Wellingborough Nursery Schools Federation

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 GP's 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, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects as well as to give time for the medication to take effect.
These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings' (Department for Education, March 2005). The Nursery Head is responsible for ensuring all staff understand and follow these procedures. All staff are made aware of policy and procedure on induction.

The principle person responsible for the correct administration of medication to a child is that child's key worker. This includes ensuring that a parent consent form has been completed, that the medicine is stored correctly and that records are kept according to these procedures. In the absence of the key worker, a senior person is responsible for the overseeing of administering medication. All staff members in the department are responsible for ensuring forms are completed accurately and medication is administered when required.

Procedures

Children taking prescribed medication must be well enough to attend the setting and be free from sickness and diarrhoea for at least 48 hours.

Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). For non-prescribed medication such as paracetamol this will only be administered to children who attends a session for more than three hours. The medication must be in the original box where the specified administration dosage and for how long can be clearly seen and followed. Non-prescribed medication brought into the setting without the original box or administrative instructions cannot be given.
Staff will follow normal recording procedures including a signed parent contract form indicating clearly that their child has had no previous adverse effects to the medication.

Children's prescribed medicines are stored in their original containers, are clearly labelled, stored with the parental contract form and are inaccessible to the children.

Parents must give prior written permission for the administration of medication using the parental contract form. The staff receiving the medication must ask the parent to sign the contract form stating the following information. No medication may be given without these details being provided:

- full name of child and date of birth;

- name of medication and strength;

- who prescribed it;

- dosage to be given in the setting;

- how the medication should be stored and expiry date;

- any possible side effects that may be expected should be noted;

- parental consent with signature, printed name of parent and date.

Medication should be handed to either of the child's keyworker's or a staff member in the department. Staff will be advised verbally by the named keyworker completing the form with parent by the way of written notices on the Allergy notices on the walls in the Nursery or verbally of when it is required.

Administration of medicine:

In each department there is a table recording children that require medication. This must be completed when a parental agreement form is completed.
This table will also list children that may require inhalers.
In the Snug, the named staff member for nappy changing will review the medicine table and ensure medicines have been administered at the correct times.
In the 2-3's the named staff member for nappy changing will review the medicines table and ensure medicines have been administered at the correct times.

In the 3-4's the named staff member in the Pine room (Highf) and Wet room (Cr) will review the medicines table and ensure all medicines have been administered at the correct times.

A named staff member will collect the medicine from the container/box either stored in the fridge or first aid cupboard with the correct parental contract form.
The named staff member will check the following information on both the medicine bottle and the parental contract form:

- Name of child
- Name of medication
- Dosage

Once this has been confirmed the named staff member will assign a witness.
The role of the witness is to cross check the following information on both the medicine bottle and the parental contract form:

- Name of child
- Name of medication
- Dosage

Once this has been confirmed the witness will witness the correct dosage and medication being given to the named child.

The administer will sign the paperwork to confirm it has been received and the witness must also sign confirmation of their role.

Parents are shown the record at the end of the session and asked to sign the daily record to acknowledge the administration of a medicine. The medication record form records daily:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key worker/senior person
- signed by witness
- verified by parent signature at the end of the day

In the unlikely event that the named staff member has missed the agreed time for administering the medication they will contact the parents and seek verbal consent to give at a later time.

Refusing medicines
If a child refuses to take their medication staff should not force them to do so, but should note this in the records and inform the parents. If a child with a long term medical need refuses medication or support then staff follow the child's health care plan and protocol.

Parents should be informed of the refusal on the same day. If a refusal results in an emergency, then emergency procedures apply.

Storage of medicines

The child's key worker is responsible for ensuring medicine is handed back at the end of the day to the parent and the daily medicine form is signed. The parental contract form will be stored with the medicine in a plastic folder. If this is not present the medication cannot be administered.

For some conditions, medication may be kept in the setting. The key worker must check that any medication held to administer on an 'as and when' required basis, or on a 'regular' basis, is in date and any out-of-date medication is returned to the parent.

Croyland- 3-4'S
Asthma medication and paperwork is stored in baskets on the shelf in the corridor.
Other types of medication are stored in the first aid cupboard in the wet room with the paperwork.
Refrigerated medication and paperwork is stored in a container in the dining room fridge.

Croyland 2-3's
Medication and paperwork is stored in the first aid cupboard in the snack area
Refrigerated medication and paperwork is stored in a container in the dining room fridge.

Croyland-The Snug (6 months-2 yrs)
Asthma medication and paperwork is stored in the cupboard in the kitchen-clearly labelled.
Refrigerated medication and paper work is stored in the fridge in the room-this has a secure child lock on it.

Highfield 3-4's
All medication and paperwork, including asthma medication is stored in the first aid cupboard in the sluice room.
Refrigerated medication and paperwork is stored in a container in the staffroom fridge.

Highfield 2-3's
All medication and paperwork, including asthma medication is stored in the first aid cupboard near the snack area.
Refrigerated medication and paperwork is stored in a container in the staff room fridge.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

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 worker

what they need. However, this does not replace staff vigilance in knowing and responding to when a child requires medication.

Any staff that are required to take medication during the working day must store this medication in their lockers which are then kept locked at all times. Staff are obliged to inform the leadership team of any medical conditions they might have which could impact on their performance e.g. epilepsy, asthma.

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

A Risk Assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Nursery Head alongside the keyworker. Other medical or social care personnel may need to be involved in the Risk Assessment. All staff will be made aware of any individual's medical needs or condition. Parents can also contribute to a Risk assessment.

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. Training needs for staff form part of the Risk Assessment. The school's SENDco will co-ordinate, training and any refresher training required for the staff.

The Risk Assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.

A Health Care Plan for the child is drawn up with the parents, nursery staff, and medical professionals outlining the support needed for the child and what information must be shared with other staffs that cares for the child.
The plan should include:

- The type of medical condition, its triggers, signs and symptoms and treatments.
- The pupil resulting needs, including medication and other treatments, time, facilities, equipment, testing, access, to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, the outside play spaces.
- Support for specific educational and social emotional needs.
- The level of support needed, including if a child is self-managing their needs.
- Who is responsible for providing the support and what arrangements are in place in their absence.
- Who in the school is aware of the child's condition and the support required.
- Arrangements for written permission from parents and the Executive Head teacher for medication to be administered.
- Separate arrangements for school trips and other school activities outside the normal timetable, ensuring the child can participate.

- Emergency arrangements.

The Health Care Plan should include 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. Parents receive a copy of the Health Care Plan and each contributor, including the parent, signs it.

When the school is notified of a child entering with a medical need, transitional arrangements will be made with the family and the SENDco.

A protocol for children who have a long term medical need will be drawn up by the health professionals and the Nursery Head; this is signed by the health professional, the Nursery head and the parent. Where a child is supported by an adult to meet their medical need, arrangements will be made in order to cover this person if they are away from work. This includes the exact procedures for administrating a child's medication and measures taken in an emergency.
The protocol is displayed with a photograph of the child within the setting where all staff can access it. All parties involved receive a copy of the Protocol.

Managing medicines on trips and outings

If children are going on outings, staff accompanying the children must include the key worker 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 wallet clearly labelled with the child's name and name of the medication. Inside the wallet is a copy of the consent form and an administration of medicine form.

On returning to the setting the medicine is returned to the parent and normal recording procedures continue.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic wallet clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

As a precaution, children should not eat when travelling in vehicles.

Common medical conditions

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, seizures and severe allergic reaction (anaphylaxis) It is important that the needs of children are assessed on an individual basis.
On registration of a child with any of these common medical conditions parents will be required to complete a health plan detailing administration of medication and the emergency procedures to follow in the event of an occurrence of any of these conditions. These procedures are also relevant to those children who attend our setting who have dietary needs which require medication and extra vigilance.
Health Alerts are posted in all rooms with these procedures on and additionally charts of medical and dietary needs are placed in every room.

ASTHMA
Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time. However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff.

Children with significant asthma should have an individual health care plan.
There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.
Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do. Staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

The signs of an asthma attack include:
• coughing
• being short of breath
• wheezy breathing
• feeling of tight chest
• being unusually quiet

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

ANAPHYLAXIS

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain food or substance, but on rare occasions may happen after a few hours Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths– adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh.

An ambulance should always be called.

SEIZURES IN CHILDREN

In young children, seizures- sometimes called fits or convulsions- are most often the result of a raised body temperature associated with a throat or ear infection or other infections. This type of seizure, also known as a febrile seizure, occurs because the electrical systems in the brain are not mature enough to deal with the body's high temperature.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during nursery hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy will be included in all activities. Extra care may be needed in some areas. Concerns about safety should be discussed with the child and parents as part of the health care plan. Medical advice should be sought immediately and no medication given to a child after a seizure. Emergency procedures should be followed, an ambulance should always be called and Parents must also be notified immediately.

An ambulance should be called during a convulsive seizure if:

• it is the child's first seizure
• the child has injured themselves badly
• they have problems breathing after a seizure
• a seizure lasts longer than the period set out in the child's health care plan
• a seizure lasts for five minutes if you do not know how long they usually last for that child
• there are repeated seizures, unless this is usual for the child as set out in the child's health care Plan

If a child does experience a seizure in our nursery details will be recorded and communicated to parents including: any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset) any unusual "feelings" reported by the child prior to the seizure parts of the body demonstrating seizure activity e.g. limbs or facial muscles, the timing of the seizure –when it happened and how long it lasted whether the child lost consciousness, whether the child was incontinent

First Aid procedures should then follow once the seizures have stopped, keeping the air way clear by placing the child in the recovery position appropriate to their age and then the monitoring and recording of vital signs.

DIABETES

This is a long term (chronic) condition in which the body fails to produce sufficient insulin. Insulin is produced by the pancreas (a gland which lies behind the stomach) which regulates the blood sugar or glucose level in the body.
This condition can result in higher than normal blood sugar –hyperglycaemia or lower than normal blood sugar – hypoglycaemia
There are two types:

1. Type 1 insulin- dependent diabetes
2. Type 2 non-insulin- dependent diabetes (usually associated with adults)

Type 1 is referred to as juvenile diabetes or early onset diabetes because it usually develops in childhood or teenage years.
Insulin can be administered for Type 1 using a syringe or an injection pen.
In both cases the administration of medication would require training and Emergency Procedures should be followed.

Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

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Non prescribed medication box seen

Parental agreement for school/setting to administer medicine. Stored with medicine
The school /setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting _____

Date _____

Child's name _____

Group _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose) _____

When to be given _____

Any other instructions

(i.e. side effects, storage) _____

Number of tablets/quantity to be

given to school/setting _____

NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

Agreed review date to be initiated by

[Name of staff member] _____

This information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/settings policy. I will

inform the school/setting immediately, in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____ Print name: _____

(If more than one medicine is to be given a separate form should be completed for each one)

Daily Record of medicine administered to an individual child (stored on register)

Name of child: _____ Name of medication:_____

Date:	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Staff member	_____	_____	_____
Staff signature	_____	_____	_____
witness signature	_____	_____	_____
Parent initials	_____	_____	_____
Date:	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Staff signature	_____	_____	_____
Staff signature	_____	_____	_____
Witness signature	_____	_____	_____
Parent initials	_____	_____	_____
Date:	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Staff member	_____	_____	_____
Staff signature	_____	_____	_____
Witness signature	_____	_____	_____
Parent initials	_____	_____	_____

Date:	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Staff member	_____	_____	_____
Staff signature	_____	_____	_____
Witness signature	_____	_____	_____
Parent initials	_____	_____	_____

Asthma (kept with inhaler)

Record of inhaler administered to an individual child

Name of school/setting _____

Name of child _____

Date medicine provided by parent _____

Key Group _____

Quantity received _____

Name and strength of medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of medicine _____

Staff signature _____

Parent signature _____

Date:	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Staff member	_____	_____	_____
Staff signature	_____	_____	_____
Staff signature	_____	_____	_____
Parent initials	_____	_____	_____

Nappy cream (kept with cream in cupboard)

Name of school/setting _____

Name of child _____

Date medicine provided by parent _____

Key Group _____

Quantity received _____

Name and strength of medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of medicine _____

Staff signature _____

Parent signature _____

Staff members will verbally inform parent/carers when cream has been applied, this will be recorded on the nappy charts in each room.

Medication requirements (prescribed and non-prescribed medication)

When a child requires medication please add them to the table each day- if they have finished their prescription please put a line through the row**.** Please check that the child requiring medication has been administered

Name	Date	Type of medication	dosage	Frequency	Time	Date and initial
Sarah Smith	*12/01/2017*	*penicillin*	*2.5ml*	*As and when required*	*2pm*	

Updated: September 2017