 Medication

At Brown Bears Nursery we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see sickness and illness and infection control policies). If a child requires medicine we will obtain information about the child’s needs for this, and will ensure this information is kept up to date.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below.

Medication prescribed by a doctor, dentist, nurse or pharmacist

***(Medicines containing aspirin will only be given if prescribed by a doctor)***

* Prescription medicine will **ONLY** be given when prescribed by the above and for the person named on the bottle for the dosage stated
* **Only staff that are First Aid trained can administer medication**
* Medicines **must** be in their original containers with their instructions printed in English, labelled with the child’s name
* Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the appropriate form and another member of staff will check these details
* Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:

1. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed
2. The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed
3. Parents must notify us **IMMEDIATELY** if the child’s circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.

* The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a letter from a doctor or dentist
* The parent must be asked when the child has last been given the medication before coming to nursery; and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent’s signature must be obtained at both times
* At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication)
* If the child refuses to take the appropriate medication, then a note will be made on the form
* Where medication is “essential” or may have side effects, discussion with the parent will take place to establish the appropriate response.
* Children who are taking antibiotics **MUST** not be admitted to nursery for the first **72 HOURS** after starting the course. The first full dose of any medicine **MUST** be given to the child at home e.g. if antibiotics are to be administered three times a day then these three doses **MUST** be given before the child returns to nursery. If a child is taking antibiotic eye drops they may return to nursery after the first administration of drops.

The nursery needs to be informed by the parents about any particular medical needs before a child begins attending/settling in, or as soon as the child develops a medical need. A Critical Care Plan will be completed for children with specific medical needs, involving the parents and relevant health professional. Critical Care Plans **MUST** be supported by a suitable risk assessment.

Non-prescription medication *(these will not usually be administrated)*

* The nursery will not administer any non-prescription medication containing aspirin
* The nursery will only administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought
* If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner
* If a child needs liquid paracetamol or similar medication during their time at nursery, such medication will be treated as prescription medication with the onus being on the parent to provide the medicine
* On registration, parents will be asked if they would like to fill out a medication form to consent to their child being given a specific type of liquid paracetamol or anti-histamine in particular circumstances such as an increase in the child’s temperature or a wasp or bee sting. This form will state the dose to be given, the circumstances in which this can be given e.g. the temperature increase of their child, the specific brand name or type of non-prescription medication and a signed statement to say that this may be administered in an emergency if the nursery CANNOT contact the parent
* An emergency nursery supply of fever relief (e.g. Calpol) and anti-histamines (e.g. Piriton) will be stored on site. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date
* If a child does exhibit the symptoms for which consent has been given to give non-prescription medication during the day, the nursery will make every attempt to contact the child’s parents. Where parents cannot be contacted then the nursery manager will take the decision as to whether the child is safe to have this medication based on the time the child has been in the nursery, the circumstances surrounding the need for this medication and the medical history of the child on their registration form.
* Giving non-prescription medication will be a last resort and the nursery staff will use other methods first to try and alleviate the symptoms (where appropriate). The child will be closely monitored until the parents collect the child
* For any non-prescription cream for skin conditions e.g. Sudocrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child’s name
* If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form
* As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
* **The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine**
* Non-prescribed medication for teething, mild skin conditions and mild allergies can be authorised by management

Injections, pessaries, suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication.

**Staff medication**

All nursery staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or feel unwell and cannot meet children’s needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy.

If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability to care for children they must inform their line manager and seek medical advice. Management will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be kept in the person’s locker/separate locked container in the staff room or nursery room where staff may need easy access to the medication such as an asthma inhaler. In all cases it must be stored securely out of reach of the children, at all times. It must not be kept in the first aid box and should be labelled with the name of the member of staff.

Staff **MUST** inform management that they are on medication and the procedures for administration.

Storage

All medication for children must have the child’s name clearly written on the original container and kept in a closed box, which is out of reach of all children.

Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain out of children’s reach. Any antibiotics requiring refrigeration must be kept in a fridge inaccessible to children.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist’s details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

**Emergency Administration of Non-Prescribed Fever-Relief Medication**

There **MUST** be an emergency nursery supply of fever relief and this **MUST** be sachets (Calpol Sachets).

Prior written consent for the administration of this in case of an emergency **MUST** be obtained at the time of registration and filled out on the Application Form.

If a child develops a high temperature **(in children under 5 a temperature of 38C or above)** the following procedure will happen:

* A Senior Management Member will be notified
* The first initial temperature is recorded on the ‘Record of Child’s Temperature Chart’. (To record a temperature the average of **THREE** temperature readings **MUST** be taken)
* A member of staff will attempt to cool the child down by:
* Giving the child a cool drink of water
* Removing all clothing except the child’s vest/t-shirt and undergarments
* Refrain for cuddling the child too closely

*If a child has recently woken up from sleep and appears feverish their temperature monitoring should commence 15 minutes after the child has been fully awake.*

* If after 20 minutes the child has maintained a high temperature of 38 degrees Celsius or above and the parent did not sign any fever relief in the morning a Senior Management Member **MUST** contact the child’s parents and:
* Inform the parent of their child’s temperature
* Ask the parents if they have administered any fever relief prior to the child arriving at nursery that day.
* If the parents have not administered any fever relief before nursery or if four hours have passed since the last dose then ask the parent for verbal consent to administer Calpol from the emergency nursery supply. The fever relief should be administered as directed on the manufacturers’ dosage guidance. The parents **MUST** be asked to collect their child within the hour of the emergency Calpol being given
* If the parents are not contactable and the child has been in nursery for four hours or more a Senior Management Member can administer fever relief. The fever relief should be administered as directed on the manufacturers’ dosage guidance. The parents/authorised emergency contact **MUST** be asked to collect the child as soon as contact has been made

Approved staff members **MUST** wash their hands prior and after administering medicines

An approved staff member **MUST** ensure that a second staff member, where possible the child’s key person, is present as a witness during the administration of medicines. This staff member should also sign the ‘Daily Administration Sheet’.

The child’s temperature **MUST** be monitored every 10 minutes after the emergency dose.

If a child’s temperature rises above the following threshold:

* 38 degrees

The parents **MUST** be informed immediately. If they are close to the nursery they **MUST** collect their child immediately, if they are not contactable or not able to collect their child within the estimated arrival time of an ambulance then an ambulance **MUST** be called.

A Significant Incident Form must be completed and submitted to Ofsted Enquires.

Temperatures **MUST** be taken with a digital thermometer.

Emergency administration of Non-Prescribed anti-histamines Piriton can only be administered to children **over 12 months old.**

Prior consent for the administration of any anti-histamines in the case of an emergency **MUST** be obtained from parents at the time of registration of a child at the nursery and filled out in the child’s ‘Application Form’.

Signs and symptoms of an allergic reaction could include:

* Nettle rash
* Hives
* Swelling
* Itchy eyes, ears, lips, throat and palate

If a child has a previously undiagnosed allergic reaction the parents **MUST** be contacted by a Senior Management Member. They **MUST**:

* Inform parents of their child’s reaction
* If the child is **MORE THAN 12 MONTHS OLD** they **MUST** as the parents for verbal consent to administer Piriton from the emergency nursery supply and asked to collect their child
* They **MUST** check whether the parents have administered any Piriton in the preceding **24 HOURS** and check this information against manufacturer’s instructions for maximum doses in a 24 hour period
* Piriton may then be administered as per the manufacturer’s instructions on the packaging

Approved staff members **MUST** wash their hands prior and after administering medicines

An approved staff member **MUST** ensure that a second staff member, where possible the child’s key person, is present as a witness during the administration of medicines. This staff member should also sign the ‘Daily Administration Sheet’.

The Daily Administration Sheet **MUST** be completed and parents **MUST** sign the sheet at the end of their session to acknowledge that medicines have been administered.

Daily Administration Sheets are specific to individual children. Completed records **MUST** be stored in the child’s file in a locked cabinet.

**If the child shows any signs of Anaphylaxis an ambulance MUST be called immediately and a qualified First Aider MUST administer first aid.**

Sign and symptoms of Anaphylaxis include:

* Swollen eyes, lips, genitals, hands, feet and other areas
* Itching
* Changes in heart rate
* Unconsciousness
* Vomiting and diarrhoea
* Nausea and fever
* Restriction of the airway

**Approved Non-Prescribed Medication**

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| **Creams**  E45  Aqueous Cream  Oilatum  Diprobase  Sudocrem  Drapolene  Vaseline  Any over the counter barrier or moisturising creams | **Temperature Control**  Calpol  Own Brand  Nurofen or other Ibuprofen | **Mild Allergies**  Piriton |
| **Teething Gels**  Calgel  Parsons and Johnson  (teething powder)  Bonjela teething gel | **Digestive Aids**  Gripe Water  Infacol | **Eye Drops**  Any over the counter eye drops for minor inflammations and infections  Saline drops for children aged 2 and over |

**Non-prescribed aspirin MUST NEVER be authorised for administration within the nursery**

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| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
| *August 2022* |  | *August 2023* |