



Medication Policy

Introduction

At Living Spring Montessori Nursery, we aim to promote good health for all of the children attending our setting and we take the necessary steps to prevent the spread of infection (see Illness Management Policy). If a child requires medication, we will obtain information from the parents about their child's needs and follow the appropriate procedures as laid out in our Medication Policy. Our medication policy ensures that there are clear guidelines for staff and parents in regards to medication and that it is administered and stored in a safe manner.

Method

- Our procedures are written in line with current guidance in The Statutory Guidance for the Early Years Foundation Stage.
- The Management and Heads of Room are responsible for ensuring that all staff understand and follow these procedures.
- New members of staff read and become familiar with our Medication Policy, our consent forms and our medication record forms. They are shown the procedure for verifying information with the parents when accepting medication and we check to make sure they understand the information which has been given to them. We also ensure that all members of staff, as well as students on placement, are aware of our Health Matters list which describes the different medication needs, allergies and prescribed treatments for the children in the Nursery. This list will also include any Health Care Plans which children may have.
- Parents are given a copy of this policy on request; there is a copy available in our office and on our website.
- All senior staff members are responsible for the correct administration of medication to the children in their care. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept accurately and according to procedures.

Policy Dated: January 2018

This policy is reviewed regularly in line with changes and updates in legislation.

- If a child has not had a specific medication before, especially if the child is under the age of two, it is advised that the parent keep the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.
- Medicines will not be administered unless they have been prescribed for that child by a doctor, dentist, nurse or pharmacist.
- Only a parent or person with parental responsibility (PR) for a child, or a foster carer may give consent for a child to be given medication. A childminder, grandparent, parent's partner who does not have PR, or other carer MAY NOT give consent.
- No child may self-administer. However, when children are capable of understanding when they need medication, they can be encouraged to communicate that need. For example, an older child with asthma could be encouraged to tell an adult when they feel tightness in their chest. This does not replace staff vigilance in being aware of when a child requires medication.
- We will not administer injections, pessaries and suppositories without appropriate medical training for all staff members caring for that particular child. Staff members are trained on Epi-pen use and in paediatric first aid which covers the symptoms and treatment of anaphylactic shock.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to nursery (Please see Illness Management Policy).
- Staff will not administer medication to children who are unwell and who need to stay at home (Please see Illness Management Policy).

Medication Procedure

- The parent must bring the medication to the member of staff who is greeting at the door in order to ensure that specific information is communicated. If that staff member is new to the setting or if they are unsure of the procedure, they will ask a colleague to assist them in checking the following with the parent:
- The medication has been prescribed by a doctor, nurse or pharmacist.
- The medication must be in its original bottle and the label must state who has prescribed it.
- The medication must bear the child's name, expiry date, dosage required as well as the frequency of dosage. This information will be recorded on our "medication form"

by the parent, who will then sign the sheet to confirm their consent. The information on the form will be verified by the staff member accepting the medication.

- The parent will also be asked when the child was last given the medication, which may be noted by the teacher as well.
- Any possible side effects that the parent may be aware of, or any side effects stated on the label, must be noted by the parent.
- The parent will also check the medication label to confirm whether or not the medication requires refrigeration and inform the staff member.

Medication will be administered in the following way:

- A senior member of staff must first check the following information on the medication form with another permanent member to staff: the child's name, medication required, expiry date as well as dosage amount and the time required.
- The second member of staff will then "witness" the medication being given to the child and sign the medication form to confirm the information listed above.
- The teacher who has administered the medication will write on the medication sheet when the dosage was given and sign the sheet to confirm that the instructions on the medication sheet have been followed.
- When the parent collects their child, they will sign the medication form to verify that their child has been given the correct dosage of the correct medication at the agreed upon time and date. The parent will then be given the medication to take home.
- Each child's "medication sheet" is kept in a folder in their own classroom.

Non-Prescription Medication Including Fever Relief

- Non-prescription medication such as pain and fever relief (such as Calpol) or teething gel may be administered only when there is a health reason to do so, such as a high temperature (See also Illness Management Policy) or to soothe teething pain.
- The brand name Calpol is used here to avoid confusion, there are however other products available 'over the counter' which are also paracetamol based pain and fever relief. Some parents may instead prefer to use an ibuprofen based pain relief such as Nurofen for children over 3 months.
- The child's temperature is taken using a 'fever scan' kept near to the First Aid Box or in the class. In each class there is a chart which defines what constitutes a low, normal

or high temperature. Staff members use this chart as a reference, deciding if the child needs fever medication or if instead it is more appropriate to monitor temperature in case it rises or does not go down. Staff members also consult and advise one another on the appropriate action to take. The temperature of the child, along with the time the reading was taken is usually recorded so that staff may monitor any change to the child's condition; and also, so that staff members may share this information with the parents and amongst one another. If the temperature is high, Calpol*, may be given after first gaining verbal consent from the parent (where possible). Fever relief is to reduce the risk of febrile convulsion, particularly for babies and children with a history of such occurrences. Parents will be asked to sign a medicine administration form when they collect their child. In extreme cases the child will be taken to the nearest hospital (by ambulance) and the parent will be informed (See also Illness Management Policy).

- When registering with us, parents are required to sign consent forms allowing staff to arrange for emergency medical or dental care, to administer Calpol* and to send their child home from Nursery if they are unwell. Parents sign and date the forms which are returned to the office with their child's booking documents. Consent forms are kept in a labelled folder in each class so that staff members may refer to them as necessary. Children with a history of febrile convulsions are listed on the Living Spring Health Matters forms, along with any prescribed fever relief for their condition (See also Illness Management Policy).
- Upon booking in at Living spring Montessori, parents sign a consent form to confirm that they have given us permission to administer medication to reduce fever.
- As part of the 'booking in' process, parents also fill in an "alternative medication" consent form where they may list any non-prescription remedies such as teething gel, sun cream and nappy cream. The parents also fill in expiry dates for all medications and staff check the expiry dates of these medications regularly; returning them to the parents as necessary.
- If the Nursery feels that the child would benefit from medical attention, rather than non-prescription medication, we reserve the right to send the child home and request that they are seen by their G.P.
- An emergency supply of anti-histamines (Piriton) is kept on site to be used in the event of a bee sting or an allergic reaction. Parental consent will be sought by

telephone, if possible, and they will sign the medication form when collecting their child. Upon booking in at Living Spring Montessori, parents sign a consent form to confirm that they have given us permission to administer Piriton when needed. Piriton is kept in the locked Medication box near to the laundry room for emergency use. It is not to be administered without advice or consultation with the Operations Manager, the Manager or the Deputy Manager and if possible, the parents (See also Storage of Medicines Policy and Allergy Procedures Policy).

- In the event of an allergic reaction, a senior staff member will record the event in the Incident Book which the parents will sign and be given a copy of.
- A child under 16 will never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.
- The medicine record book/s is monitored to look at the frequency of medication being given overall in the nursery. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may point to the need for better infection control.

Staff Taking Medication/other substances

- Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children (please also refer to the Living Spring Staff Code of Conduct which can be found within the Safeguarding Policy).
- Staff members must seek medical advice if they are taking medication which may affect their ability to care for children and discuss the situation with their Manager. The Manager will ensure that a member of staff will only be allowed to work with children if medical advice confirms that the medication is unlikely to hinder that member of staff's ability to responsibly look after the children.
- Any medication for staff must be properly labelled and stored separately from the medication for the children. All medication must be kept out of reach of the children at all times.

Storage of Medication (See also Storage of Medicines policy)

- All medication for children is kept out of the children's reach, in a closed box. Each item is labelled clearly with the child's name and is in the original container.

- Any medication requiring refrigeration, such as antibiotics, is kept in a labelled, closed box in the playroom fridge.
- Emergency medications, such as epi-pens and inhalers are kept in the child's class in a labelled box which is not accessible to the children; so that the teachers may have easy access to them. Each epi-pen and inhaler is clearly marked with the child's name and the expiry dates are checked regularly.
- The expiry dates of pain relief and anti-histamine are checked regularly and this medication is kept out of reach of the children. For some conditions, medication may be kept at the nursery. 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 will not have access to where medication is stored. This is to reduce the possibility of a mix up with medication for another child, or staff not informed that there has been a change.

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

- A health care plan is drawn up for any child with long term medical conditions that require ongoing medication. This is the responsibility of the Manager alongside the key person. Other medical or social care personnel may need to be involved in the health care plan and ongoing risk assessments.
- Parents will also contribute to any healthcare plan. They should be shown around the nursery, 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 of staff will be considered to be part of the health care plan.
- A health care plan is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months. This includes reviewing the medication; for example, any changes to dosage or any side effects noted.

- Parents, along with all professionals who have contributed, will receive a copy of the health care plan, which they will all sign.
- The health care plan includes arrangements for taking medicines on outings and the child's GP's advice where there are concerns.
- Any child who has a long-term health condition will have their medication stored at the nursery such as inhalers or epi-pens.

Managing medicines outside the nursery

- There are instances when it will be necessary for staff members to bring medication, emergency treatment, or otherwise, along with them on outings with the children. Please refer to the Living Spring Outing policy for more details. Medication which requires refrigeration, such as anti-biotics, will be kept cold with an ice pack. During the outing, staff members will ensure that no child has access to the medication. For example, the outing bag containing the medication will be kept out of reach of the children (Please see Outings Policy, Storage of Medicines Policy).
- If children are to be going on an outing, staff accompanying children must be fully informed about each child's needs and/or medication. Any child with a healthcare plan in place will be accompanied by their key person.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form and the child's medication form.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent, along with the child's medication form.

Allergies (See also separate Allergy Procedures Policy)

- Upon booking into Living Spring Montessori, parents share information about any allergies their child may have. This information is in the registration form, the booking form and also in the 'All about Me' document where there is a section for the parents to fill in called, "What I must Never Eat".
- Information about a child's particular allergy is then shared with all of the staff members.

- Information about each child's allergy is shared in each classroom for easy reference on either the "health matters" form or on the "dietary requirements" form, depending on the nature of the allergy.
- No nuts or nut products are given to the children. This information is made clear to parents and staff members and it is stated on our "Dietary Needs" sheet which is displayed in each classroom, in the kitchen and in the office as a reference for all adults involved in the care of the children in our setting.

If a child has a severe allergy, a health plan and risk assessment is completed to include the following details:

- The allergen (what causes the reaction); or example, exposure to eggs or a bee sting.
- The nature of the reaction; for example, a rash, breathing problems or anaphylactic shock.
- Treatment for allergic reaction; for example, an epi-pen or an anti-histamine, along with a signed consent form from the parent.
- Control measures: risk assessment of the possibility of the child's contact with the allergen and how Living Spring Montessori can minimise any risk of the child coming into contact with it. For example, where there is a child with a gluten allergy in a particular class, the class will use gluten free flour for making play dough and for cooking activities.
- Plan of any training needed if the child requires special medication, such as an epi-pen.
- In the event of an allergic reaction, a senior staff member will record the event in the Incident Book which the parents will sign and be given a copy of.

Links to the Early Years Foundation Stage Welfare Requirements:

Section 3: Statutory Framework for the Early Years Foundation Stage 2017:

- Suitable people
- Staff taking medication/other substances
- Staff qualifications, training, support and Skills
- Key Person

Policy Dated: January 2018

This policy is reviewed regularly in line with changes and updates in legislation.

- Health: Medicines
- Food and Drink
- Accident or injury
- Safety and suitability of premises, environment and equipment: Safety
- Risk Assessment
- Outings
- Information and records
- Information about the child
- Safeguarding
- Illness Management