



# Wattisham Airfield Childcare Centre

## Administering Medicines

While it is not our policy to care for sick children, we will agree to administer prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness.

Children cannot remain in the setting if they are unwell as the setting is not suitable environment for an ill child, if infectious, may present a risk to other children and staff. Parent/carers will be informed and asked to collect their child if a member of staff has any concerns about the well being of the child. The most common reasons are:

- A high temperature
- Diarrhoea and/or vomiting
- If they have a fall/bump in which they have received an injury

Some illnesses, allergies, and medical conditions do not prevent children enjoying their day to day activities with the support of medication. In many cases, it is possible for a child'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 is prescribed medication it is requested that the parent keeps the child at home for the first 24 hours to ensure the medication has no adverse effect/allergic reaction and to give time for the medication to take effect. If there are any side effects while in the setting such as a loose nappy the child will need to go home.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the manager is responsible for ensuring all staff understand and follow these procedures.

The Room Leader is responsible for the correct administration of medication to children for whom they are in charge of. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the Room Leader, Management is responsible for the overseeing of administering medication.

For the safety of the child and the protection of the staff it is important that the following procedures are adhered to:

- Staff must only administer with the written consent from parents on the medication form or from registration form regarding calpol .
- Staff must only administer the recommended dose, as directed by the doctor's instructions on all medication and creams. **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
- All medicines must be stored in their original containers, in a safe place, that is at the correct temperature and inaccessible to the children. The medicine should also be clearly labelled with the child's name.

**Medication is currently stored on the top shelf in the cupboard in the baby room kitchen.**

- Prescribed medicines must only be given to the named person and should at all times, be stored out of the reach of any children.
- Prescribed medication must be discarded after 1 year of initial prescription date
- Creams and oils may be applied (eg nappy rash) as directed by the manufacturers printed instructions on the bottle/tube to a child's skin, with written

consent from the parents on a medication form. Creams and oils containing nut products must be avoided and any concern discussed with the child's parents.

- In cases of long term medication, prescribed by a doctor, management will be required to carry out a review with the parent/guardians on the child's medical condition every three months.

## **Medication procedures**

### **When accepting medication**

- \_\_\_ When any medication is presented to staff for administration to a child, the parent/carer must complete the medication consent form, signing the form, before this can be administered.
- \_\_\_ Once the medication form has been completed, the member of staff receiving the medication must ensure they check the child's name is on the bottle, the medication is in date, the quantity dosage information to be given and the last time the dose was given, any possible side effects that may be expected should be noted. They must also check that the dosage suggested by the parent, for administration, complies with the doctors or manufacturers' guidelines outlined on the product.
- \_\_\_ If the instructions given by the parent, on the medication form, differ from the recommended instructions or G.Ps instructions staff MUST make the parents/carer aware of the guidelines of the medication and advice must be sort from the Manager.
- \_\_\_ Staff must also check the medication form to ascertain whether the child has had this medication before (as the first 24 hours of medication are to be administered at home)

- Under no circumstances must medication be given to a child that has been prescribed for another member of the family or anyone else.
- Parents must fill out a separate form for each medicine that is to be administered whilst the child is in the facility.

### **When administering medicine**

- Medications such as adrenaline injections (Epi pens) and any epilepsy related rectal medication must only be administered by a trained staff member.
- Staff must ensure that the appropriate medication form is checked before administering any medication.
- Extreme care must be taken when reading and checking the instructions on the medicine, on each administration and these checks should also be verified against the appropriate medication form.
- All staff members administering medication must be witnessed by another member of staff. The appropriate section on the medication form is completed by both members of staff with the time given, dosage given and both staff signatures.
- If a child is asleep at the time the medication should be given, the parent/carer will be contacted to inform them.

### **At the end of each session**

- Staff must ensure that parents sign to confirm that they have been informed that the medication has been given and what time it has been given on the appropriate section of the medication form.
- In the unlikely event that the staff have forgotten to administer medication, the child's parent/s **must** always be informed and the appropriate section of the medication form completed and signed by the parent/carer collecting the child.

- Staff must also ensure that parents read and sign the section of the medication form, confirming that they have received the correct medication back from staff at the end of the day/session.

### **Parental responsibility for medication**

Parents/carers must provide the required medicine with the following information should be visible on the medicine:

- The full name of the child
- Name and strength of the medicine
- Dose and time of the last dose
- Time of administration
- How many days where appropriate
- Expiry date of medication

Any changes whatsoever, no matter how minor, to a child's medication will require a new medication form and follow-up process to remove the risk of accidental incorrect dosage. It is the parent's/carer's responsibility to ensure that the setting is made aware of any changes to a child's medication. These changes can be very small but are needed to ensure that the correct medication is given at all times, a new medication form needs to be completed at the time of any change.

### **Administration of emergency fever control medication procedures**

Our setting is prepared to administer a **fever reducer (Calpol)** in an emergency, to lower a child's temperature, if specifically requested to do so by parents on their child's registration form. A member of staff will always call to gain further permission to administer Calpol to prevent over dosing in the event that the parent has forgotten to tell the setting about any dose administered before arriving at the setting. A stock of fever reducing sachets or a bottle is kept in the setting (In the baby room fridge), which can be used in the event of an emergency.

### **Prior to administering fever control medication**

- In the event that a child's temperature is raised, every attempt should be made quickly to reduce the temperature by offering cool drinks, removing any excess clothing and applying a cool flannel.
- Action taken to reduce a child's temperature must be recorded on a raised temperature form.
- A member of staff should stay with the child at all times to monitor the child's condition and if after 30 minutes the temperature has not reduced a staff member will contact parents to give permission to administer **a fever reducer**.
- The child will be monitored and their temperature checked and recorded every 10 minutes.
- If the parent is unable to be contacted, the child's registration form will be checked for written consent from parent's to administer fever reducer and the correct dose will be given.
- Parents can only request that a fever reducer is administered on their behalf if the written consent of the parents is already on file.
- In the event that the child's registration form indicates that a parent has requested that **no fever reducer** should be given, the manager must continue to contact the parents to request that they return to the setting to collect the child or make arrangements for the child to be collected.
- Although a parent may have requested that **no fever reducer** should be given to their child, if they are unable to arrange for their child to be collected, a parent at this stage may email giving his or her permission to administer a fever reducer on their behalf.
- Where permission is not obtained or contact with the parent/guardian is not successful, the child must be taken to hospital by ambulance if their temperature is not lowered using previous methods mentioned.

## **Administering fever control medication**

- When a parent/carer confirms that a fever reducer can be administered this must be recorded on the raised temperature form and a medication form.
- Once permission has been obtained from parent/s for the **fever reducer** to be administered, the procedures for administering the medicine includes recording the amount (This must be from guidance on the bottle), time given, staff and witness name's on a Raised temperature form.
- Is a child's temperature does not stabilise within 30 minutes of administering the **fever reducer** it will be necessary to contact the parent again to request that the child is collected from nursery.
- Whether medication is administered or not, where a parent is unable to collect immediately and the fever remains high, the manager must inform the parent that the facility will seek emergency service help and take them to hospital on their behalf if needed.

We will only administer one dose of **fever reducer** up to 7.5ml for children over 1 year old. Children under 1 year will be administered up to 5ml, unless the child has a severe temperature it can be given to prevent febrile convulsion and/or medical help has advised otherwise.

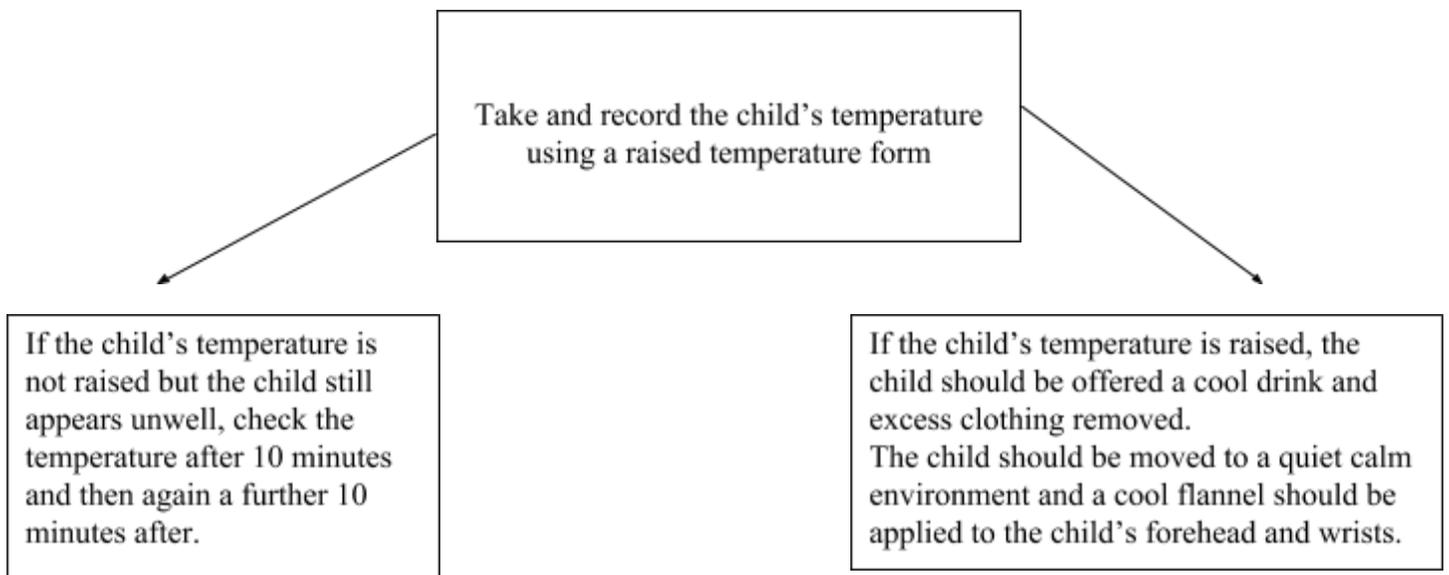
- We do not administer temperature control medication such as Calpol as a preventative medicine

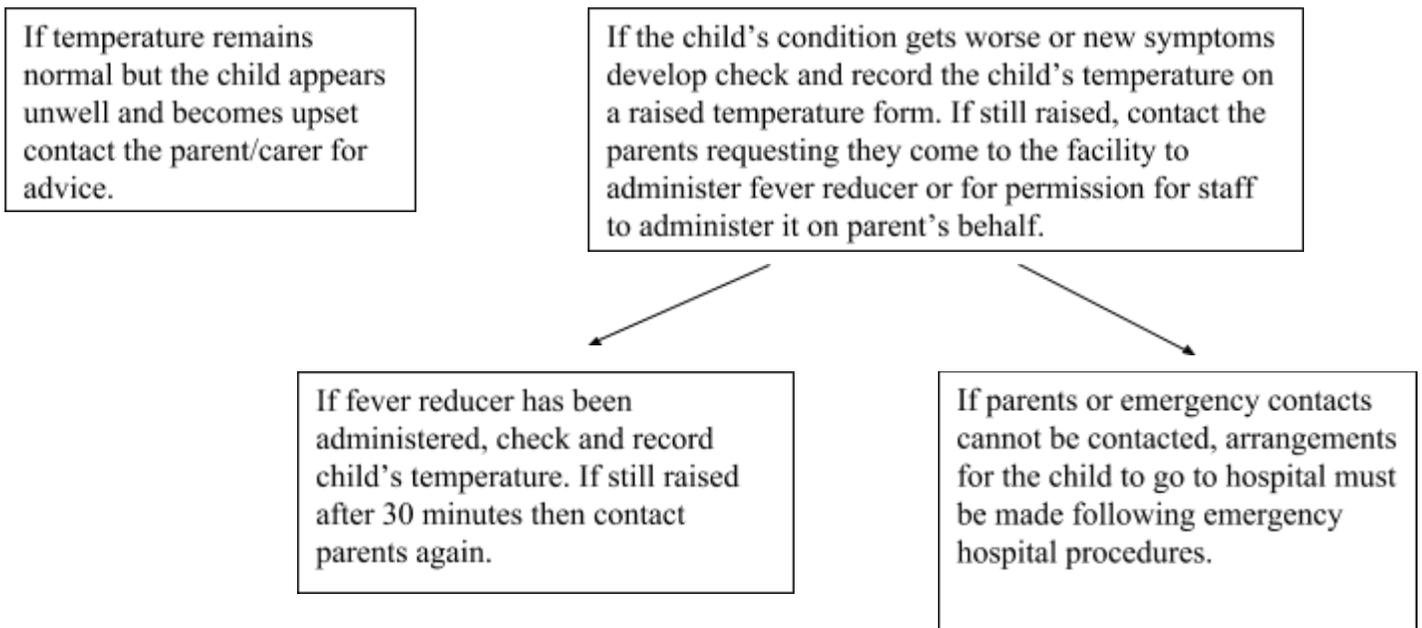
## **Actions for dealing with a child with a high temperature**

Children are very unique and a temperature of 38 degrees for one child may have no real adverse effect on a different child. It is therefore important to take into account any associated symptoms and the general well being of the child.

See the table below for procedures:

**If a child is showing signs or illness or distress:**





### **Storage of medicines**

- All medication is stored safely in a cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box, away from the main care area of the children.
- The child's Key Person or Room Leader 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 returns any out-of-date medication back to the parent.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-sign the medication form.
- 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 person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

### **Asthma**

The setting recognises that asthma is a condition affecting many children. We will ensure that the setting supports children with asthma by:

- Encouraging and helping children with asthma to participate fully in activities.
- Ensuring that all of our staff are informed regarding each child's individual needs relating to asthma.
- There is an individual health care plan detailing symptoms and emergency response procedures for each child with asthma.
- Ensuring that children have immediate access to their inhalers.
- Accessing training and support, this includes training from the child's parent/carer
- Adhering to the medication procedure at all times
- **A child will not be allowed in the setting without their inhaler**

### **Managing medicines on trips and outings**

- If children are going on outings, staff accompanying the children must include the Key Person 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 plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a form to record when it has been given, with the details as given above.
- On returning to the setting the form is signed by the parent and returned to the medication file.
- If a child on medication has to be taken to hospital, the child's medication is taken in a plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consented medication form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

### **Injuries at home**

If a child has received an injury at home, parent/carers are required to complete a Home Incident form on arrival at the setting. Similarly marks that appear on a child during the day that have not been caused by accident or incident will be recorded on a Home Incident form so that that the staff can discuss with the parents in case it was an old injury where a mark has appeared.

### **Legal framework**

- Medicines Act (1968)

This policy was adopted at a meeting \_\_\_\_\_ name of  
of \_\_\_\_\_ setting  
Held on \_\_\_\_\_ (date)

Date to be reviewed \_\_\_\_\_ (date)

Signed on behalf of the management  
committee

Name of signatory

Role of signatory (e.g. chair/owner)

**Review dates:**

**Date** \_\_\_\_\_ **signed** \_\_\_\_\_

**Date** \_\_\_\_\_ **signed** \_\_\_\_\_

**Date** \_\_\_\_\_ **signed** \_\_\_\_\_