

Policy on Sick Children and Administration of Medicines

Sick Children

There are times at Nursery when children will become unwell. If this situation arises the Nursery, and staff will follow the procedures stated below:

- Where possible the unwell child will be made comfortable away from the other children. A member of staff will stay with the child in the designated isolation room.
- The staff will contact the parent/carer or designated adult to come and collect the child.
- All staff will be aware of the Infection Control Guidelines and these will be explained to the parent/carer during the registration process.
- Parents/carers are asked to allow a full 48 hours to elapse following a bout of sickness or diarrhoea before bringing their child back to Nursery.
- Parents/carers are asked to allow a full 24 hours to elapse after the first treatment for conjunctivitis before bringing their child back to Nursery.
- Parents/carers are asked that their child is completely recovered before returning to Nursery/school.

Administration of Medicines

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 nursery, 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 GPs to prescribe medicine that can be taken at home in the morning or 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 nursery. If a child has not had a medication before, it is advised that the parent keeps the child at home for at least 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 guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures

The key person is responsible for the correct administration of medication to children for whom they are the key person. 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 key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the nursery.
- 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). Children's Paracetamol (unprescribed) is administered only for children with written consent from the parents in the case of a high temperature. This is to prevent febrile convulsion.
- 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 medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication must be given without these details being provided:
 - the child's full name
 - the name of medication
 - the dosage to be given in the nursery
 - any possible side effects that may be expected
 - the signature of the parent and the date.

It is the responsibility of the child's key person to liaise with parents, ensure all documentation is completed, and ensure that medication is correctly stored and that the medication is given in the correct dosage and at the correct time. When the key person is not available it is the responsibility of the manager/room leader.

The administration of medicine forms are accurately completed and is signed by the key person/manager upon administering medication. Parents are shown the record at the end of the day and asked to sign the form to acknowledge the administration of the medicine. The medication form records the:

- name of the child
- date and time of the dose
- dose given
- signature of the key person/manager
- parent's signature.

Storage of Medicines

All medication is stored safely in the classroom grab bags or refrigerated as required. It is stored in a clearly labelled plastic airtight box, which is solely for the use of storing medicines. The grab bags are taken wherever the children go, ie outside, swimming, on trips etc.

The child's key person 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 nursery to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the nursery is in date and return any out-of-date medication back to the parent.

If the administration of prescribed medicines requires medical knowledge, individual training is provided for the relevant member of staff by a healthcare 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 person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

A risk assessment/health care plan is carried out for each child with long-term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the plan. Parents will also contribute to a plan.

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. The training needs for staff to form part of the plan.

The plan includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.

The healthcare plan should include the measures to be taken in an emergency.

The healthcare plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted, etc.

Parents receive a copy of the healthcare plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

If children are going on outings, staff accompanying the children must include the key person for the child with a health care plan, 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 box clearly labelled with the child's name and the medication. Inside the box is a copy of the consent form and a form to record when it has been given, including all the details that need to be recorded in the medication record as stated above.

On returning to the nursery, the form is added to the medication record folder and the parent signs it.

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