Administration of Medication

The Nursery Manager has overall responsibility for ensuring that safe and effective medication procedures are implemented throughout the nursery. Medication will usually be administered by the child's key person or, in their absence, another authorised and competent member of staff who is familiar with the child's needs and has received appropriate training in the nursery's medication procedures.

Staff responsible for administering medication must ensure that:

- Appropriate parental consent has been obtained before any medication is administered.
- Medication is clearly labelled, in its original container and prescribed for the individual child where applicable.
- Medication is stored safely and in accordance with the manufacturer's instructions.
- Accurate records are completed each time medication is administered.
- Wherever possible, medication is checked by a second member of staff before administration to ensure the correct child, medication, dose, route, time and documentation are verified.

Where a child is receiving a medication for the first time, particularly babies and younger children, parents are encouraged, where possible, to administer the first doses at home before the child attends nursery. This allows parents to monitor for any adverse reactions or side effects and enables the medication to begin taking effect before the child attends the setting. Where this is not possible, staff will work closely with parents to ensure the child's safety and wellbeing whilst attending nursery.

Consent for Administering Medication

- Prescription medicines will only be administered where they have been prescribed for the individual child by a registered prescriber (such as a GP, nurse prescriber, dentist or other appropriately qualified healthcare professional).
- Non-prescription medicines (for example, eye drops, antihistamines, barrier creams or other over-the-counter medication) will only be administered in exceptional circumstances following discussion with the Nursery Manager and in accordance with this policy. Appropriate written parental consent must be obtained before administration.
- When medication is brought into the nursery, the parent or person with parental responsibility (PR) must inform the child's key person or, in their absence, the Room Senior or another authorised member of staff. The Nursery Manager or Deputy Manager must also be informed.
- Only a parent, person with parental responsibility, or a foster carer acting within their delegated authority may give consent for medication to be administered. Other adults, including grandparents, childminders or family members without parental responsibility, cannot provide consent unless appropriate legal authority has been provided.
- In exceptional circumstances, where written consent cannot be obtained before the child attends nursery, verbal consent may be accepted from a parent or person with parental responsibility. This must be witnessed by two members of staff, recorded on the medication form, and written consent obtained from the parent at the earliest opportunity, usually when the child is collected.
- On receipt of any medication, a member of staff will check that:
    - the medication is in its original container or packaging (unless otherwise dispensed by a pharmacy)
    - it is clearly labelled with the child's name
    - it has been prescribed for that child where applicable
    - it is within its expiry date

    - the dosage and administration instructions are clear and legible
    - storage instructions can be safely followed
    - the medication is suitable for administration during the nursery session.

Wherever possible, a second member of staff will verify these checks before the medication is accepted.

Before accepting medication, the parent or person with parental responsibility must complete and sign the nursery's Medication Consent Form, which includes:

- Child's full name and date of birth.
- Name of the medication.
- Reason for the medication.
- Required dosage.
- Method of administration (for example, oral, inhaled or topical).
- Time(s) the medication should be administered.
- Storage requirements.
- Expiry date.
- Date the medication is to be administered or course start and finish dates where applicable.
- Parent's printed name, signature and date.

Medication will not be accepted or administered unless all required information has been completed and the nursery is satisfied that it can be administered safely.

Once the medication has been accepted, the child's key person or designated member of staff will ensure that all relevant staff are informed of the medication requirements through the nursery's agreed communication procedures, including verbal handover and recording on the daily room communication system or register where appropriate.

Medication will not be accepted or administered unless all of the required information has been provided and the nursery is satisfied that it can be administered safely.

Once the medication has been accepted and the necessary documentation has been completed, the parent or carer may leave their child in the nursery's care. The child's key person or, in their absence, the designated member of staff, is responsible for ensuring that all relevant staff are informed of the child's medication requirements before the medication is due to be administered. This will be communicated through a verbal handover to the Room Senior or Manager and recorded on the nursery's agreed communication systems, such as the room message board, daily register to ensure all staff are aware of the child's medical needs.

Emergency Administration of Paracetamol (e.g. Calpol)

If a child becomes unwell whilst attending nursery and develops a raised temperature or other symptoms of illness, staff will follow current NHS guidance to help make the child comfortable, such as removing excess clothing, encouraging fluids where appropriate and closely monitoring the child's condition. Parents or carers will be contacted immediately and asked to collect their child as soon as possible.

If collection is significantly delayed and staff consider that the administration of paracetamol oral suspension (e.g. Calpol) is necessary to support the child's comfort whilst awaiting collection, this will only be administered where:

- Prior written parental consent has been obtained, or in exceptional circumstances, documented verbal consent has been obtained from a parent or person with parental responsibility.
- The medication is appropriate for the child's age and weight and is administered in accordance with the manufacturer's instructions or healthcare advice.
- The child has no known allergy or medical reason why paracetamol should not be administered.

The administration of paracetamol will be fully recorded on the nursery's medication administration form, including the time, dose given, reason for administration, details of the parental consent obtained, and the names and signatures of the member(s) of staff administering the medication. The parent or carer will be asked to sign the medication record when collecting their child.

Administration of paracetamol is an interim measure to support the child's wellbeing whilst awaiting collection and does not replace the need for the child to be collected. Children who are unwell will be excluded from nursery in accordance with the nursery's Illness and Infection Control Policy.

Storage of Medicines

All medicines are stored safely, securely and out of the reach and sight of children, in accordance with the manufacturer's instructions.

- Routine medications are stored in the locked first aid cupboard.
- Medications requiring refrigeration are stored in a clearly labelled, sealed container within the designated milk kitchen refrigerator for babies or in a clearly marked container within the main kitchen refrigerator, as appropriate. Medicines are stored separately from food wherever possible.
- Emergency medication, such as inhalers, adrenaline auto-injectors (EpiPens) or other life-saving medication, is stored in an agreed, clearly identified location that is readily accessible to trained staff at all times but remains inaccessible to children.
- All medication is clearly labelled with the child's name and checked upon receipt to ensure it is within its expiry date and suitable for use.
- Parents do not have direct access to medication storage areas. Medication must be handed directly to a member of staff on arrival and returned directly to the parent or person collecting the child at the end of the session, unless otherwise agreed as part of an Individual Healthcare Plan.
- Expiry dates are checked regularly, and any expired or unused medication is returned to the parent or carer for safe disposal and replacement where necessary.

When medicine can’t be stored safely

- All medication must be stored safely and in accordance with the manufacturer’s instructions, pharmacy guidance and any specific storage requirements for that medication.
- Where the setting is unable to safely store a medication in accordance with these requirements, we reserve the right to refuse the child’s attendance until a safe and appropriate solution has been agreed. This decision will be made in the interests of the child’s health, safety and wellbeing and to ensure that the setting does not administer medication that may have been stored incorrectly.
- Where necessary, the Manager will work with the child’s parent/carer to seek appropriate advice and identify a suitable solution. This may include consultation with the child’s GP, pharmacist, specialist medical professional, SEND team, health professional or other appropriate agency/professional involved in the child’s care.
- Where appropriate, an Individual Healthcare Plan and/or risk assessment will be reviewed or developed to clearly record the agreed arrangements for the safe storage, access and administration of the medication.
- A child will be able to return or attend once the Manager is satisfied that suitable arrangements are in place to ensure that the medication can be stored, accessed and administered safely and in accordance with the relevant guidance.

Record of administering and handling medicines

- Staff are responsible for ensuring medicine is handed back at the end of the day to the parent.

- Medicine forms are to be signed by parent/carer at the end of each session or as required.
- For some conditions, medication may be kept at the setting. Key persons check that any medication held to administer on an 'as and when required' basis, or on a regular basis, is in date and returns any out of date medication back to the parent.
- Parents do not have access to where medication is stored, to reduce the possibility of a mix up with Medication for another child, or staff not knowing that there has been a change.
- Parents are not allowed to change the dosage of medication: we must obtain consent/written confirmation from an appropriate medical professional.
- A record of medicines administered is kept in the room registers and medication file, these forms are completed once medicine has been administered by staff member and also parent/carer upon collection on that day.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they are 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.
- Medical forms are kept in the child's folder once completed course of medicine to keep a record.
- The medicine record file is monitored to look at the frequency of medication being given in the setting eg.a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control / safeguarding concerns.
- Children with long term medical conditions requiring ongoing medication: A Medical plan will be completed on registration this may need to be completed with additional professional depending on medical need.
- A health care plan is drawn up with the parent and where required alongside other supporting professionals outlining the key person's role and what information must be shared with other members of staff who care for the child.
- If a child needs a lifesaving medication/equipment this must be brought with the child each session or a spare one left at the nursery: Such as an inhaler. If the child arrives without the appropriate items as detailed in the medical plan the setting reserves the right to send them home.
- Where needed other professional support will be called upon to enable effective medical plans and risk assessments.
- Risk assessment is carried out for children with long term medical conditions that require ongoing medication, this is the responsibility of the manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents'/main careers will contribute to their child's individual risk assessment. When they are shown around the setting routines and activities are explained to them and they are given the opportunity to

discuss anything they think may be a risk factor for their child. These can also be discussed further at professional meetings.

- For some medical conditions key members of staff will require training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs of staff members is part of the risk assessment, certificates of training will be held within their personal file. This will be completed via to the child starting nursery unless advised differently from medical professional.
- Risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment includes arrangements for taking medicines on outings; the child's GP's advice is sought if necessary, where there are concerns.
- The health care plan includes 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 noted etc. the parents/carers will sign medical plan to show it has been reviewed along with the Key person and Manager, any amendments will be added to Kindersoft.

Record of Administering and Handling Medicines

- All medication administered at the nursery will be recorded on the nursery's Medication Administration Record (MAR) form and, where appropriate, within the child's electronic record on Kindersoft.
- The medication record will include:
    - Child's full name.
    - Name of the medication.
    - Date and exact time the medication was administered.
    - Dose given.
    - Method of administration.
    - Reason for administration.
    - Name and signature of the member of staff administering the medication.
    - Name and signature of the witnessing member of staff, where applicable.
    - Parent or carer's signature acknowledging the medication administered at collection.
- Staff are responsible for ensuring that medication is returned directly to the parent or person collecting the child at the end of the session unless alternative arrangements have been agreed as part of the child's Individual Healthcare Plan.
- Medication administration records must be signed by the parent or carer at the end of each day or session to acknowledge that they have been informed of the medication administered.
- Some medication may remain at the nursery for children with ongoing medical conditions. These medicines will be stored safely in accordance with this policy. The child's key person or designated member of staff will regularly check that the medication remains within its expiry date and request replacements from parents before it expires.
- Parents and carers do not have direct access to medication storage areas. All medication must be handed directly to a member of staff on arrival and returned directly to the parent or authorised collector at the end of the session.
- Parents must not alter the dosage or administration instructions without providing updated written instructions from the prescribing healthcare professional or registered prescriber.

- No child will self-administer medication. Where children are developmentally able to recognise when they require medication, for example an inhaler for asthma, they will be encouraged to communicate this to a member of staff. Staff remain responsible for recognising symptoms and ensuring medication is administered safely and promptly.
- If a child refuses medication, or spits out or vomits a dose, staff will not force or repeat the dose unless advised by the child's parent and an appropriate healthcare professional. The incident will be recorded and parents informed immediately.
- Following the administration of medication, staff will continue to monitor the child for any adverse reactions or changes in their condition and will seek medical advice or emergency assistance where appropriate.
- Completed medication records will be stored securely within the child's individual file in accordance with the nursery's Record Keeping and Confidentiality Policies.
- The Nursery Manager will regularly review medication records to identify any patterns or trends, such as frequent courses of antibiotics or repeated administration of medication, which may indicate a need for additional infection control measures, further support for the child or family, or safeguarding consideration where appropriate.

Children with Long-Term Medical Conditions

Some children attending Clare House Nursery may have long-term medical conditions that require ongoing medication or specialist medical care. We are committed to working in partnership with parents, carers and healthcare professionals to ensure that every child is able to attend nursery safely and have their individual health needs fully met.

- An Individual Healthcare Plan (IHP) will be completed for all children with a long-term medical condition requiring ongoing medication or medical intervention. Where appropriate, this will be developed in partnership with parents, carers and relevant healthcare professionals before the child starts at nursery or as soon as the medical need is identified.
- The Individual Healthcare Plan will clearly outline:
    - The child's medical condition and individual needs.
    - Signs, symptoms and triggers staff should be aware of.
    - Medication required, including dosage, method of administration and storage requirements.
    - Daily management arrangements.
    - Emergency procedures.
    - Contact details for parents and healthcare professionals.
    - The roles and responsibilities of nursery staff.
- Where a child requires life-saving medication or emergency medical equipment, such as an inhaler, adrenaline auto-injector (EpiPen), emergency seizure medication or other prescribed equipment, this must accompany the child each time they attend nursery unless a clearly labelled spare has been agreed and stored at the setting as part of the Individual Healthcare Plan.
- If the required emergency medication or equipment is not available when the child arrives, the nursery may be unable to safely care for the child and reserves the right to refuse admission until the required medication or equipment is provided.
- Individual risk assessments will be completed by the Nursery Manager in partnership with the child's key person, parents or carers and, where appropriate, healthcare professionals or other agencies. Risk assessments will consider:
    - The child's medical condition.
    - Daily routines and nursery activities.
    - Outdoor play and physical activities.
    - Mealtimes and snack times.
    - Sleep arrangements where appropriate.
    - Educational visits and outings.
    - Emergency procedures.

- Parents and carers play an essential role in developing their child's Individual Healthcare Plan and Risk Assessment. They will be given opportunities to discuss their child's medical needs, identify potential risks and share any changes to medication or treatment.
- Where specialist knowledge or skills are required, appropriate training will be arranged before staff assume responsibility for the child's care. Training will be delivered by a suitably qualified healthcare professional or another competent trainer where necessary. Records of training and staff competency will be maintained.
- Only staff who have received appropriate training and who are confident and competent will administer specialist medication or undertake medical procedures.
- Where additional professional advice is required, the nursery will work closely with health professionals, specialist nurses, therapists and other relevant agencies to ensure that the child's medical needs are met safely and effectively.
- The Individual Healthcare Plan and Risk Assessment will be reviewed at least every six months, or sooner if there is any change to the child's medical condition, medication, treatment or care needs. Reviews will be completed in partnership with parents or carers and, where appropriate, healthcare professionals. Any amendments will be recorded on Kindersoft and shared with all relevant members of staff.
- All staff working with the child will be made aware of the Individual Healthcare Plan and any associated risk assessments to ensure consistent, safe and effective care is provided at all times.

Managing Medicines on Trips and Outings

The nursery is committed to ensuring that children requiring medication are able to participate fully in educational visits and outings wherever it is safe to do so. Appropriate planning and risk assessment will be undertaken to ensure that children's medical needs can be met whilst away from the nursery.

- Before any outing, the outing leader will ensure that all relevant medication, Individual Healthcare Plans (IHPs) and risk assessments are available and reviewed.
- Wherever possible, the child's key person will accompany them on the outing. If this is not possible, another member of staff who is fully informed of the child's medical needs, Individual Healthcare Plan and medication requirements will take responsibility for their care.
- Medication taken on outings will be clearly labelled with the child's name and transported securely in accordance with the manufacturer's storage instructions. Emergency medication must remain readily accessible to staff at all times and must never be left unattended or stored where it cannot be accessed quickly.
- A copy of the child's Medication Consent Form, Individual Healthcare Plan (where applicable), emergency contact details and a Medication Administration Record (MAR) form will accompany the medication.
- Staff responsible for administering medication during the outing will ensure that all medication administered is recorded immediately and parents or carers are informed upon collection.
- If emergency medication is administered whilst on an outing, emergency services will be contacted where required in accordance with the child's Individual Healthcare Plan, and parents or carers will be informed immediately.
- If a child requiring medication needs to be taken to hospital from an outing, a member of staff will accompany the child where appropriate. The child's medication, Individual Healthcare Plan, Medication Administration Record and consent documentation will accompany them and be handed over to the attending healthcare professionals.
- Following the outing, all medication will be returned to its usual secure storage location or handed directly back to the child's parent or carer, and all relevant records will be completed.