



EYFS: The Safeguarding and Welfare Requirements
3.44 – 3.46

Health

3f.1 Administering Medication

Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness or if they have a high temperature.

Procedures

- Children taking prescribed medication must be well enough to attend the setting, as authorised by a general practitioner.
- Only named prescribed medication is administered, with exception of teething gel and nappy cream and Calpol. (Please see section below about child with high temperature)
- Medicine must be in-date and prescribed for the current condition
- Medication must be in correct containers, clearly labelled to indicate:
 - Child's name
 - Date of prescription
 - Use by date
 - Dosage
 - Any other relevant information
- The parent/carer must complete the Medicine Authorisation Form, including:
 - Date of instruction
 - Full name of child
 - Type of medication and dosage
 - Reason for medication
 - Method of administering dose
 - Time of dose and duration of treatment
 - Name and signature of parent/guardian

This must then be checked and signed by a senior member of staff before the parent leaves.

- The medication label and the authorisation form must be carefully checked prior to administering the medication.
- Medication must be administered by a member of staff who holds at least and NVQ3 or equivalent.
- There must always be a second member of staff present who also signs the form as a witness.
- 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.
- Do not administer further medication if the child spits out, vomits or spills part of the dose. This should be recorded on the authorisation form using the comment section.
- Put the medicine away immediately after administering
- Record times of doses on the medicine authorisation form.



- The parent/carer must sign the administration record at the end of the child's day/session.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the staff by a health professional.

Storage of Medicines

- All medication is stored safely in a box labelled with the child's name in the office or fridge if needed.
- Parents are responsible for ensuring medicine is handed back to them at the end of the day, although staff also aim to remind them.

Children Who Have Long Term Medical Conditions and Who May Require On Ongoing Medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the 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 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought 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 staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more 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

- When children are going on outings, staff accompanying the children must be aware of all children with a risk assessment, and other members of staff/parent supervision are fully informed about the child's needs and/or medication.
- Medication for a child is clearly labelled with the child's name and attached is a copy of the consent form to be completed when it has been given, with the details as given above, as if were being given at the nursery.
- If a child on medication has to be taken to hospital, the child's medication is taken with them clearly labelled with the child's name, name of the medication and a copy of the consent form signed by the parent.
- On trips further away than the local vicinity, a thermometer, Calpol and blank temperature forms are taken. If a child was to get a high temperature on a trip, the



staff would contact the nursery to inform them, and the procedure below would be followed.

- If a child on a local trip was to get a high temperature, the staff would contact the nursery to inform them and return immediately.
- This procedure is read alongside the outings procedure.

Dealing With a Child With a High Temperature

Parents on joining the nursery are asked to sign a consent form for staff to administer Calpol provided by the nursery in the case of a high temperature. If parents have not given consent to Calpol they will need to collect their child.

The Procedure We Follow If a Child's Temperature Rises Above 38°C Is

- If the child seems unwell or hot to the touch, then a member of staff would take their temperature using the electronic thermometer. If it 38°C or over we would undress the child and offer them fluids to drink. (N.B. with under the arm thermometers, we add 0.5°C to the temperature shown to give a real reading, as it is showing the external temperature)
- After 10-15 minutes we would take the temperature again. If it hasn't gone down, then we will contact the parent to ask permission to administer the Calpol following the instructions on the box.
- We will have already obtained written permission in case we are unable to contact parents.
- The nursery management will then authorise the administration of the medicine
- Parents are asked to call the nursery after 1 hour to check on the child's progress. If the temperature is still over 38°C then they will be asked to collect their child, but if it has gone down, then we will just continue to monitor the child. If the temperature goes back up, even after 4 hours of administering the medicine, the nursery will not administer a second dose. The child must be collected.
- If the temperature reaches 40°C or above, children will need to be cooled down using tepid water and management will make the decision on whether or not the parents need to collect immediately. If we are unable to reduce the temperature below 40°C with tepid sponging, management may make the decision to call 999.
- If parents have informed us that their child was given Calpol in the morning, then we must record the time in our room diaries so all staff know that Calpol cannot be given before the 4 hours is up. If the child's temperature goes above 38°C before the four hours is up, then the parents must be called to collect the child. If the child's temperature goes above 38°C after the four hours we will follow our procedure for treating temperatures.

Legal framework

- Medicines Act (1968)