that medicine is to be administered that day.
	+ Where medicine is to be given 3 or 4 times a day, we will only administer the middle dose (s). Parents need to administer their child's medication before and after nursery.
* On the medicine form it requires staff to complete the following information
	+ Child’s name, date & room number.
	+ Medicine name
	+ Purpose of medicine
	+ Length of time needed
	+ Dosage
	+ Times to be given
	+ Time of last dose
	+ Storage instructions
	+ Instructions on how to give medicine
	+ Staff to sign and a witness to sign
	+ Parent to sign to give permission for us to administer
	+ Parent signed at end of day that medicine has been administered

**Non –prescribed medicines**

Follow the same procedure for prescribed medicines. A health care plan will not be in place for any un-prescribed medicines (i.e. Paracetamol) except for long term use of nappy creams and Piriton. Parents are asked to label the bottle/box with the child's name, the date and sign the box.

At 1st Steps we understand that sometimes children are ‘a little under the weather’ and may just need a little more TLC. It is very difficult for working parents to always take time off when their child/children have a sniffle.

* If the parent arrives at nursery with a child who may be feeling a little under the weather and say that we can give Calpol if needed, ask them to complete a form before leaving. (Parents must supply their own Paracetamol Calpol).If the child needs the medicine it will be administered and parents will be informed and asked to sign the form when the child is collected. If we do not give the child any medication during the day. The form maybe handed back to the parent at the end of the day or shredded.

We do have a limited stock of Calpol on the premises for emergency purposes only. If children become unwell during the day and have a high temperature which does not decrease using non medicine based methods, staff will phone parents and ask them to either collect their child, deliver Calpol/infant paracetamol or allow us to administer Calpol/infant paracetamol to lower the temperature and what dosage they would like us to give them. Staff will also check with parents if the child has had any Calpol or paracetamol before coming to nursery, to prevent overdosing the child. Staff will then carefully monitor the temperature. Parents are asked to phone back within half an hour to check on their child’s condition. If it does not decrease, the parents will then be asked to come to nursery to collect the child.

**Children taking their own medicines**

The children we care for are aged 0 – 5 years, therefore, a little young to be administering most medicines. However, If the parents wish us to start helping children to administer their own medication, e.g. inhalers for asthma, we will do so. This may involve the asthma nurse coming into nursery.

All medicines will be stored out of reach of children. Even though parents may wish their child to start administering the inhaler, etc, themselves, all medicines will be stored out of their reach and inaccessible to children. A medicine form and updated health care plan must still be completed by the parent for the child to administer it.

**Storage of medicines**

* Medicines must be stored in accordance with product instructions on the original container.
* When stored in the fridge, they will be kept in an airtight container. If the child is in room 5 or 6 they will be stored in the kitchen. If they are in rooms 1 – 4, they will be stored in the milk room.
* Other creams, inhalers and medicines will be stored out of reach in the children’s rooms or bathrooms and are mentioned as part of the room risk assessments.
* Any children requiring injections should have a ‘sharps’ disposal container provided by their parent or health professional involved. Specific training will be provided to administer the injections and risk assessment updated accordingly.
* Medicines which are no longer required by the child will be returned to the parents for them to dispose of.

**Managing medicines on outings**

* Children with medical needs will be taken on outings with their medication.
* If the medicine is to be stored in the fridge, a cooler bag will be used where possible and other medicines carried separately with all details of administration with them.
* Health care plans will be taken.
* Additional supervision will be used if required. This may involve parents, grandparents or more staff.

**Staff training in dealing with medical needs**

All staff are encouraged to do a Paediatric First Aid (PFA) Certificate as part of their general training. These are renewed every 3 years. 1st Steps support staff to take this qualification and will fund training where applicable (see 1st Aid Policy).

If children have complex medical needs that require specialist training, we will ask health professionals to attend a staff meeting or visit the nursery on a number of occasions to ensure sufficient training is received. If health professionals attend a staff meeting, the information given and the attendees of the meeting will be recorded in the minutes of the meeting. Other meetings will also involve recording information. Staff involved in the meetings will be assessed by the healthcare professional on whether they are competent at administering the medicine.

The managers, deputies, room leaders and nursery nurses will administer medicine which is witnessed as a safeguarding measure. When the medicine has been administered, the member of staff who has given it to the child will sign the Medicine Record Sheet and a counter signature is also needed by the witness. Assistants will be supported to administer medication as part of their training. Parents will be asked to sign the sheet at the end of the day so they are aware of what time the last dose was given. Part of staff training will include observing and being supervised in the administration of medicine. It is the responsibility of the person in charge of the room to ensure the medicine is administered correctly.

**Emergency Procedures**

* Room leaders are responsible for dealing with emergency situations administrating 1st aid. This will involve speaking to a manager (Alex, Bev, Sandra, Christina)
* The manager will then assess the situation and if necessary:
	+ Contact parents or
	+ Phone for an ambulance (see 1st Aid procedure) or
	+ Take the child to the hospital by car or taxi (we have prior consent on admission forms for this)
	+ Or do a selection of these things.
* If the child needs to go to hospital, the parent will be called and a member of staff who the child is familiar with will accompany them along with admission details, medicine and health care plans (if applicable, i.e. if they have been ill during the day) in the ambulance and stay at the hospital until a carer or parent arrives.
* If the emergency involves a member of staff, the next of kin will be called and another member of staff where possible will accompany them to hospital.
* The calls will be logged in the diary of contacts for that child.
* In event of an evacuation due to fire, etc, the room leader should take out the medicine box from the room with their register and health care/allergy form.

**Staff**

Staff with medical problems also need to complete a Health/allergy Care Plan and to provide a copy of medication instructions. This will be stored in the locked filing cabinet with their personal details. Side effects of medication must be assessed and staff deemed suitable for work. Staff will be asked to update these regularly and share with management to ensure they know how to manage the condition.

Reviewed by: Alex Walker Feb 18 Next review: Feb 20

**Safeguarding**