

Medication Policy

Parents have the prime responsibility for their child's health and deciding whether they are fit to attend the setting. Parents must provide all necessary information about their child's medical needs. Medicines should be administered at home and only taken to the setting when necessary, where it would be detrimental to the child's health if the medicine was not taken during the settings day. The setting will only accept medicines which are in the original container and include the original instructions for administration. Where a child receives medication/ creams three times a day, it is reasonable for the setting to administer a maximum of 2 doses but only where the child attends for a full day.

Storage of Medication

All medication is to be kept away from the reach of children. Medicines will be stored in the fridge if needed or within the labelled medicine box in the cupboard in the kitchen area. All medicine that is in the box will be recorded on the medication log sheet. Staff members must check that all medicines are clearly labelled. It is the responsibility of the staff member to ensure the safe storage of all medicines. All short-term medication should be returned to the parent at the end of the child's session. If parents wish to keep pain relief medication, such as Calpol at the setting they may do so for short periods of time only.

Medication Consent

Under no circumstances will medication be administered to a child without prior written consent from the child's parent/carer. It is the responsibility of staff members to ensure that all relevant consent forms have been completed by the parent/carer. Parents/Carers will be required to fill in medication consent forms; this will include the child's name, name of medication, reason for medication, times to be administered, dosage required and date. They will also be asked to sign to ensure that they have been made aware of medication administered; this also needs to be dated and timed.

Prescribed Medication

Children who have been prescribed antibiotics must not attend the setting for the first 24 hours. Staff MUST relay medication information to other staff when there is a shift change. Staff MUST check that medicines are within their expiry date and that the child's name is clearly labeled on the container with a chemist sticker. No member of staff can administer any medication by injection, unless they are a first aider and have been trained by an appropriate medical professional. Authorisation must be given from parent/carer.

Un-prescribed Medication

Un-prescribed medication will only be administered if suitable to the child's age and medical condition. Creams for nappy rashes will only be used if parental consent has been given. Calpol/ paracetamol and cough medicines will only be given per manufacturer's instructions, with parental consent and if deemed necessary. Homely/Herbal remedies will not be

administered. Under no circumstances will medication be administered to a child unless it has that child's name on it.

Administering Medication

Practitioners should ensure that they have sufficient information about the medical condition of any child. If the administration of prescription medicines requires technical/medical knowledge, then individual training **MUST** be provided for staff from a qualified health professional. Training **MUST** be specific to the individual child concerned. All employed staff members can administrate other medications; another member of staff must witness the medicine being given to ensure correct dosage is administered. Both members of staff **MUST** sign the medication sheet. If for any reason any medication is not given as per instructed by the parent/ carer the room senior and/or the manager **MUST** be informed and if necessary, an incident report completed, and parents informed.

Health Care Plan/ Long Term Medication

Where a child is prescribed medication for a medical need such as eczema or asthma the key person will develop a health care/ long term medication plan with the parent. The key person will agree with the parent how to recognise when the condition is getting worse and when to administer medication this will be authorised by the room senior and the manager will be informed. The parent must also sign the plan so that staff can administer the specific medication. Where the child has a long term medical condition such as diabetes, epilepsy or anaphylaxis a health care plan **MUST** be put in place with the parent, key person, nursery manager and relevant health care professional. The parent must also sign the form so that staff can administer medication. Advice from the relevant health care professional will be sought to determine which medication requires training and whether any changes in the medication or administration of the medication requires further training.

Health care plans must be developed prior to the child starting at the setting. If the condition develops when the child already attends the setting, then a health care plan must be developed immediately with the input from the parents and appropriate health care professionals. In some cases, it may be necessary for the setting to temporarily stop providing childcare until the health care plan and appropriate training has been put into place. This will be determined by the settings manager after consultation with the relevant health care professionals. This is to ensure that the setting remains a safe place for the child and ensures that staff can meet the needs of the child appropriately and provide the level of support that is required.

The setting will make endeavor to follow the parents/ carers instructions, but reserve the right to refuse a request to administer medicines whilst a child is in our care.