NEW HALL EARLY YEARS ADMINISTERING MEDICINE POLICY

1 Introduction

While it is not our policy to care for sick children who should be at home until they are well enough to return to School, we agree to administer medicine as part of maintaining their health and well-being or when they are recovering from an illness. This policy and associated illness/infection procedures are **discussed with parents and carers**.

If a child is unwell and unable to attend School, the parent informs the Nursery or the Preparatory Divisions by completing the Absence notification on MySchoolPortal and the message will be passed to the Class Teacher or Key Person. Parents can also notify us via the online Parent portal. We request that out of respect to the staff and other children; the child does not attend School until they have made a full recovery. If a child becomes unwell whilst at School or Nursery, a member of Early Years staff, School First Aider (Preparatory Divisions) or Health Centre staff will determine if the child needs to go home, at which point the parent/carer will be telephoned to inform them immediately.

If a child has a loose nappy, this will be monitored and recorded with the time; if two loose nappies occur during a session, the parent will be notified to collect their child as soon as possible and not to return for 48 hours as per our sickness or diarrhoea guidelines. Whilst we understand that children sometimes suffer from loose nappies with teething, we are not medically trained to diagnose and must use sensible judgement. The final decision is at the Head of Nursery and/or the Nursery Manager's discretion for Nursery pupils and Head of Pre-Preparatory Division for Reception pupils. It is the responsibility of the parent/carer to collect their child as soon as they have been informed. A child should be kept at home until they are well enough to return to the setting.

We request that parents are contactable at all times. For any child suffering from a doubtful rash, sore throat, sickness or diarrhoea exclusion periods will follow the current government *health protection in children and young people settings* guidance. This would normally mean that a child should be kept at home for 48 hours after the last episode specifically for diarrhoea and vomiting and until the symptoms have completely disappeared.

We will agree to administer prescription medicine prescribed for the child by a doctor, dentist, nurse or pharmacist.as part of maintaining their health and well-being, or when they are recovering from an illness. Medicines containing aspirin will only be administered where prescribed by a doctor. Parents/carers will be asked to complete and sign the 'Request for School to Administer Specific Medication' Form (Form 5a).

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. For children in the Nursery Division, it is advised that parents keep their child at home for 24 hours after taking prescribed medication to ensure no adverse effect, as well as to give time for the medication to take effect.

Named staff are responsible for the correct administration of medicine to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

2 Procedures

Parents are contacted periodically to remind them of the need to provide information about their child's medicine needs so that the School's records can remain current. The Health Centre and staff in Nursery and Pre-prep ensure that both short-term as well as long-term medication records are maintained for children. All medicines on the premises, including non-prescription and staff medication, are stored securely and out of children's reach at all times. Include refrigerated storage, controlled access and return/disposal of expired or unused medication.

2.1 Short-term medical conditions

- Children taking prescribed medication must be well enough to attend the setting
- Only medication prescribed by a doctor, dentist, nurse or pharmacist is administered. It must be in-date and prescribed for the current condition. Please refer to *Early Years First Aid Policy* for the administering of paracetamol and antihistamines
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children
- Parents give prior written permission for the administration of medicine. Permission is for a specific medicine and should include its name, dose, method, frequency/times, circumstances for use and permission period. The staff member receiving the medication must ask the parent to sign a consent form (Form 5a)
- Upon entry to the setting, parents are asked to complete a Consent to Medication Form. Upon receipt of this, as and when necessary, staff will administer over-the-counter medication at the setting. A written record is made every time any prescription or non-prescription medicine is administered. The record should include the child, medicine, dose, date, time, method, reason where relevant, administrator and any witness/check required by school procedure. This is recorded on iSAMS medical records
- Staff training will be delivered whenever administration of a specified medicine requires medical or technical knowledge

2.2 Long-term medical conditions and 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 Health Centre personnel (Preparatory Divisions) and the Head of Nursery (Nursery). Other medical or social care personnel may need to be involved in the risk assessment
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child
- Parents will complete an 'Allergy History Questionnaire' (Form 1) or an 'Asthma History Questionnaire' (Form 3) which contains information about the child's condition and treatment, if relevant

- Allergy action plans are developed through ongoing discussions with parents/carers and, where appropriate, health professionals. They are kept current, shared with relevant staff, and based where suitable on the BSACI template
- There is an emergency Asthma inhaler and Adrenaline Auto-Injector (AAI) in the Medical Room in the Preparatory Divisions and the office in Nursery. Parents of children that require an asthma pump or an AAI will be asked whether they give permission for these to be used (*see appendix 1b and 3b Medical and First Aid Policy*)
- For some medical conditions, the 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 for staff is part of the risk assessment
- The risk assessment includes vigorous activities and any other Early Years 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
- A Health Care Plan for the child is drawn up with the parents, outlining the staff'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
- Health Care Plans, medicine instructions and parent/carer permissions are reviewed whenever needs, medicine, dose or instructions change, and at a defined regular interval
- Parents receive a copy of the Health Care Plan and each contributor, including the parent, signs it
- If a child on medication must be taken to hospital, the child's medication is taken with the child's name and the name of the medication. Parents sign to give their consent to allow Emergency Medical Treatment when registering their child. This is recorded on the Medical Questionnaire, which parents complete on the child's entry to the School. This allows staff to take the child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital

3 Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children will complete a risk assessment about the child's needs and/or medication
- A member of staff holding a current full paediatric first-aid certificate will accompany children on outings. The outing assessment will address access to medication, emergency instructions, secure carriage, storage, administration records and parent notification
- Medication for a child is taken clearly labelled with the child's name and the name of the medication. Arrangements must be in place for maintaining required storage conditions and ensuring medication remains immediately accessible to authorised staff rather than inaccessible in luggage or a vehicle