

Medicine Policy – Prescribed

It is the policy of The Green Umbrella Day Nursery to permit a child or member of staff to return to nursery when they are well enough to attend and recognise that they may need to take prescribed medicine. We can therefore administer prescribed medicine in certain circumstances.

This Policy has been written following the guidelines set out on the government document DFES-1448-2005 which can be found on the government website:

www.gov.uk/government/publications/managing-medicines-in-schools-and-early-years-settings

Confidentiality

All staff will treat medical information with the utmost confidentiality at all times.

The Law

The law states that no medicine can be left in nursery without first being checked and signed in by a senior member of staff. For the purposes of this Policy, ‘Senior’ refers to the nursery manager, deputy manager, assistant deputy manager and any room leader providing they have been a room leader at the nursery for at least one year.

Emergency Evacuation of Building

In the event of an emergency evacuation of the building all emergency medicines such as inhalers, epipens, seizure medicine etc will be taken outside by either the room leader or the most senior person in the each unit at the time.

Unacceptable Medicines

We will never accept medicines that have not been prescribed by an authorised prescriber, that are out of date, that have been taken out of the container as originally dispensed nor make changes to dosages on parent/carer instructions.

Withheld Information

If any information is withheld from the nursery regarding medicine or conditions for a child by parents/carers or by staff, the nursery will not be held responsible for acting as specifically instructed by a parent/carer or a member of staff.

Only Medicines That Are Essential

Medicines should only be brought into the nursery when essential; that is where it would be detrimental to a child’s or member of staff’s health if the medicine were not administered during the nursery day. The nursery will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration and dosage.

Where possible, parents/carers and staff members should administer medicines outside of the nursery day. For example, if a medicine has been prescribed with a dose frequency of 3 times a day, this could be given prior to nursery, after collecting from or leaving nursery and at bedtime.

Parents/carers and staff should consult the prescriber (GP) to see if this can be done. The Medicines Standard of the National Service Framework (NSF) for Children recommends that these types of options are explored by parents/carers.

Signing In Short Term Medicine

A course of medicine such as antibiotic will need to be signed in by the parent/carer or staff member on a daily basis. Medicine that is not due to be kept on site for an emergency will be returned to the parent/carer or staff member at the end of each day.

Signing In Long Term Medicine

Medicine that is required to be held on site as a long term prescription or for an emergency can be signed in once on a special form. A review date should be set every 3 months to review long term medicine held on site with the parent/carer or staff member. If the medicine is due to expire prior to 3 months the review date should be set 2 weeks prior to the expiry date of the medicine. In such a case the parent/carer or member of staff should arrange with their prescriber (GP etc) for a duplicate of the medicine to be prescribed in order for the nursery to have a duplicate in the case of an emergency.

Storage of Medicines

Medicines will be stored as follows:-

1. Little Owls (Toddlers), Tawny Owls (2-3s) and Eagle Owls (Pre-school) - in the medicine cupboard or the fridge in the utility room.
2. Snowy Owls (Babies) – in the cupboard above the fridge in the kitchenette.

Or, if different, following the recommended storage instructions on the packaging. This should be carried out immediately it has been signed in on the appropriate medicine form. Medicines which are needed in an emergency will be stored in a special first aid container in the child's allocated room.

Medicine Forms and Medicine Boards

Completed medicine forms will be filed in the 'Medicine Forms Confidential Folder' and a diary entry made in the appropriate room's diary. The 'Medicine Today Board' will be completed with the child's first name and initial surname along with the time they require their medicine. It is the responsibility of every member of staff to check the 'Medicine Today Board' each day.

Medicine Found in a Child's Bag

No medicine must be left in a child's bag. It is a parent's/carer's responsibility to remove the medicine from their child's bag and give it to a member of staff. If any medicine is found in a child's bag which has not been previously been signed in, the member of staff finding the medicine MUST report it to the most senior person on site at the time. The senior staff member should telephone the parent/carer informing them that medicine has been found in their child's bag and it should not have been there for safeguarding reasons. The medicine should be returned to the parent/carer when they arrive to collect their child and a diary reminder written in the appropriate room's diary.

Staff Taking Medicine

In the case of staff, prescribed medicine will be stored in the medicine cupboard in the utility room while it is on site.

Health Care Plans

Some prescribed medicines may need an Individual Health Care Plan to be completed. For example, inhalers, epipens, seizure medicine etc. This should be completed by the parent/carer or member of staff and their prescriber (GP etc). The nursery will keep two copies of the Individual Health Care Plan. One copy will be kept with the medicine and one copy will be filed in the office.

Paediatric First Aiders

The medical conditions in children and adults that most commonly cause concern in nursery are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

The nursery's paediatric first aiders have been given training to include identifying symptoms such as these, responding appropriately to the emergency needs of babies and children with chronic medical conditions and to know when conditions are getting worse. A list of our current paediatric first aid trained staff is always on display.

Asthma

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. Our older children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not all children will get all these symptoms.

A child who attends nursery who has been diagnosed with asthma will have an individual health care plan and be provided with a nursery/school asthma card completed by their parent/carer.

A child will not be excluded from any activities carried out by the other children within the nursery unless specifically requested to by the parent/carer.

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the day. A spacer device is used with most inhalers.

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise.

Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Inhalers will be stored in a safe but readily accessible place and be clearly marked with the child's name. Inhalers should always be available during physical activities.

If a child has an attack they will be treated according to their individual health care plan or asthma card as previously agreed. An ambulance will be called following our Request for an Ambulance Procedure 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

Epilepsy

Epilepsy is repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Most children/adults with diagnosed epilepsy will never have a seizure during the nursery day due to it being controlled by medicine.

A child will not be excluded from any activities carried out by the other children within the nursery unless specifically requested to by the parent/carer.

Most children/adults with diagnosed epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during normal nursery hours.

We request that parents/carers and staff members who have been diagnosed with epilepsy supply the nursery with an individual health care plan from a medical professional in order that the senior staff within the nursery have all the information they require regarding the condition and how to deal with a seizure should it happen.

If we do not have an individual health care plan due to seizures not being previously diagnosed the nursery's senior members of staff will follow their Paediatric First Aid Training regarding seizures.

Should your child or a staff member experience a seizure at nursery their individual health care plan will be followed and the following details will be recorded:-

- 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.

We understand that this information could be valuable to the child's/staff member's specialist.

We will call an ambulance following our Request for an Ambulance Procedure 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 individual health care plan;
- a seizure lasts for five minutes if you do not know how long they usually last for that child/adult;
- there are repeated seizures, unless this is usual for the child/adult as set out in the individual health care plan.

Senior staff may require further training on the administration of medicine for seizures in order for the nursery to remain within its Liability Insurance Policy. Such training will be arranged in partnership with the parent/carer, health officials and the nursery.

Diabetes

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

The majority of children have Type 1 diabetes which means they normally need to have daily insulin injections to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

The nursery has no health professional on site and is thus unable to administer insulin injections. This does not mean that children with diabetes are excluded. However, it does mean that it is a parents/carers responsibility to arrange for insulin injections to be given to the child either themselves or by a nominated person such as a grandparent, aunt etc.

If we believe a child has had a hypo at nursery we will not leave them alone. We will quickly give them a sugary drink and sugary food such as chocolate or biscuits.

We will call the parent/carer immediately.

Should the child recover within 10-15 minutes we will call the parent/carer immediately to collect their child. Whilst waiting for the parent/carer to arrive and providing the child is conscious we will keep the child quiet and offer them a sandwich and a drink of milk.

Should the child not recover within 10-15 minutes we will call an ambulance following our Request for an Ambulance Procedure and we will call the parent/carer immediately informing them we have called an ambulance for their child. Whilst waiting for the ambulance to arrive and providing the child is conscious we will keep the child quiet and offer them a sandwich and a drink of milk.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a 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). We do not give any form of nuts or pure honey to the children in the nursery. Eggs are only used in cooking/baking and are never given in the raw form such as egg sandwiches or fried/boiled eggs.

It is a parent's/carer's responsibility to inform staff if they believe their child has an allergy in order for us to take appropriate action to keep the child away from such items. The nursery have specific procedures in place in order for every member of staff to have access to specific information about known children who may have an allergic reaction to certain things thus avoiding any reaction from the child. Parents/carers are advised to ask the nursery manager regarding the procedures we have in place for anaphylaxis.

If we believe a child has had a severe allergic reaction to something at nursery we will not leave them alone.

Ambulance

We will call an ambulance immediately following our Request for an Ambulance Procedure and then we will call the parent/carer informing them we have called an ambulance for their child.

Prescribed Medicines – Staff Only

Staff members must sign in all prescribed medicines such as antibiotics etc.

Staff members who have been prescribed medicine must inform the nursery manager, deputy manager or assistant deputy manager each time they have taken medicine.

The nursery manager, deputy manager or assistant deputy manager must complete a Staff Prescribed Medicine Form and update this each time medicine is taken by the member of staff throughout the day.

All of our Medicine Forms clearly state:

- Date
- Name of Child/Staff Member Taking Medicine
- Dosage
- Method of Administration
- Reason for Medicine
- Expiry Date of Medicine

Other related documents:

- Medicine Policy – Non-Prescribed**
- Medicine Training Records**
- Child Medicine Form**
- Staff Medicine Form**
- Ambulance Procedure**
- Fire Evacuation Procedure**

All policies documents are subject to regular review
This policy was reviewed: March 2015