

**MEDICATION POLICY**

**INTRODUCTION**

To administer medication to a child is a parental responsibility however, we understand that it may be necessary at times for Early Years practitioners to do this task for the wellbeing of the child. In view of this Dainty Little Hands @ Kidz Academy has devised a Medication Policy, so everyone is fully aware and clear of the procedures we need to implement for the safety of the children in our care.

This policy has been produced using the following documentation: -

* Managing Medicines in Schools and Early Years Settings
* Statutory Framework for the Early Years Foundation Stage
* The Handling of Medicines and Social Care
* Medication Guidance for Birmingham Early Years Settings

**POLICY STATEMENT**

We would ask parents/guardians to request their doctor to prescribe medication which can be administered outside Dainty Little Hands @ Kidz Academy’s hours wherever possible. However, we recognise that there are times when it may be necessary for a child to take medication whilst attending the nursery. We are prepared to take responsibility for these occasions however, we will only administer prescribed medication. As a precaution we will not administer the first dose of any medication just in case the child has a reaction to it.

**MEDICAL NEEDS CO-ORDINATOR**

At Dainty Little Hands @ Kidz Academy our Medical Needs Co-ordinator is \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*. \*\*\*\*\*\*\*\*\*\* role includes the following responsibilities:-

1. Work in partnership with parents to ensure that:-.
2. Liaise with parents/guardians regarding their child’s medical needs.
3. Liaise with professional teams regarding the child’s medical needs.
4. Sought appropriate training regarding the administration of medication for the staff team that are caring for the child before the child starts at the nursery.

1. Review medication consent forms with parents/guardians to ensure the child still requires the medication.
2. Check there is sufficient medication available i.e. inhalers are not empty.
3. Ensure all preparation procedures have been fully implemented for a child who has regular or emergency medication i.e. sought a medicine container for the medication to be stored in, a photo of the child for the medication record book and the medicine container, complete a plan/alert card, ensure parent/guardian provides spare medication for the nursery to keep on the premises (this needs to be provided on the first settling in period the child attends at the nursery).
4. Ensure the medication has not reached its expiry date.
5. Ensure the equipment (i.e. asthma spacer devices) are clean and in working order.
6. Check the storage of medication i.e. all refrigerated medication is stored in the draws at the bottom of the fridge in the baby room kitchen indicating, the medication is stored separately from food, and it is not accessible to the children. The medication is in individual sealed boxes labelled “MEDICATION” and has the child’s name and photo on it, so medication can be easily identified for each child.
7. Check the medication cupboard located in the baby room kitchen. This cupboard is labelled “Medication Cupboard” and must be locked at all times; it is situated on a wall above the units indicating it is completely out of the reach of children.

Checking the medication cupboard needs to be implemented every month and includes disposing of any medication which is no longer required i.e.

* Medication has expired
* Child has stopped taking the medication as they have completed the course of the medication
* Medication no longer has a clear label on it
* When administration instructions have changed

1. Documenting and ensuring expired medication are either given back to the parent/guardian to dispose of or returned to a local pharmacy for them to dispose of the medication safely. It is illegal for medication to be disposed of via the sewage system or into the refuse.
2. Check all management plan/alert cards include clear details of the action to be taken in an emergency (plan/ alert cards are kept in the medication containers with the child’s medication).
3. Ensure when the children are not on nursery premises that emergency medication is taken with them. The Team Leaders of each room are responsible for the emergency medication i.e. to carry it, to administrate it if it is required and to record the necessary information in the medicine record book.
4. To arrange with parents/guardians to provide Sharp Boxes (these are for the disposal of needles and glass ampoules). Sharp boxes can be obtained by the parent/guardian on prescription from the child’s GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority Environmental Services.
5. Ensure medication is not to be added to food or drinks.
6. Ensure completed Medical Report Forms and Timeline of Event Forms are sent to the organisations who require this information i.e.

Nurse Educator Team

Medical Needs in Early Years Service

Children & Families Division

Carnegie Centre

Hunters Road

Hockley

B19 1DR

Tel No: (0121) 456 3867/8

Ofsted via the internet link ‘Report a serious childcare incident’, scroll to How to tell Ofsted and click on Report Online.

1. Ensure the Early Years Team are notified of the incident especially if the injury is related to child protection as this would need to be referred to LADO.

Early Years and Childcare Service

PO Box 16453

Lancaster Circus

Birmingham

B2 2ZJ

Early Years Consultants duty line – (0121) 675 4996 or (0121) 675 1943

1. Complete Riddor reports online using the internet link of <https://www.hse.gov.uk/riddor/report.htm> as well as in the Dainty Little Hands @ Kidz Academy Riddor booklet.

Tel No: (0121) 607 6200

Email Address: WWW.HSE.GOV.UK/CONTRACT/INDEX.HTM.

1. If we accommodate children that require lifesaving or invasive medication, the manager will need to notify Dainty Little Hands @ Kidz Academy’s Insurance Company (The Pre-School Learning Alliance).

Tel No: 02076972500

The checks and responsibilities that the staff team are required to implement include: -

1. To check the medication consent form has been fully completed by the parent/guardian as if it has not, we are unable to administer the medication.
2. If the medication is given late this needs to be documented in the medication record book along with the reason why so the parent/guardian is made aware when they sign the book on collection of their child.
3. Reasons for any non-administration of medication should also be recorded in the medication record book i.e. if any child refuses to take their medication, we will need to immediately notify the parents/guardians. (**we are not allowed to force a child to have medication**)
4. To record in the medication record book so parents/guardians are made aware of any wasted doses of medication i.e. medication dropped on the floor.
5. To check the leaflet provided with teething gel corresponds with the information the parents/guardians have recorded on the medication consent form for Teething Gels. Also, the teething gel is age appropriate and does not contain choline salicylate.
6. To complete a Medical Emergency Report Form and give it to the Medical Needs Co-ordinator so it can be sent to the Nurse Educator Team. The emergency report should be completed when:-
7. A child has a medical emergency whilst at nursery and has been given prescribed emergency medication, for example, Auto injector pen, glucogel, rectal diazepam or buccal midazolam.

1. A child has been sent to hospital via an ambulance.
2. To complete a timescale of events report and give it to the Medical Needs Co-ordinator so it can be kept on file and referred to as necessary when completing reports to other agencies i.e. Ofsted etc.

**ADMINISTRATION OF MEDICATION AT DAINTY LITTLE HAND @ KIDZ ACADEMY**

1. **Check the medication has been prescribed by a doctor and dispensed by a pharmacy except for Vaseline**.
2. **No medication will be given without prior written consent from parents/guardians by completing a Medication Consent Form. Verbal instructions are not acceptable.**
3. The Medication Consent Form includes the following information:

* Child’s name
* Name, strength and quantity of medication provided
* Clear, precise dosage instructions
* Emergency contact names and telephone numbers
* GP’s name and contact details
* Any side effects of the medication
* Details of any other medication being taken at the same time
* Parent/Guardian signature

1. Room Team Leaders must note the times the medication is due to be administered on the whiteboard in their playroom. We are unable to note the child’s name or initials due to confidentiality procedures. Senior staff will need to look at the medication consent form on arrival to the playroom to know all the relevant details before they administer the medication.
2. The parent/guardian must give the first dose of any medication. (If the medication is antibiotics the child will need to stay absent from nursery for 48 hours after receiving his/her first dose even if they have had the antibiotics before in the past).
3. There must always be two members of staff present when administering medication i.e. the person who is to administer the medication and a witness to check the child’s identity e.g. by checking the photo on the medication consent form, also to check the correct dosage and medicine is being given.
4. It is the responsibility of the parent/guardians to provide enough medication and to do this in person. Also, parents/guardians have the responsibility to ensure that the medication is in date.
5. The medication should be in the original container as prescribed by the doctor and as dispensed by the pharmacist, clearly labelled with:

* Child’s name
* Name of medication
* Strength of medication
* How much to be given (dose)
* When to be given
* Date dispensed and /or expiry date
* Length of treatment or stop date where appropriate

1. Where there is no expiry date the medication needs to be dispensed within the last 6 months.
2. The label ‘To be taken as directed’ does not provide sufficient information. Precise information must be supplied.
3. Parents/ Guardians must notify Dainty Little Hands @ Kidz Academy in writing should the medication:-

* Need to be changed
* Be discontinued before completion of the course
* Dosage change

In this instance a new supply of medication, correctly labelled with the new dose must be provided and

a new medication consent form completed.

1. Liquid medicine should be accompanied by a 5ml medicine spoon or an oral syringe.
2. Parents/guardians are required to sign the record of medication form when collecting their child, to acknowledge the medication being administered that day. Information documented on this form includes:

* Child’s name, date of birth and photograph
* Name and strength of the medication
* Dose given
* The date and time of administration
* Names of staff administering medication
* Name of staff witnessing the administration of medication

1. Reasons for any non-administration of regular medication must be recorded in the medication record book and the parents/guardians immediately notified.
2. We are not allowed to administrate medication in which has text that is not in English.

**TEETHING GELS**

1. Teething medication must be prescribed from the doctor and dispensed by a pharmacy. It is highly recommended that teething rings are more effective than any other teething medication/products.

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1. Parents/guardians must have administered the teething product at least 3 times before it is administered by a senior member of staff at Dainty Little Hands @ Kidz Academy otherwise we will be unable to administrate it.
2. Parents/guardians are required to give written consent by completing a medication consent form especially designed for teething products.
3. The product must always be labelled for the individual child and remain in its own packaging including instructions otherwise we will be unable to administer it.
4. Parents/guardians are responsible for providing teething gel and ensuring it is age appropriate. The Medical Needs Co-ordinator needs to check that the product is age appropriate i.e. for teething in babies over two months and that it does not contain choline salicylate (a substance that is present in adult bonjela)
5. The application of teething gel should be reassessed on a weekly basis as it should only be applied when there is a health reason to do so. Advice may be sought from the child’s health visitor.

**APPLICATION OF CREAMS & LOTIONS**

1. All creams and lotions except for Vaseline and Bepanthen need to be prescribed by a doctor and dispensed by a pharmacist.
2. Parents/guardians are required to complete a medication consent form for the cream/lotion to be administered (Vaseline and Bepanthen also require a medication consent form).
3. Any creams or menthol rubs that are not prescribed will not be administered at Dainty Little Hands @ Kidz Academy.
4. Nappy creams are not recommended for healthy intact skin if disposable nappies are used or washable nappies with a liner as the creams can reduce the effectiveness of the nappy drawing urine away from the skin.
5. Where parents/guardians request the use of cream i.e. Vaseline, they are responsible for providing the cream and labelling it with their child’s name.
6. If a child has eczema the Medical Needs Co-ordinator will discuss the individual requirements with parents/guardians and health professionals if necessary.
7. Steroid creams for eczema are usually prescribed for twice daily application, these should be applied at home.

**ALTERNATIVE MEDICATION/FOOD SUPPLEMENTS**

Dainty Little Hands @ Kidz Academy are unable to administer alternative medication including homeopathic medication, herbal remedies or food supplements unless prescribed or agreed in writing by the child’s G.P/Consultant.

**TRAINING**

Training regarding a child’s individual medication needs, is completed before the child starts attending Dainty Little Hands @ Kidz Academy indicating, all the staff team who care for the child will know exactly what they have to do to administrate the medication safely and correctly.

If a child who is established at the nursery develops an illness which requires regular or emergency medication, Dainty Little Hands @ Kidz Academy would request the Nurse Educator Team to visit as soon as possible to implement the appropriate training to the staff team.

In the meantime, the parents/guardians of the child must give written consent stating that they understand and acknowledge that no member of staff at Dainty Little Hands @ Kidz Academy would be authorised to administer the medication without implementing and completing the training required even if they sign a medication consent form. In this instance, Dainty Little Hands @ Kidz Academy would contact emergency services in order for an ambulance to come out so the child could be treated by a professional medical team.

In some circumstances the child may need to remain absent from Dainty Little Hands @ Kidz Academy until the training has been delivered as in some cases the time it takes to respond to a child’s condition can have detrimental effects i.e. allergic reactions – need medication immediately to prevent serious damage indicating emergency services may not be quick enough to respond in this instance.

The Manager and Medical Needs Co-ordinator would discuss all factors with the Nurse Educators and the nursery’s insurers, taking advice from them before informing the parent/guardian of their decision.

Training is provided annually to update staff to any changes in legislation.

Training advice and support is provided by the Nurse Educators and their contact details are: (0121) 456 3867/8

**ADMISSION PROCEDURE FOR CHILDREN WITH SPECIAL MEDICAL NEEDS**

* Before admitting a child with special medical needs into the nursery, we would need to discuss the child’s needs with the parents/guardians, the child’s health visitor and our medical advisors (Nurse Educator Team) to ensure Dainty Little Hands @ Kidz Academy can accommodate the child’s individual medical needs.
* Any training needs that have been identified must be completed from a Specialist Nurse or the Nurse Educator before the child starts at nursery.
* Where appropriate an Individual Management Plan/Alert Card will be developed in partnership with the parents/guardians and appropriate health care professionals e.g. the child’s Health Visitor, Specialist Nurse, GP and/or Nurse Educator**.**
* All parents/guardians will be asked to complete a child’s information form as part of their induction procedure. This form requires full details of their child’s medical conditions, regular medication, emergency medication, emergency contact numbers, name of child’s doctor, details of hospital consultants, allergies, special diet requirements etc.

**EMERGENCY MEDICATION**

**STORAGE**

* All emergency medication must be stored in the child’s playroom for it to be accessible in an emergency. We have specific areas in each playroom for emergency medication to be stored i.e.
* Baby Room – Bottom Shelf on the back wall as you enter the baby room from the toddler room.
* Toddler Room – High level shelf next to the breakfast bar.
* Tweenie Room- High level shelf in the front tweenie room, next to the arched door leading into

the back tweenie room.

* Pre-School Room – High level shelf by the front window above the breakfast bar in the front room.
* Pre-School Annexe Room – On the second shelf from the top of the wooden shelving unit behind the internal door between the two rooms.
* All the storage places for emergency medication are on a high level so that the children are unable to reach them. The areas are also clearly labelled with a green and white sign stating “EMERGENCY MEDICATION”
* All emergency medication has its own box with a lid for each individual child. The lids are clearly labelled with the child’s name and a photograph of the child. In the box there will be a completed management plan/alert card, the child’s emergency medication and any information that may help the administration of the medication.

**WHO CAN ADMINISITER EMERGENCY MEDICATION**

* Unlike other medication whereby only senior members of staff can administrate it, emergency medication can be given by anyone who has completed the training to administer it, providing the person is happy to do this.
* On the wall above the emergency medication will be a list of the staff team who have completed training on administrating various types of emergency medication and who are willing to implement it if they are ever required to do so.
* Members of the team who have completed the training however do not wish to administer emergency medication for whatever reason will not be entered on this list.
* If children are involved in activities away from the nursery premises emergency medication needs to be designated to the senior member of staff who is on the trip and in the child’s group. This person will carry the medication and administer it if necessary. (The Medication Consent Form and the Medication Record Book must go with the designated person to ensure procedures are implemented as usual.

**PROCEDURE FOR MANAGING A MEDICAL EMERGENCY AND**

**CONTACTING EMERGENCY AID**

* In the event of a serious illness or injury to a child, we will initially contact the emergency services and then contact the parents/guardians as stated in the Dainty Little Hands @ Kidz Academy parent contract. If the parents/guardians are unobtainable a senior member of staff will attend hospital and stay with the child until the parents arrive.

The staff member who goes to the hospital need to ensure they take the child information form and make it clear to medical staff that they are not the parents of the child, as the medical staff will require authorisation of treatment for the child from a person with parental responsibility (parents/guardians).

Dainty Little Hands @ Kidz Academy reserves the right to make a discretionary notional charge to cover out of pocket expenses. The parent will of course be responsible for any third part charges.

* In each playroom and downstairs office there will be two yellow forms next to the nursery telephones. The first form, entitled Managing a Medical Emergency details the procedures to implement when calling emergency services for an ambulance. The second form entitled Emergency Aid details the information a practitioner needs to do and state when contacting the emergency services.
* When there is an emergency case the rest of the staff must move the rest of the children into another playroom. If the children are old enough to understand, the practitioner needs to explain to them in basic terms what is happening i.e. the child is poorly or injured and the ambulance people are coming to take him/her to hospital so the doctors and nurses can make him/her better. You may read the children a story about hospitals so they have a better understanding, or they might want to do get well soon cards for their friend.

**REFUSING MEDICATION**

* In the event of a child refusing to take emergency medication Dainty Little Hands @ Kidz Academy would follow their emergency procedure and always call for an ambulance. We would notify the parents/guardians as soon as possible.
* Staff should not restrain a child to administer medication unless it is an emergency e.g. a child may need to be held firmly whilst administering the Auto injector pen. Details of restraining the child would need to be documented in the Physical Contact Book.

**DOCUMENTATION & AGENCIES TO NOTIFY OF THE EMERGENCY INCIDENT**

* As mentioned previously a Medical Emergency Report Form should be completed and sent to the Nurse Educator Team, if a child has a medical emergency whilst at nursery requiring the administration of prescribed emergency medication, for example, Auto injector pen, glucogel, rectal diazepam or buccal midazolam or if a child has been sent to hospital via an ambulance
* A more detailed report (time scale of events report) would need to be sent as well. Ofsted and the Early Years Team would need notification.
* Dainty Littler hands @ Kidz Academy’s Insurance Company (The Pre-School Learning Alliance) would need notification of all children we accommodate that require lifesaving or invasive medication.
* Remember that serious injuries or illnesses also have to be reported to Riddor by completing a Riddor Report Form that they issue via email or by a link. Also, the Kidz Academy Riddor Booklet would require completion

Reviewed: June 2024 Next Review Date: June 2025



ILLNESS POLICY

At Dainty Little Hands @ Kidz Academy we follow the guidelines set by the Health Protection Agency. Although some infections are contagious, they may not be a public health threat indicating the children need not be excluded from nursery.

If a child becomes ill at nursery a senior member of staff needs to be immediately notified so we can contact the parents/guardians to notify them of the situation. The parents/guardians may want to collect their child, seek medical advice or are happy for the child to stay at nursery and be closely monitored with regular updates.

If we feel the child is too unwell to attend nursery or if we believe a child may have a contagious infection (which may require the child to be excluded from the nursery) we will contact the parent/guardian to advise them of the symptoms their child is experiencing and to advise them to collect their child and seek medical advice i.e. go to the Doctor’s Surgery. The senior staff will ask the parent/guardian to contact the nursery after their doctor’s appointment to inform us of the illness (if any).

If the child does have a contagious illness, we will notify other parents/guardians and staff with details of the illness that includes, symptoms, incubation period and any other useful information, we will not disclose any personal details regarding the child due to confidentiality.

A senior member of staff has the right to refuse admission to a child if they feel that our policies will be breached. Staff will only re-admit children into the nursery who are well enough to attend.

If a child becomes sick at home and has a high temperature or one of the following infections which requires exclusion, then the child is not allowed back into nursery until they are well enough to do so, and the incubation period has ended.

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| --- | --- |
| INFECTION | EXCLUSION |
| Cholera | 48 hours after the vomiting & diarrhoea has stopped and the child is well enough to attend nursery. |
| Conjunctivitis | Not necessary to exclude the child unless there are problems with a child maintaining personal hygiene. |
| Diarrhoea & Gastro-Enteritis | 48 hours after their vomiting and diarrhoea has stopped. Also, the child must be well enough to attend nursery. The infections where longer periods of exclusion maybe needed are: shigella dysenteries, boydii and flexneri, E coil VTEC infection and salmonella typhi and Para typhi infection. |
| Diptheria | Affected children and their contacts must stay away from nursery. The incubation period is 2-5 days, but occasionally longer. If treated with antibiotics, patients cease to be infectious within 24 hours. Untreated cases are infectious for 2-3 weeks. |
| Escherichia coli (E, coli) Or  Eschericha coli (VTEC) | Children must not attend nursery until their symptoms have stopped and two faeces’ samples have been found to be negative on laboratory testing. |
| Hepatitis B | Children can return to nursery when well enough to do so |
| Hepatitis C | This is not infectious under normal nursery or work conditions. There is no need to stay away from nursery or work. |
| Chicken pox | Five days from the onset of the rash |
| HIV & AIDS | Exclusion is not necessary unless lesions or abrasions are weeping or discharging and cannot covered by a waterproof plaster. |
| Impetigo | Unless the sores can be reliably covered with a waterproof dressing the child should stay at home until the sores have crusted or healed. This will usually be at least 48 hours after the start of treatment. |
| Influenza | A child with influenza can return to nursery when well enough to do so. |
| Leptospirosis (Weil’s Disease) | The incubation period is 7 – 12 days |
| Measles | Children can return to nursery 5 days after the onset of the rash and when well enough to do so. |
| Meningococcal infection (Meningitis) | Children who have meningococcal infection can return to nursery as soon as they are well. The incubation period is 2 – 7 days. Children who are taking preventative treatment can continue to attend nursery. |
| Mumps | Incubation period is 12 – 25 days, usually 15 – 18 days. Infected children can return to nursery 5 days after the onset of swelling. |
| Mycoplasma infection | The incubation period is from 6 – 32 days. Affected children should not attend nursery whilst unwell. |
| Ringworm | Exclusion is not necessary once treatment has started |
| Ornithosis (Psittacosis) | The incubation period is 1 – 2 weeks, the child can return to nursery when they are well enough to do so. |
| Pneumococcal infection | Children can return to nursery when they are well enough to do so. |

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| Respiratory syncitial virus | The incubation period is 2 – 8 days, children are excluded from nursery until fully recovered. |
| Staphylococcal infection including MRSA | Unless the lesions can be reliably covered the affected child should be excluded until the lesions are crusted or healed. |
| Whooping Cough | The incubation period is 7 – 10 days. With antibiotic treatment the infectiousness can be limited to 5 days after the start of treatment. |

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| Poliomyelitis (Polio) | The incubation period is 7 – 12 days. Children with polio can return to nursery once they have fully recovered provided all the other children have been immunised. |
| Roseola infantum (sixth disease) | The incubation period is 8 – 10 days and children can return to nursery when they are well again. |
| Rubella infection (German measles) | The incubation period is 14 – 21 days and the infectious period is from 1 week before the appearance of the rash and 1 week afterwards. The child should be excluded from nursery for 5 days from the appearance of the rash. |
| Scabies | Affected children should stay away from nursery for 24 hours while the lotion is on and then return as normal. There is no need to stay away during the second application of lotion. |
| Scarlet fever | Children can return to nursery 5 days after starting antibiotics. |
| Tuberculosis | Children with infectious TB can return to nursery after 2 weeks of treatment and if they are well enough to do so. |
| Threadworms | Exclusion is not necessary if treatment has been started. |

**INFECTION CONTROL**

It is the responsibility of Dainty Little Hands @ Kidz Academy to report any contagious infections (communicable diseases) to the Environmental Health, Infection Control and Riddor. Once the case has been reported to all the necessary agencies Dainty Little Hands @ Kidz Academy have to abide by the policies and procedures which Infection Control set.

To control infection the usual procedure to follow includes:

* All children and adults must wash their hands on arrival and departure from the nursery
* Sterilise all toys after each use
* Wash all soft toys, dressing up clothes & dolls clothes after each use
* Remove water play, sand play, play dough etc from the playrooms.
* Clean door handles regularly
* Detox toilet seats and toilet handles after each use
* Detox sinks and taps after each use
* Dispose of apron and gloves after each nappy change
* If clothes are soiled double bag them
* Shampoo all carpets
* Keep children or adults with the infection away from the premises for the period stated by the Environmental Health (2 whole days 48hrs from the last symptom if sickness and diarrhoea).

It is important that everyone co-operates with the procedures set to minimise the spread of the infection. Daily reports must be completed and verbally reported to the Infection Control Team so they can monitor the situation as well.

Reviewed: June 2024 Next Review Date: June 2025