

VERWOOD C.E. FIRST SCHOOL AND NURSERY



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Managing Administering Medicines and Child sickness, infections and Allergies

Children with Medical needs have the same rights of admission to our Nursery as other children.

Most children at some time have short-term medical needs, perhaps entailing finishing a course of medication such as antibiotics. Some children however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend Nursery regularly and take part in normal activities, sometimes with some support, however, staff may need to take extra care in supervising some activities to make sure that these children and others, are not put at risk. We agree to administer medication as part of maintaining children's health and well-being or when they are recovering from an illness

We ensure that where medicines are necessary to maintain the health of a child, they are given correctly and in accordance with legal requirements. 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. Our staff are responsible for the correct administration of medication 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. In the absence of the key person, the Childcare Leader is responsible for the overseeing of administering medication.

Children taking prescribed medication must be well enough to attend Nursery. We only usually administer medication when it has been prescribed for a child by a doctor. It must be in date and prescribed for the current condition.

Non-prescription medication, including eczema cream and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is for the relevant child, in date and prescribed specifically for the current condition.

Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form. No medication may be given without these details being provided:

- the full name of child and date of birth

- the name of medication
- the dosage and times to be given in the setting
- the method of administration
- how the medication should be stored and its expiry date
- the signature of the parent, their printed name and the date

The administration of medicine is recorded accurately in our record book each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:

- name of the child
- name of the medication
- date and time of the dose
- signature of the person administering the medication and a witness
- parent's signature.

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.

We monitor the medication record book to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box. Staff are 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 setting to be administered on a regular or as and when required basis. Staff check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Records of children requiring medication on an as and when basis are kept in a file in the Nursery. The record has their name, picture, details of their medical need, medication and dosage required. Medications are kept in a separate container. For children who have long term medical conditions and who may require ongoing medication, we carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our Head Teacher. Our Childcare Leader is responsible for ensuring that all staff are fully aware. 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.

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 form part of the risk assessment. The risk assessment includes vigorous activities and any other 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 advice is sought from the child's GP if necessary where there are concerns. An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child. The individual health plan should include the measures to be taken in an emergency. We review the individual health plan annually, or as and when needed. 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 individual health plan and each contributor, including the parent, signs it.

For managing medicines on trips and outings, a member of staff for the child will accompany the children with a risk assessment. Medication for a child 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 card 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 setting the card is stapled to the medicine record book 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. This procedure should be read alongside the outings procedure.

If a child refuses to take medicine, whether within Nursery or on an outing, staff will not force them to do so, but will note this in the records. Parents will be contacted immediately. If a refusal to take medicines results in an emergency, emergency procedures should be followed as set out in the individual health plan.

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our Childcare Leader will call the parents and ask them to collect their child, or to send a known carer to collect their child on their behalf.

If a child has a temperature, they are kept cool, by removing top clothing. The child's temperature is taken using a forehead thermometer strip, kept in the first aid box. In extreme cases of emergency, an ambulance is called and the parent informed. Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to Nursery. After sickness and diarrhoea, we ask parents keep children home for 48 hours following the last episode. Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross contamination may be suspended for the duration of any outbreak

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England. When we become aware, or are formally informed of the notifiable disease, our Childcare Leader informs Ofsted and contacts Public Health England, and act[s] on any advice given.

HIV/AIDS/Hepatitis procedure HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and bag it for parents to collect.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared. On identifying cases of head lice, we inform all parents, ask them to treat their child and all the family if they are found to have head lice.

When children start at Nursery we ask their parents if their child suffers from any known allergies. This is recorded by parents on the Child Allergy Record.