

The legal framework for this policy is based on:

Purpose	To promote the good health of children attending nursery and safe administration of medication.
Scope	All staff, students and parents
Responsibility	Owner/Manager

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.

When dealing with medication of any kind in the nursery, strict guidelines will be followed.

Prescription medication

- Prescription medicine will only be given to the person named on the bottle for the dosage stated
- Medicines must be in their original containers
- Those with parental responsibility of any child requiring prescription medication should allow a senior member of staff to have sight of the bottle. The staff member should note the details of the administration on the appropriate form and another member of staff should check these details
- Those with parental responsibility must give prior written permission for the administration of each and every medication. However we will except written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
 1. 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
 2. 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
 3. Parents should 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.
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter
- The parent must be asked when the child had last been given the medication before coming to nursery; this information will be recorded on the medication form. Similarly when the child is picked up, the parent or

Policy adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
14/01/2017	Esigned – Joyce L Baxter	14/01/2017	14/01/2017	January 2018

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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, a **senior member of the management team** 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 then a note will be made on the form
- Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate response
- Wherever possible ask parents to request that GPs prescribe the least number of doses per day, i.e. three x daily, rather than four x daily.

Non-prescription medication

- The nursery will administer non-prescription medication, for a short initial period, dependant on the medication or the condition of the child. The only non-prescription medication the nursery will administer is Calpol. 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
- Where parents provide a bottle of Calpol for the nursery, the bottle will be stored in accordance to our medication policy with a clearly labelled bottle with the child's name and the date the bottle was first opened.
- On registration, parents will be asked if they would like to fill out a medication form for a specific type of liquid paracetamol, which can be given in the case of an increase in the child's temperature. This form will state the dose to be given, the circumstances in which this can be given e.g. the temperature increase of their child, the specific brand name or type of liquid paracetamol and a signed statement to say that this may be administered in an emergency if they CANNOT contact the parent.
- If a child does require liquid paracetamol during the day and the parents 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 liquid paracetamol **will be a last resort** and the

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nursery staff will use other methods first to try and reduce a child's temperature, e.g. remove clothing, fanning, tepid cooling with a wet flannel. The child will be closely monitored until the parents collect the child.

- For any non-prescription cream for skin conditions e.g. Sudocreme, 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
- In the case of medication that may need to be given to a child due to them becoming ill during the day, e.g. liquid paracetamol for temperature reduction, parents will be contacted as soon as possible to ensure all details are correct and that they agree.

Injections, pessaries, suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, they should not be administered by any member of staff unless appropriate medical training is given to each member of staff caring for this child. This training would be specific for each child and not generic. If this causes a problem in providing appropriate care of a child, please consult Ofsted. The exception to this is the administration of an epi pen in the case of a suspected anaphylaxis shock

Staff medication

The first aid box for staff should be kept in a readily accessible position, but out of reach of the children. This is generally in the kitchen.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressing, bandages, and eye pads. No other medical items, such as paracetamol should be kept in the first aid box.

Policy adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
14/01/2017	Esigned – Joyce L Baxter	14/01/2017	14/01/2017	January 2018

Administration of Medication and Allergy Policy 2017



The legal framework for this policy is based on:

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 and under supervision at all times.

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 and under supervision at all times.

Any antibiotics requiring refrigeration must be kept in an area inaccessible to children.

All medications must be in their original containers, 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 adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
14/01/2017	Esigned – <i>Joyce L Baxter</i>	14/01/2017	14/01/2017	January 2018

The legal framework for this policy is based on:

Allergies Policy including Nut & Food Allergy

Statement of Intent:

At Heaton House Nursery we are aware that children can have allergies which may cause allergic reactions. We will follow this policy to ensure allergic reactions are minimised or where possible prevented and staff are fully aware of how to support a child who may be having an allergic reaction.

Staff will be made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis

Information will be passed on by parents from the registration form regarding allergic reactions and allergies and must be shared with all staff in the nursery.

An allergy register will be kept on file and in the kitchen. This will be updated regularly.

The nursery manager must carry out a full Allergy Risk Assessment Procedure with the parent prior to the child starting the nursery. The information must then be shared with all staff. This will be conducted initially through the parent information pack and shared with the wider staff however individual health care plans may be used for complex care routines.

All food prepared for a child with a specific allergy will be prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts. The manager, nursery cook and parents will work together to ensure a child with specific food allergies receives no food at nursery that may harm them. This may include designing an appropriate menu or substituting specific meals on the current nursery menu

If a child has an allergic reaction to food, a bee sting, plant etc. a first aid trained member of staff will act quickly and administer the appropriate treatment. Parents must be informed and it must be recorded in the incident book

Policy adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
14/01/2017	Esigned – Joyce L Baxter	14/01/2017	14/01/2017	January 2018

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If this treatment requires specialist treatment, e.g. an epipen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.

A sick child above all needs their family; therefore every effort should be made to contact a family member as soon as possible

If the allergic reaction is severe a member of staff will summon an ambulance immediately. We WILL NOT attempt to transport the sick/injured child in our own vehicles.

Whilst waiting for the ambulance, we will contact the emergency contact and arrange to meet them at the hospital

A senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and child's comforter.

Staff must remain calm at all times; children who witness an allergic reaction may well be affected by it and may need lots of cuddles and reassurance

All incidents will be recorded, shared and signed by parents at the earliest opportunity.

Definitions

Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

Allergen - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

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Anaphylaxis - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

Epipen - Brand name for syringe style device containing the drug Adrenalin,-which is ready for immediate inter-muscular administration.

Minimized Risk Environment- An environment where risk management practices (E.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

Health Care Plan- A detailed document outlining an individual student’s condition treatment, and action plan for location of Epipen. (Appendix I & II)

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The legal framework for this policy is based on:

Individual Health Care Plan

Date:	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

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The legal framework for this policy is based on:

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in nursery setting:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Policy adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
14/01/2017	Esigned – <i>Joyce L Baxter</i>	14/01/2017	14/01/2017	January 2018

Administration of Medication and Allergy Policy 2017



The legal framework for this policy is based on:

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Policy adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
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The legal framework for this policy is based on:

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Policy adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
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The legal framework for this policy is based on:

Staff training needed/undertaken – who, what, when

Form copied to

Policy adoption date	Signature on behalf of nursery	Staff dissemination date	Latest review date	Next review date
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The legal framework for this policy is based on:

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

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Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	
	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to setting staff administering medicine in accordance with the setting policy. I will inform the Setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

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Staff training record – administration of medicines and/or medical procedures

Name of setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

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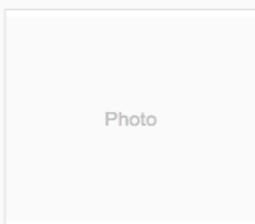
Appendix II – Allergy Action Plan for Anaphylaxis and Epi Pen use (Supplied by the Healthcare team)

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)

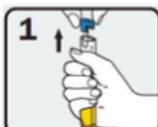


2)



Child's Weight: Kg

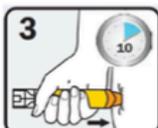
How to give EpiPen®



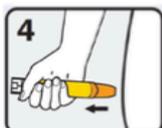
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate. For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



Date: _____

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