

Rocks Lane Montessori Medicine Administration Policy

Rocks Lane Montessori will work with parents to support children who need to take medicine, ensuring that medication requirements do not prevent any child from fully participating in early years education. Our Policy outlines our approach to medicine storage, administration and the training of our team:

- The administration of medicine will be the responsibility of a child's key person, who will be paediatric first aid trained. In the absence of the key person, the manager is responsible for overseeing the administration of medicine.
- Children taking medication must be well enough to attend nursery.
- Wherever possible, we ask that medicine be taken at home around the child's nursery sessions.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Medicine should be clearly labelled and will be inaccessible to children. On receiving the medication, we will check that it is in date and prescribed specifically for the current condition.
- If a child has not had a given medication before, we will advise parents / guardians to keep the child at home for 48 hours to make sure there are no adverse side effects.
- All records relating to medicines will be kept in our dedicated medicine book, which will include a completed Medicine Consent Form and Medicine Administration Record, both of which will be signed by the child's parent or guardian.
- It is the responsibility of the parent to inform us of any changes to medicines and/or medical condition of their child. This needs to be put in writing to the Nursery Manager who will cascade messages to the rest of the team.
- Medicine normally refers to prescription medicine from a medical professional. Non-prescription medicines will not normally be administered.
- Non-prescription medicine in exceptional circumstances can be administered but only with the prior written consent of the parent and when there is a strong medical reason to do so. This can include pain and fever relief, teething gel, nappy rash cream etc. This will be on an infrequent basis, and if the child suffers from frequent pain, the matter should be referred to the child's GP.
- We will not give medicine containing aspirin or ibuprofen to a child unless it is prescribed by a doctor.
- If a child refuses to take medicine, our team will not force the child to do so. Non-compliance will be recorded in the medicine book and the child's parents or guardian will be informed on the same day. If a refusal to take medicines results in an emergency, then the emergency procedures listed below should be followed.
- In the event of an emergency, the Manager is responsible for ensuring that staff carry out procedures in a calm professional manner. Any child needing to go to hospital will be taken by ambulance and not in a member of staff's car.
- The medical needs of any child will be discussed at our weekly staff meetings and training sessions will be carried out where necessary. Where the administration of prescribed medication required medical knowledge, we will wherever possible obtain individual training for the relevant member of staff.

- The staff will always treat medical information confidentially.
- For staff taking medicine, we will ensure that those members of staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises will be securely stored, and out of reach of children, at all times.

Storage of medicines

- Medicines will be stored separately to any first aid kit both at the nursery premise and for outings.
- All medicine will be stored safely and appropriately, and away from children.
- Medicines that need to be refrigerated should be stored in airtight containers and clearly labelled.
- All emergency medication, such as inhalers for asthma, or epipens for allergic reactions, should be readily available and therefore will not be kept in a locked cupboard. They are however covered by the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and so will be kept safely out of reach from anyone who may be at risk from them.
- 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 setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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 manager alongside the key person. 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.
- A health care 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 health care plan should include the measures to be taken in an emergency.
- We review the health care plan 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 health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- The medicine book should also be taken. A teacher trained in first aid (usually the Manager) should be responsible for looking after and administering the medicine.
- 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 copy of the consent form and 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.

In this policy we are guided by Department of Health guidance on Managing Medicine in Schools and Early Years Settings. We also follow Section 3 on the administration of medicines within The Safeguarding and Welfare Requirements of the revised Early Years Foundation Stage (EYFS) statutory framework, published in March 2012.

The Designated Person is: Miss Rajka Krivokapic. In her absence, her Designated Deputy is available for staff to discuss their concerns.

Date: January 2019

Our Medicine Administration Policy will be reviewed annually.