**Medication Policy Ladybirds Daycare Ltd**

 **October 2020**

**Administering Medication**

Medicines will only be used where it is essential – that is where it would be detrimental to a child’s health if the medicine were not administered during the nursery day. In order for the nursery to administer any medication to a child, full details must be given in advance and the written parental permission authorised on a Medication Record Sheet.

The criteria in the national standards for under 8’s day care providers makes it clear that non-prescription medicines will not normally be administered and while our aim is to support regular attendance, medicines will only be accepted by our staff if they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines must always be provided in the original container as dispensed and include the prescriber’s instructions for administration as these are the only instructions we are allowed to follow.

Any member of staff giving medicines to a child will check

* The child’s name
* Prescribed dose (checked by a second person)
* Expiry date
* Written instructions provided by the prescriber on the label or container.
* That a dual check is carried out by another qualified staff member
* And all paperwork completed, including signed consent from the parent/ carer

Before any medication is issued,

There are two types of Medication regimes considered.

**Short Term Medication**

Typically for pain or fever relief using a medication such as Calpol or Ibuprofen. Whilst we will accept Calpol, it is a non-prescription drug and staff have the right to refuse to administer it on an ongoing basis – i.e. more than 3 days in a row.

A parent must authorise use prior to administration and where possible must provide the medication themselves. Our staff can only administer non-prescribed medicines in extreme circumstances and with the parent’s prior written permission.

The carer responsible must ensure that the parent has knowledge of the suitability of the medication for the child in terms of allergies. The treatment should be for an agreed period and during treatment the carer must monitor and feedback any contra-indications they see. Should this occur then the medication must stop at once and the parent advised immediately.

**Long term Medication**

Parents are required to inform the nursery on admission or when a child first develops one about any particular long term medical needs their child has as it may be necessary for us to us to develop a written health care plan to support them.

### Health Care Plan

The purpose of an individual health care plan is to identify the level of support that is needed and as such not all children with a medical need will require an individual plan. Plans will be agreed with parents under the guidance of the child’s GP or paediatrician and will be reviewed regularly at least once a year.

Where a family service plan is supplied this will not replace the need for an individual health care plan devised by the setting however it will provide an understanding of the wider picture of the child’s needs and services.

Any Long term medication is typically for chronic conditions such as asthma or eczema using prescription medication.

 A parent must advise the carer responsible for the child’s regime, must provide the medication and authorise its use prior to us instigating a regime and following the administration of all doses. The treatment should be for an agreed period prior to review.

As with short term medication the carer must monitor and feedback any contra-indications she sees. Should this occur then the medication must stop at once and the parent advised immediately.

The carer must advise the parents if the medication is due for replacement or due to run out. If the parent requires the medication to case, then a signature and date of cessation needs to be obtained from the parent.

#### Refusing Medicines

If a child refuses to take medicine, staff will not force them to do so. They will note in our records that they have refused and inform parents.

#### Educational trips/ visits

We operate an equal opportunities policy and as such would consider the reasonable adjustments we could make to enable children with medical needs to participate fully and safely on visits. All our staff are first aid trained and are aware of any medical needs of the children in our care. If necessary, we carry out individual risk assessments prior to visits and would arrange for an additional supervisor or parent to accompany a particular child during the visit.

#### Storage of Medicines

Any medicines brought to nursery are stored in accordance with product instructions and in the original container in which they are dispensed. Before accepting it staff will ensure that the container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. The nursery manager is responsible for ensuring all medicines are stored securely. Any emergency medicines such as asthma inhalers and adrenaline pens will be made readily available and will not be locked away. The Nursery manager is responsible for ensuring the safe storage of medicines while on site.

**Pilton Nursery-** medicines will be stored in the medicine box located in the downstairs office.

**Landkey Nursery-** medicines will be stored in the medicine box located in the kitchen cupboard.

In each box there will be a medicine file and within the file forms recording the following information;

* Medicine administered
* Dosage
* Date
* Time
* Administered by

This will be monitored by nursery manager on a monthly basis.

#### Disposal of Medicines

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal and should collect medicines at the end of each term. If parents do not collect all medicines they will be taken to a local pharmacy for safe disposal.

**Emergency Procedures**

All staff are trained in our accident and emergency procedures please refer to our accident and emergency policy for more details.

**Allergies**

Information will be passed on by parents from the registration regarding allergic reactions and allergies. Once notified the nursery manager will carry out a full allergy risk assessment with the parent prior to the child starting at the nursery and all the staff will be informed.

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 staff 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.

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

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.

If the allergy / reaction is severe then a member of staff will call for an ambulance immediately. 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.

**Conjunctivitis**

Because the children play so closely with one another, infections such as conjunctivitis spread extremely easily despite the best efforts of our staff. Therefore, we insist that if children have what looks to be Conjunctivitis, it is essential that they see a doctor. If the eye infection is found to be conjunctivitis, we ask that the appropriate drops are prescribed or purchased before the child continues attending nursery. As soon as the course of eye drops has started, children can continue to attend nursery as per their normal contracted hours. However, the eye drops must be signed in on a medication form to allow the staff permission to carry on treating the infected eye/s whilst they are at nursery.

**Sun Care**

Children are requested to have a clearly named sun hat which will be worn at all times whilst outside in sunny weather.

Children have their own sun cream named and dated with prior written consent for staff to apply.

Children’s safety outside in the sun is the nursery’s prime objective so staff will work closely with parents to ensure all appropriate cream and clothing is provided.

Children will always have sun cream applied before going outside in the sun and at frequent intervals during the day.

Children are offered water more frequently throughout sunny or warm days

Children are made aware of the needs for sun hats, sun cream and the need to drink more fluids during their time in the sun.

Staff will make day to day decisions about the length of time spent outside dependant on the strength of the sun

Shade is provided in the form of a gazebo to ensure children are able to cool down or escape the sun should they wish or need to.

**Staff Training**

All our staff are fully first aid trained. Where a health care plan may reveal the need for some additional staff training or knowledge about a medical condition specific training will be arranged in collaboration with local health services to ensure that staff are confident to deal with any emergencies or situations that may arise.

**Confidentiality**

As per our confidentiality policy all staff will always treat medical information confidentially.

Medical Records

All medical records are kept in their personal files and as such stored until they reach the age of 18 years.