



## ST MARY'S COLLEGE EARLY YEARS DEPARTMENT

### MEDICINE POLICY

#### **Statement/ Aim of Policy**

We aim to promote the good health of the children attending St Marys Early Years Department. It is important that policies and procedures are in place to allow us to take appropriate action if children are ill whilst in our care and to prevent the spread of infection (See Illness, injury and First Aid Policy & Infection Control Procedures).

We follow strict guidelines when dealing with medication of any kind in our nursery and these are set out below.

The nursery WILL NOT administer any medication unless prior written consent is given.

#### **Guidance has been taken from**

- Supporting pupils at school with medical conditions- December 2015
- Statutory Framework for the Early Years Foundation Stage, Setting the standards for learning, development and care for children from birth to five (Published 31<sup>st</sup> March 2021 –Effective 1<sup>st</sup> September 2021)

#### **ADMINISTRATION OF PRESCRIPTION MEDICATION**

- Staff will only administer prescribed medication if written parental permission has been given.
- Those with parental responsibility for any child requiring prescription medication should hand over the medication to the appropriate member of staff who will then note the details on the iconnect message system. The parent must provide permission through email, which will be printed off, and the email stored in the Parent email folder, this must be done for everyday the medicine is required.
- 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/carers 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.

- It is the parent's responsibility to ensure that all medication has prescription labels on the container. Any medication without a prescription label will not be administered. If in any doubt, whatsoever staff will consult with the parents.
- Medicine is stored in accordance with the manufacturer's instructions on the container for example in a locked/secure etc. cupboard, or in the case of antibiotics, within a fridge. These are in areas where the children cannot gain access.
- All medication should be labelled legibly and in English
- Staff will check the following details on any form of medication;  
Child's name is correct.  
Prescribed dose.  
Expiry date.  
Instructions on label or container.
- The administration of any prescribed medication will be witnessed by a Senior member of staff at all times and a written record will be kept each time a medicine is administered to a child on our iConnect system. This will be sent to parents via the parentzone app.
- Medication will be returned to the parents at the end of the day ensuring that the parent knows the last dosage before they take their child home.
- Children can attend the setting whilst on antibiotics; although we do advise that they ought to remain at home for the initial forty-eight hours of treatment.
- Children who are on long-term medication will have a health plan on file, which will be signed by parents. Parents will receive a notification via the parentzone app every time the medication is administered.
- Emergency medication, such as inhalers and Adrenaline (EpiPens) will be within easy reach of staff in case of an immediate need, but will remain out of children's reach.
- Any 'stored' medication such as a child's inhaler or EpiPen will be checked to ensure the medication is still in date and in the case of an inhaler that it does not need a new prescription.
- New members of staff will not be permitted to administer medication until they have received an induction in the policies and procedures.
- At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child's age and stage of development 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, then a note will be sent to the parents via the parentzone app and the parents will also be contacted by telephone.

- Where medication is 'essential' or may have side effects, discussion with the parent/carer will take place to establish the appropriate response.
- Training will be provided to staff where the administration of medicine requires medical or technical knowledge

### **NON-PRESCRIPTION MEDICATION**

- The nursery will not administer any non-prescription medication containing aspirin
- The nursery will only administer non-prescription medication for a short initial period, dependant 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 ask the parent to collect and suggest 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 nursery providing one specific type of medication should parents/carers wish to use this.
- On registration, parents/carers will be asked if they would like to fill out a medication form to consent to their child being given a specific type of liquid paracetamol or anti-histamine in particular circumstances such as an increase in the child's temperature, a wasp or bee sting or an allergic reaction.
  - An emergency nursery supply of fever relief (e.g. Calpol) and anti-histamines (e.g. Piriton) will be stored on site. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date
  - If a child does exhibit the symptoms for which consent has been given to give non-prescription medication during the day, the nursery will make every attempt to contact the child's parents/carers. Where parents/carers cannot be contacted then the nursery manager will take the decision as to whether the child is safe to have this medication based on the time the child has been in the nursery, the circumstances surrounding the need for this medication and the medical history of the child on their registration form.
  - Giving non-prescription medication will be a last resort and the nursery staff will use other methods first to try and alleviate the symptoms (where appropriate). The child will be closely monitored until the parents/carers collect the child
  - For any non-prescription cream for skin conditions e.g. Aveeno, prior written permission must be obtained from the parent/carer and the onus is on the parent/carer 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/carer 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 email.
  - As with any kind of medication, staff will ensure that the parent/carer 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.

## COMMON MEDICAL CONDITIONS

- The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, seizures and severe allergic reaction (anaphylaxis) It is important that the needs of children are assessed on an individual basis.
- On registration of a child with any of these common medical conditions parents will be required to complete a health plan detailing administration of medication and the emergency procedures to follow in the event of an occurrence of any of these conditions.
- These procedures are also relevant to those children who attend our setting who have dietary needs that require medication and extra vigilance.
- Health Alerts are posted in all rooms with these procedures on and additionally charts of medical and dietary needs are placed in every room.

## ASTHMA

- Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time. However, in early years' settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff.
- Children with significant asthma should have an individual health care plan.
- There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.
- Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the

child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

- Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- Inhalers should always be available during physical education, sports activities and educational visits.
- The signs of an asthma attack include:
  - coughing
  - being short of breath
  - wheezy breathing
  - feeling of tight chest
  - being unusually quiet
- When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:
  - the symptoms do not improve sufficiently in 5-10 minutes
  - the child is too breathless to speak
  - the child is becoming exhausted
  - the child looks blue

## **ANAPHYLAXIS**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain food or substance, but on rare occasions may happen after a few hours' Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on

prescription. The devices are available in two strengths – adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh.

- An ambulance should always be called.

## SEIZURES IN CHILDREN

- In young children, seizures- sometimes called fits or convulsions- are most often the result of a raised body temperature associated with a throat or ear infection or other infections. This type of seizure, also known as a febrile seizure, occurs because the electrical systems in the brain are not mature enough to deal with the body's high temperature.
- Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during nursery hours.
- Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.
- Children with epilepsy will be included in all activities. Extra care may be needed in some areas. Concerns about safety should be discussed with the child and parents as part of the health care plan.
- Medical advice should be sought immediately and no medication given to a child after a seizure. Emergency procedures should be followed and an ambulance should always be called. Parents must also be notified immediately.
- An ambulance should be called during a convulsive seizure if:
  - it is the child's first seizure
  - the child has injured themselves badly
  - they have problems breathing after a seizure
  - a seizure lasts longer than the period set out in the child's health care plan
  - a seizure lasts for five minutes if you do not know how long they usually last for that child
  - there are repeated seizures, unless this is usual for the child as set out in the child's health care plan
- If a child does experience a seizure in our nursery details will be recorded and communicated to parents including: any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset) any unusual "feelings" reported by the child prior to the seizure parts of the body demonstrating seizure activity e.g. limbs or facial muscles, the timing of the seizure – when it happened and how long it lasted whether the child lost consciousness, whether the child was incontinent. We may also try to record the seizure with parental permission and if this is not the first occasion.
- First Aid procedures should then follow once the seizures have stopped, keeping the air way clear by placing the child in the recovery position appropriate to their age and then the monitoring and recording of vital signs

## **DIABETES**

- This is a long-term (chronic) condition in which the body fails to produce sufficient insulin. Insulin is produced by the pancreas (a gland that lies behind the stomach) which regulates the blood sugar or glucose level in the body.
- This condition can result in higher than normal blood sugar –hyperglycaemia or lower than normal blood sugar – hypoglycaemia
- There are two types:  
Type 1 insulin- dependent diabetes  
Type 2 non-insulin- dependent diabetes (usually associated with adults)
- Type 1 is referred to as juvenile diabetes or early onset diabetes because it usually develops in childhood or teenage years.
- Insulin can be administered for Type 1 using a syringe or an injection pen.
- In both cases, the administration of medication would require training and Emergency Procedures should be followed.

## **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.

## **EMERGENCY ADMINISTRATION OF CALPOL/ ORAL SUSPENSION PARACETAMOL**

- Calpol is kept on the site for emergency use only. If a child has a sudden spike in temperature (above 37.8 °), parents will be called and the first aid procedures will be followed. On calling the parents, we will ask if we may administer Calpol providing they have signed the relevant part of the permission slip. However, the parents will be advised that they must collect their child in the case that the temperature does not fall. This procedure is for emergency use only and not to keep an unwell child in nursery when the setting is not the best place for them.
- On registration, parents will be asked if they would like to fill out a medication form to consent to their child being given a specific type of liquid paracetamol or anti-histamine in particular circumstances such as an increase in the child's temperature, a wasp or bee sting or an allergic reaction. This form will state the circumstances in which this can be given e.g. the temperature increase of their child, the specific brand name or type of non-prescription medication and a signed statement to say that this may be administered in an emergency if the nursery CANNOT contact the parent.
- An emergency nursery supply of fever relief (e.g. Calpol) and anti-histamines (e.g. Piriton) will be stored on site. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date
- Emergency procedures will be followed if a child remains unwell. (Refer to Illness, Injury and First Aid Policy). Administering "emergency medication" will be a last resort and the nursery staff will use other

methods first to try to alleviate the symptoms. The child will be closely monitored until the parents collect the child.

- The 'Child Sickness Record book' must be completed when parents are collecting a child early as soon as telephone contact is made and then signed off when the child has been collected.

### **Staff Medication and Fitness to Work**

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 feel unwell and cannot 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 to care for children they must inform their line manager and seek medical advice. The Head of Early Years /person's line 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 securely out of reach of the children at all times. It must not be kept in the first aid box and should be labelled with the name of the member of staff.

Staff who have changes in medication or need medication for a period of time should inform their line manager and also declare it on their staff suitability supervision check. Where necessary a risk assessment may be completed in order for that staff member to complete their duties safely and without risk to the children.

### **Storage**

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 antibiotics requiring refrigeration must be kept in a fridge inaccessible to children.

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.

*Policy reviewed annually unless changes in legislation occur.*

*Reviewed by AH November 2019/ March 2021/ March 2022*

*Reviewed by AH March 2023*