



### 3. Administration of Medication Policy and Procedures

Section 3.26/ 3.46/ 3.47 in Statutory Framework in EYFS

The Orchard Day Nursery Kew provides the best possible service for parents and children. Although staffs working with children are not legally obliged to administer medication, our staff team recognises that not to offer this service would be detrimental to parents and children.

However, we must ask for parents' full cooperation in ensuring that our policy and procedures are adhered to, and staff are not put in a difficult position.

#### **This policy applies to:**

Medication bought over the pharmacy counter, i.e., non-prescribed.

Medication prescribed (e.g., by a GP, dentist).

Non-prescribed medication (must be bought from the pharmacy) is only given if it is: in the original container and clearly labelled or marked with the child's full name; dosage, and frequency by the chemist/ pharmacist, it only applies for body cream or lotions or Vaseline.

Prescribed medication is only given if it is in its original container and supplied with the pharmacy label **ON THE BOTTLE** – parents should ensure they request this when putting the prescription into the pharmacy. It cannot be given if the label is on the box. The label must clearly state the child's name, dosage and have a valid date.

In Family App parents will find the Medication and authorization give template which must be fill up by parents before to bring the medicine to the nursery, however, if they are not able to fill up this digital the nursery will provide a print copy for be fill up handwriting at the nursery.



### **The orchard day Nursery will ensure that:**

- Records of the administration of all medicines in the nursery are kept.
- Written permission from parents/carers is sought before we administer medication.
- Staff understands what the medicine is for and how long it is to be taken
- If a child requires more complex medicines which staff cannot administer without training, we will work with the parents and take professional advice as appropriate.
- Communal infant Calpol is kept in the nursery main first aid box and will be given to the child just during an emergency situation where the temperature rise the 39.5 C, and the parents be away of nursery for a period of 30 minutes, to prevent any convulsion.
- All medicines (paracetamol, Piriton, Inhalers ...) are kept overnight in the office in a secure locked unit.
- We do not give the first dose of any new medication to a child, all medication must to be given by parents with 48 hrs of anticipation.
- Medication is only administered by a qualified member of staff and witnessed by another member of staff.

The Nursery Manager checks all completed Medication Consent Forms and Record of Administration of Medication forms daily to confirm that the policy and procedures have been followed.

### **PROCEDURES RECORD KEEPING WRITTEN PERMISSION FROM PARENTS – MEDICATION CONSENT FORM**

Our medication Consent Form (example attached) giving written permission for the nursery to administer medication must be filled in by the parent/guardian. Usually only one form needs to be completed for a whole course of medication.



This records the following information: Name: the child's full name Date(s): the date that the medication is handed in to nursery for staff to administer. For a course of medication, the additional dates should be noted on the original form and initialled by the parent.

Name of medication: the full name of the medication. If the medication changes for any reason, e.g., the GP decides that a different antibiotic is needed; a new form must be completed. Reason for medication: staff must understand what the medicine is for.

How long the course of medication is (prescribed medication only): e.g. 5 days Date dispensed (prescribed medication only): staff should check the date that prescribed medication was dispensed, e.g. antibiotics dispensed a month ago may have been for a different condition.

Use by Date (non- prescribed medication): staff will check the use by date with the parents and we cannot administer the medicine if it is out of date. Dose to be given: the dosage on the Medication Consent Form is the only dosage that will be administered.

- For prescribed medication, staff will check the dosage with the parents and against the label/instructions and if it exceeds the recommended dose, we cannot administer the medicine unless there is also a letter from the doctor.
- If the dosage changes for any reason, e.g. the GP decides that a different dose is needed; a new form must be completed.
- If staff has concerns over the instructions given by parents, e.g., it is more than the maximum recommended dose or the leaflet suggests it is not suitable for the reason the parent wants to give it, staff should query this with the parent and/or check with a pharmacist. How to be given: for example, before meals. This also allows parents to advise us about the child's needs, for example, if the child prefers a syringe type dispenser to a spoon Date/time last given by parent/carer: self-explanatory.



Time(s) - Actual times must be stated, i.e., 'every 4 hours' is not acceptable. If the times change on any subsequent days, these must be noted on the original form and initialled by the parent. Confirmation that the medicine has been supplied in the original container: if not, it cannot be used and must be returned to the parent. Confirmation that the child has already had at least one dose of the medicine: this is required to ensure that the child has not suffered any unwanted reaction.

What information the Prior written Permission has template has:

As Parents must give prior written permission for the administration of medication.

The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- the full name of child and date of birth;
- the name of medication and strength;
- who prescribed it;
- the dosage and times to be given in the setting;
- the method of administration;
- how the medication should be stored and its expiry date;
- any possible side effects that may be expected; and
- the signature of the parent, their printed name and the date.

The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication [and a witness]. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:

- name of the child;
- name and strength of the medication;
- name of the doctor that prescribed it;
- date and time of the dose;
- dose given and method;



- signature of the person administering the medication
- parent's signature.

### **Nursery Management notification:**

Once the Medication Consent Form is signed by the parent, management should be notified before the first dose is given to the child.

- 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 person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- The medication office will monitor the medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a few children at similar times may indicate a need for better infection control.

### **Parents giving medicine**

If the parents decided they will be visiting the setting at the time the medicine must be applied or subminister, the medicine form must be fill up and a member of staff must witness the medicine submitted by the parents. This will occur in the lobby or entrance. The parents must be aware that the staff must check that the medicine cover all the criteria above. Also, the line manager must be update of that.

### **RECORD KEEPING BY STAFF – RECORD OF ADMINISTRATION OF MEDICATION (RAM)**

- The member of staff administering the medicine must complete the Record of Administration of Medication (RAM) by noting:
- The dates and exact times the medicine was given.
- The dose given.



- The reason for any late dosages, e.g. because a child was asleep;
- Medicine is returned to the parents at the end of each day.
- The RAM must be signed by:
  - The member of staff administering the medicine and by the witness immediately after each dose is given.
  - The parent, so that they know the time of the most recent dose.
  - The Nursery Manager, who checks all completed forms daily to confirm that the procedure, has been followed,

**ADMINISTRATION OF THE MEDICATION before giving any medication staff must**

- refer to the Medication Consent Form and read the information leaflet that accompanies the medicine.
- Wash their hands.
- Wear disposable gloves and an apron if appropriate. When giving the medication staff must:
  - Carefully follow the instructions.
- Offer the child a drink with the medication if appropriate. If a child spits out their medication or refuses to take it the parents should be contacted for advice.
- If we are unable to contact the parents, we will seek advice from the GP or pharmacist. A note should be made on the RAM. If too much medicine is given, we will seek advice without delay from the GP or pharmacist. A note should be made on the RAM and the parents advised. Ruskin house school Nursery



## **STORAGE OF MEDICATION & medicine spoons**

Medication that does not require refrigeration will be kept in manager's office, in a secure locked unit. This is located out of the reach of the children and in an area that is below 25°C. The exception to this is allergy medication.

**Please refer to our Allergy Policy for extension for the medicine as EpiPens.**

Medication that requires refrigeration will be stored in the fridge which is in an area of the kitchen not accessed by the children. Each child's medication is stored in an individual named plastic bag.

All inhalers must be labelled clearly with child's name. They will be stored within easy reach of staff in case of immediate need but will always remain out of children's reach and under supervision.

Please refer to our **Asthma Policy** and Procedure Individual medicine spoons/syringes should be kept with each child's medication and washed and dried after use.

As these are easily lost or broken a small supply of communal spoons will be kept in a separate, labelled, and lidded container. These will be washed and dried before being returned to the container.

***Under any circumstances medication will be placed in children's bag by the parents, as it is a high level of hazard. Parents must give the medication to the member of staff and follow the full procedure display in this document.***

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

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our 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 in 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 adults who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- We review the health care plan 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.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

*Our statutory obligation is to ensure that the orchard day Nursery Kew has a clear policy and guidelines on the use, of storage and administration of medication and that staff are suitably trained to carry these out. The service makes sure that written consent is given by parents and carers for the use or administration of medication provided by them.*

<b>This policy was Adopted on</b>	<i>May 2023</i>
<b>Signed on behalf of the nursery</b>	<i>Vanessa Pinzon Torrado</i>
<b>Date of review</b>	<i>May 2024</i>
<b>Date of review</b>	
<b>Date of review</b>	