**Trinity Tots Nursery**

**Medication Policy**

HSCS: 1.19, 1.24, 2.23, 4.27

At Trinity Tots Nursery we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see sickness and illness policy). If a child requires medicine we will obtain information about the child’s needs for this and will ensure this information is kept up to date.

We follow the Care Inspectorate guidance on the management of medication in daycare of children and childminding services when dealing with medication of any kind in the nursery and this is set out below.

**Covid 19**

If anyone becomes unwell whilst at nursery, we will contact their parent/carer immediately and they will be sent home. Due to the nature of Covid-19, a key symptom of which is a high temperature, non-prescribed medication will not be administrated unless in emergency situations (with prior permission).

Prescribed medication will be reviewed on a case-by-case basis, taking into account the reason for the medication and the safety for the child and member of staff administrating it.

Medication prescribed by a doctor, dentist, nurse or pharmacist

*(Medicines containing aspirin will only be given if prescribed by a doctor)*

* Prescription medicine will only be given to the person named on the bottle for the dosage stated.
* Early learning and childcare practitioners should not give the first dose of a new medication to a child. Parents should have already given at least one dose to ensure that the child does not have an adverse reaction
* Medicines must be in their original containers with their instructions printed in English and where possible early learning and childcare practitioners should always read and retain the information which is supplied with the medicine
* Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the appropriate form and another member of staff will check these details
* Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
* The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed
* The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed
* Parents must notify us IMMEDIATELY if the child’s circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given
* In the case of emergency medication consent will be time limited to two weeks before the expiration date of the medication to make sure there is a reminder and enough time to get a new supply.
* All consent forms will be reviewed every three months to check that the medication is still required, is in date and that the dose has not changed.
* The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a letter from a doctor or dentist
* The parent must be asked when the child has last been given the medication before coming to nursery; and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent’s signature must be obtained at both times
* At the time of administering the medicine, an authorised member of staff will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication)
* If the child refuses to take the appropriate medication or spits it out, then a note will be made on the form and parents told
* Where medication is ‘essential’ or may have side effects, discussion with the parent will take place to establish the appropriate response.
* Children who are taking antibiotics MUST not be admitted to nursery for the first 24 hours of the course treatments or the first three doses, whichever comes first. The first full dose of any medicine MUST be given to the child at home e.g. if antibiotics are to be administered three times a day then these three doses MUST be given before the child returns to nursery. If a child is taking antibiotic eye drops they may return to nursery after the first administration of drops.

**Which staff are authorised to administer medication?**

* Only First-Aid Trained Staff who have their Level 3 (SCQF Level 7) Childcare Qualification can administer prescribed medicines to children. In circumstances where a child has complex medical needs, the authorised person may be a person who has been appointed as a one to one carer for that child.
* Managers MUST record the names of all staff who have been approved to administer medicines on the Person Authorised to Administer Medicines in Nursery Form
* An approved staff member MUST ensure that a second staff member, where possible the child’s key person, is present as a witness during the administration of medicines. This staff member should countersign the Daily Administration Sheet.

Non-prescription medication *(these will not usually be administrated)*

* The nursery will not administer any non-prescription medication containing aspirin
* The nursery will only administer non-prescription medication for a short initial period, dependent on the medication or the condition of the child. After this time medical attention should be sought
* If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner
* If a child needs liquid paracetamol or similar medication during their time at nursery, such medication will be treated as prescription medication with the onus being on the parent to provide the medicine
* We do not keep an emergency communal nursery supply of fever relief and anti-histamines on site (following Care Inspectorate guidance).
* If a child does exhibit the symptoms that would require non-prescription medication during the day, e.g. a high temperature over 37.5°C the nursery will make every attempt to contact the child’s parents. Where parents cannot be contacted then the nursery manager will help to reduce the child’s temperature by

1. Giving the child a cool drink of water

2. Removing all clothing except for the child’s vest/T-shirt and undergarments.

3. Refraining from cuddling the child too closely

4. Ensuring the child is in a cool room of about 18°C

The manager will contact the child’s emergency contact and seek further medical advice if the child has a fever, defined by the Care Inspectorate as a temperature above 37.5°C

**Urgent medical advice should be sought if the child is:**

* + **Under three months of age with a temperature of 38°C or above**
	+ **Between three and six months of age with a temperature of 39°C or above**
	+ **Over six months and showing other signs of being unwell e.g. floppy or drowsy**
* For any non-prescription cream for skin conditions prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child’s name
* If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form
* As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
* The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine.
* If a parent signs in non-prescribed medication and at the designated time for administration there is no evident health reason for the child to receive the medication, the Manager (Deputy Manager in their absence) may reserve the right to not administer the medication but MUST inform the parent of this decision immediately e.g. Calpol would not be administered to a child with no signs or symptoms of fever or pain unless advised otherwise by a medical professional.
* For longer term inflammatory conditions, requiring regular treatment, a doctor’s letter advising the regular use of a non-prescribed medication, beyond 2 days will be required.
* For guidance on the provision of barrier cream please refer to the child’s personal plan and the nappy changing policy. For nappy and barrier creams, parents must fill out a medication sheet to give overall permission for these creams to be used. This permission form will be updated accordingly and reviewed every time a child changes rooms. Nappy cream medication permission forms will only be valid for one year.

**Emergency Calpol**

It is recognised that in incidences of very sudden high temperatures some settings have been advised to give the child Calpol immediately by NHS 24. As such at Trinity Tots Nursery we allow parents to decide whether they would like to leave a sachet of Calpol with us for such a purpose. This sachet will be labelled and kept in the medication cupboard. This medication will only be administered under the guidance of NHS 24 or Ambulance Service.

Injections, pessaries, suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication.

**Children With Complex Needs**

* A meeting MUST be arranged prior to the child starting at the nursery to discuss the child’s needs and arrangements for medication. This meeting will be led by the Nursery Manager. A Medical Care Plan MUST be completed for all children with complex needs to ensure that the staff team have sufficient information to meet the child’s individual medical needs.
* If the administration of prescribed medication requires technical/medical knowledge then individual training MUST be provided for approved members of staff by a qualified health professional or any other person deemed competent.
* The Manager MUST ensure that training occurs before a child starts the nursery.
* Training MUST be specific to the individual child concerned, and accurate records of the training kept.

**Staff medication**

All nursery staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or too unwell to meet children’s needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice. The nursery manager will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be kept in the person’s locker/separate locked container in the staff room or nursery room where staff may need easy access to the medication such as an asthma inhaler. In all cases it must be stored out of reach of the children. It must not be kept in the first aid box and should be labelled with the name of the member of staff.

Storage

Medication, unless there is a need to store it in the fridge, is kept in the medication cupboard which is located in the meeting room.

All medication for children must have the child’s name clearly written on the original container and kept in a closed box, which is out of reach of all children.

Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain out of children’s reach.

Any medication requiring refrigeration must be kept in a fridge inaccessible to children. The temperature of the fridge should be between 2°C and 8°C. This temperature should be checked each day.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist’s details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

If we have to store Schedule 2 Controlled drugs such as Methylphenidate then these drugs will be kept in a locked box that can only be accessed by the Senior Management Team.

The contents of the medication cupboard is checked by the nursery manager, Natalie Kane.

**Cleaning of Equipment**

Medicine spoons and oral syringes should be cleaned after use and stored with the child’s medication. Adaptors for inhalers like ‘spacers’ should be cleaned as described in the product information, information on which must be obtained from the parent/carer. It is recognised that not keeping such equipment clean may have a detrimental effect on the way they work. Such additional information should be kept in the child’s care records.

**Emergency Procedures (Medication)**

• In the event of a child having an allergic reaction to medication or a staff member administering the wrong medicine to a child, the following procedures MUST be followed:

1. Immediately notify the most senior member of staff on duty.

2. The child MUST remain supervised at all times. The emergency procedures on the child’s Medical Care Plan (where there is one in place) MUST be followed.

3. Seek medical advice.

4. Contact the parents.

5. If necessary, follow the settings emergency procedures.

**Reporting and Investigating Incidences**

• Following an incident involving medication the following procedures MUST be followed:

1. ​Notify the manager to ensure that the appropriate regulatory bodies are informed.

2. Notify Room Leader and explain the incident. Carry out an investigation following their guidance.

3. Notify the Manager and complete an Incident Report Form and file. Refer to the company Accident and Incident Policy