



## Medicine Policy

### Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, the parent must keep the child at home for the first 24 hours to ensure no adverse effect as well as to give time for the medication to take effect.

The Manager is ultimately responsible for the management of medicines in the nursery and must ensure that anyone allowed to administer medicines is competent to do so. A member of staff qualified to Level 3 or above, usually the Key Person or Room Leader will be responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that medicine forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

### Procedures

#### All Medication

- Children taking any medication must be well enough to attend the setting.
- Medication must be in-date and prescribed for the current condition.
- All medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

#### Prescribed Medication

- Medication should usually be prescribed by a doctor (or other medically qualified person)
- In the case of prescribed medication, the dosage prescribed by the doctor and written on the pharmacy label should be given.

## Medication not prescribed by a Dr or Other Medically Qualified Person

- When a parent requests that a child is given medication not prescribed by a Doctor (or other medically qualified person) the staff must check that the medication label is written in English and clearly states that it is suitable to be given to a child of the correct age. The reason for the medication should be discussed and the Nursery Manager will have the ultimate responsibility for this.
- When administering non prescribed medication the correct dose for the age of the child as detailed on the bottle must not be exceeded.
- Non prescribed medication may include Paracetamol suspension such as Calpol, Piriton, teething gel etc. (1)

## Completing Medicine Forms

Parents must give prior written permission for the administration of medication by completing and signing a medicine form (See footnote 2 below). The staff receiving the medication must ask the parent to sign a medicine form stating the following information. No medication may be given without these details being provided except in an emergency (See the footnote 3 below for the ONLY exception).

- Full name of child and date of birth.
- Name of medication and strength.
- How the medication should be stored and expiry date.
- The route of administration (for example: by mouth or inhaler etc.)
- The dosage to be given in the setting.
- The date and times or frequency to be given (i.e. before meals or 4 hourly or at 10am and 2pm)
- In the case of emergency medication such as an inhaler for Asthma or an Epipen record the circumstances under which the medication should be given (for example if child is wheezy and breathless etc.).
- The parent MUST sign and print their name and date.

## Administration of Medication

- Staff must always be vigilant in recognising and responding when a child requires medication.
- If the administration of medication requires medical knowledge, individual training must be provided for the relevant members of staff by a health professional, parent or competent person.
- Two members of staff must check medication to avoid any errors in administering medication which could be extremely dangerous. Both staff members are equally responsible for ensuring the correct dose and medication is administered to the correct child.

- One person administers the medication and the other witnesses that the correct dose of the child's medicine is given to the correct child at the time detailed on the medicine form.
- The dosage of medicine to be given MUST be measured accurately using a medicine spoon, an oral syringe or a medicine measuring pot. (Dosage must not be estimated for example by using a metal teaspoon).
- Both staff check the name of the child on the medicine label to ensure that it is given to the right child.
- Both staff check the name and strength of medication on both the medicine container and the medicine form.
- Both staff check that the medication is given on the date and at the time stated on the medication form.
- Both staff check that the dose detailed on the medication form is given. If the dosage on the medicine form and the label on the container differ or if the staff are concerned that the dosage is not appropriate for the age of the child, they must seek clarification before administering the medication unless the dosage has been prescribed by a doctor.
  - The medicine form must be completed and signed by the person administering the medication and the member of staff who witnesses at the time of administering the medicine. Delay in completing the medicine form could result in the child being given the medication again and receiving a dangerous overdose.
  - The parent should sign the medicine form when they collect the child on the day the medication was given to confirm that they have been informed that the medication has been given.
  - Children should not completely self-administer medication. 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. The child may hold their inhaler or a medicine spoon where they are used to doing this, but staff should supervise and support.

### Storage of medicines

All medication MUST be stored safely in a locked cupboard or refrigerated (if this is required, see footnote 1). Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked medicine box.

- Medicine must not be stored in a First Aid Box.
- Emergency medication including Inhalers and EpiPens MUST be kept in the room with the child in a locked container out of the reach of children so that it is easily accessible in the case of an emergency.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, medication may be kept in 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 return any out-of-date medication to the parent.

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

- A care plan and a risk assessment should be carried out for each child with long term medical conditions that require ongoing medication.
- Parents should be involved in writing up the care plan and risk assessment.

### Risk Assessment

- The risk assessment should identify any training that the staff will need to have a basic understanding of the child's condition as well as how the medication is to be administered correctly. The training should be given prior to the child starting at the setting.
- The risk assessment should identify any risks for the child within nursery environment or any activities that may have an impact on the individual child's health needs and the measures to be taken to reduce any risks.
- The risk assessment will also include arrangements for taking medicines on outings and the child's GP's advice is sought, if necessary, where there are concerns.

### Care Plan

- A Care Plan for the child is drawn up with the parent, outlining the child's condition and medication
- The Care Plan should include the measures to be taken in an emergency.
- The Care Plan MUST be reviewed every six months or when there are any changes to care, treatment or medication. 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 Care Plan and each contributor, including the parent, signs it.

### Managing Medicines on Trips and Outings

- If children are going on outings, staff accompanying the children must include the Key Person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box is a copy of the medicine form which should be completed as detailed above under Administration of Medication.
- Staff should also refer to the 'Outings Procedure'.

## If a Child is taken to Hospital

- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and name of the medication together with a copy of the medicine form signed by the parent. (See Sick Child Policy for details of transfer to hospital).

## Appendices to this Policy

- Appendix 1 – Medicine Form  
This form is to be used for one-off medication such as Paracetamol or Ibuprofen suspension or for emergency medication such as Piriton, Epipen, Ventolin inhaler etc.
- Appendix 2 – Long Term Medicines Form  
This form is to be used for longer term courses of medication such as courses of antibiotics, preventer type inhalers etc.
- Appendix 3 – Care Plan for Children with Medical Conditions / Long Term Medication  
All children with medical conditions or requiring long term medication must have a care plan for medical condition / long term medication completed.

## Footnote

1 This list is not exhaustive. A parent may ask for another medication not listed to be given. This is acceptable if it is suitable for a child of that age.

2 A medicine form should be completed by the parent before leaving the child at the nursery however at the manager's discretion written permission can be obtained by email after a telephone conversation with the parent. This must be received prior to giving the medication.

3 An antipyretic medication such as children's Paracetamol or Ibuprofen Suspension (For example, Calpol or Nurofen for Children) may be administered at the Manager's discretion with the verbal consent of the parents in the case of a very high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

4 Do not put any medication in the fridge that does not require refrigeration as this may cause it to thicken and result in an incorrect dose being given.

This policy was adopted on	Signed on behalf of the nursery
06/02/2025	KellieATye (Area Manager)