Golden Apples FAMILY
Nurturing great potential

Administering medicines and Asthma Policy

The Statutory Framework for the Early Years Foundation Stage
The safeguarding and welfare requirements

3.44. The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill49.

3.45. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.46. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

1. Policy statement

While it is not our policy to care for sick children, we will agree to administer only prescribed medication that has been administered within the nursery before and which is held in our medication log will be allowed to be administered in the first 24 hours as part of maintaining their health and well-being or when they are recovering from an illness.
If no log can be found, then the child will need to be treated as if they have not had the medication before. The procedure below will be followed.

We believe that unwell or sick children are best cared for at home, however where ongoing treatment is needed, the following have to be explored first;

i. Whether it is possible for the child's GP's to prescribe medicine that can be taken at home in the morning and evening.

ii. Whether it would be detrimental to the child's health if not given in the setting.

iii. If a child has not had a medication before, 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.

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 all children based in their room. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and records are kept according to procedures.

In the absence of the room leader, the manager is responsible for the overseeing of administering medication.

2. **EYFS Overarching Principles**

A unique child	Positive Relationship	Enabling Environments	Learning and development
Keep children safe	Build on key person relationships in early years settings		

3. Procedures

3.1. Medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin should only be given if prescribed by a doctor.

3.2. Children taking prescribed medication must be well enough to attend the setting.

3.3. Only prescribed medication that has been administered within the nursery before and is held in our medication log will be allowed to be administered again in the setting. If there is no log of the medication previously given in the setting, especially a baby/child under two, parents must keep the child at home for the first 24 hours to ensure there are no adverse effects as well as to give time for the medication to take effect.

3.4. Antibiotics should be administered at the point of prescription, if a parent decides to delay administering the medication to their child then the child will be excluded from nursery until commencement of the medication has begun. This is to uphold our Safeguarding policy.

3.5. The Medicine must be in-date and prescribed for the current condition.

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

3.7. Parents must give prior written permission for the administration of medication. In the event of your child becoming unwell at nursery only non-prescribed medicines such as Calpol, will be administered for temperatures or teething with prior written consent via email. The nursery should have these medications readily available in a medication cupboard which is stored up and out of the reach of children.

3.8. Where a child has a temperature highly exceeding 39 Degrees Celsius, verbal consent to the manager may be given where calpol has been administered before and is documented in the medicine logs. If the manager can not get hold of the parent they can then administer calpol at their discretion. Written consent must be recorded after administered. In all other cases of administering medicine Verbal consent will not be taken over the phone.

3.9.The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

i.full name of child and date of birth;

ii.name of medication

iii.reason for medication

iv.time of last dose

v.time/s and dosage to be given in the setting;

vi.medication expiry date;

vii.any possible side effects that may be expected should be noted;

viii.Consent by signature for the setting to administer the given medicine to your child.

3.10.The administration is recorded accurately each time it is given and the following information recorded by the staff member.

i.Date
ii.Time of dose
iii.Signature of person who administered the medicine (Room leader)

iv.Signature of the witness and manager

3.11. .Parents will then sign the medicine form to acknowledge the administration of the medicine given on that day upon collection of the child.

4.Storage of medicines
4.1.All medication is stored safely in a locked cupboard or refrigerator. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

4.2.For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

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

4.4.If rectal diazepam is given another member of staff must be present and co-signs the medication form.

4.5. 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 and the staff members will sit with them and get the child to assist in the administration. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

5.1. No child will be accepted into the nursery if they do not have their medication with them including inhalers.

5.2. Parents will be asked to fill in a medication form as with any other medication and the same procedure will be followed regarding recording when and who administered the medication and signed by the parent each day medication is given.

5.3. Parents will also be required to sign the medication in and off the premise if it is not to remain on site.

5.4. A risk assessment is carried out for each child with long term medical conditions that require ongoing medication (Also known as a Health Care Plan). This is the responsibility of the room leader alongside the key person and once complete must be signed by management. Other medical or social care personnel may need to be involved in the risk assessment.

5.5. Parents MUST also contribute to a risk assessment

5.6. Training must be provided for staff where the administration of medicine requires medical or technical knowledge.

5.7. A risk assessment should include arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.

5.8. The health care plan for the child 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.

5.9. The health care plan should include the measures to be taken in an emergency.

5.10. The health care plan is reviewed every six months or sooner if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. The review date will be diarised by the Manager.

6.Managing medicines on trips and outings

6.1.If children are going on outings, staff accompanying the children must have knowledge of the medication and the Health care plan before leaving the setting.

6.2.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 Medication consent form and when it has been given, with the details as given above.

6.3.On returning to the setting medication consent form is placed with the child's daily report sheet and the parent signs it.

6.4.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, name of the medication. Inside the box is a copy of the consent form signed by the parent.

7.This procedure is read alongside the outings procedure.

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8. Asthma

8.1.Policy statement

No child is excluded from participating in our setting; we enable all pupils with asthma to participate fully in nursery life and encourage children with asthma to participate in all activities. We will work with parent/carers of children with asthma to ensure that their child is in a safe and caring environment. All our staff are able to deal with an asthma attack, following the correct procedures.

We recognise that asthma is a condition affecting a high percentage of children, and that most children can expect to lead a normal life if medication is taken regularly and properly.

8.2. Procedures

8.2.1.upon enrolment a full risk assessment and health care plan will be drawn up between the nursery and parents which is kept on site with their medication. This will include the medication to be administered and when and how, also including triggers. The risk assessment will assess the risk of an asthma attack for each individual child. These are reviewed every 6 months.

8.2.2.On enrolment all parents/guardians will be asked to complete a form related to the medical background of their child. Parents will be expected to complete a medicine form and consent form to ensure their child can be treated appropriately.

8.2.3. Parents will be expected to keep the nursery up to date about their child's condition and any changes.

8.2.4.Parents must give written permission for the administration of all medicine, please see above for full policy details.

8.2.5.No child will be accepted into nursery without relevant medicines.

8.2.6.All medicine stored at nursery must be clearly labelled.

8.2.7. All medicine is stored safely and easily accessible in an emergency.

8.2.8. Inhalers are to be taken on all outings and trips and gardens.

8.2.9 When planning activities staff are aware of activities and materials that may trigger an asthma attack.

8.2.10 .Stored medicine is check regularly for expiry dates.

8.2.11. A record of medication administered will be kept for each child.

8.2.12 We require a parental signature to confirm they have been informed of any medicine given when the child is collected.

Legal framework

- Statutory Framework for the early year's foundation stage 2017.