



## **Sheffield Hallam University Nurseries**

# **Administering Medicine Procedure**

We aim to always protect children and staff. We follow this current policy and procedure to ensure all parties are supported and cared for when administering and receiving medication.

The purpose of this procedure is to ensure that: -

- All relevant information about the prescribed medicine, dose and time of dose is available to all staff working with a child.
- Medicines are administered correctly, in accordance with the instructions on the label.
- The correct records are kept.
- Information about medicines administered is passed onto the person collecting the child.
- Medicines are stored correctly.
- Information can be retrieved for up to two years.

#### **Medication Form**

This form is to be used for medicine which is to be administered at specific times on specific days. This could be for one day or over the period of a full week. The form indicates Monday-Friday. Staff must write in the date and delete any days which are not relevant.

This will apply to any short course of medicine such as antibiotics. It will be used if parents request an inhaler is to be used at specific times (rather than in an emergency according to instructions on the Care Plan). This form can also be used for proprietary medicines such as teething gel/powders, nappy barrier creams (other than sudocrem which is provided by the Nursery in an emergency), antihistamine and paracetamol if parents request for this to be administered at a specific time. However, to promote a good healthy environment for all, if a child is requiring paracetamol regularly throughout the day for example, the nursery managers will consider the circumstances and assess whether the child should go home to recover fully.





## Medicine and storage

Medicine (both prescription and non-prescription) will only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer.

We will only accept prescription medication in the original container with a clear prescription label detailing the child's name, date of birth, dosage and within the use by date. Medicines will be stored in accordance with the product information and out of reach of children, either in the fridge or in the medicine box in the child's room or office.

## Completing/checking the form procedure

- Give the parent a different form for each different medication.
- Check that the parent has filled in the whole form.
- Make sure you can read the instructions.
- Make sure you know how the medicine is to be stored.
- Make sure you understand what the dose is.
- Make sure you know what time to administer the dose.
- Make sure the parent has written the circumstances/symptoms in which you are to give the medicine.
- Make sure you understand how it is to be administered (ask for a demonstration, if necessary)
- Check that the medicine parents have brought is securely and clearly labelled with the child's name.
- If it is a prescription item check that it is prescribed for the child in question
- Check that the dosage instructions on the label agree with those on the medicine form.
- Make sure the day and date tally. If there are days/dates not relevant, delete these.

#### If you have any doubts or queries, seek the advice of the nursery managers

#### **Administering the Medicine**

- Check the label has the child's name.
- Two staff must check the dose and administer according to the instructions on the medicine form.
- Wash hands and ensure the affected area is cleaned upon completion.





- All waste and PPE should be disposed of by double bagging in yellow and black bags and put in the external clinical waste bin.
- Staff complete and sign the 'medicine report' form. Once the form has been signed the staff member is declaring that they have done everything required by the form.
- When administering medication, there must be a witness who can verify the amount of medication given. Both must sign the medicine form.

#### Informing the parent before the child goes home.

 Show the parent/person collecting the medicine report form and ask them to sign. This must be on the same day the medicine was administered. If the child has had the medication more than once during the day, staff can bracket all entries, and the parent can sign once.

## Filing and archiving medicine forms

- File the form in the date order in the child's file.
- If the file is full send any forms more than 6 months old to the office. If you run out of space inform the office.
- Medicine forms will be retained for two years and disposed of as confidential waste.

## **Medical Conditions/Long term medication**

If a child has a specific condition/allergy and/or is likely to need a prescribed medication over a longer period (e.g.inhaler, EpiPen), we will discuss this with parents to establish a clear procedure for each case. In these circumstances, it will be necessary to write a care plan for the child. The care plan will detail the condition/allergy and under what circumstances we will need to administer medication. When medication has been administered, the 'medication report' form will be completed (see below)

#### **Emergency Paracetamol (e.g. Calpol) Form**

This form is to be used in an emergency e.g. if the child suddenly develops a temperature or appears to be in pain e.g. teething.





On registration, parents will be asked if they would like to complete a medication form to consent to their child being given a specific type of liquid paracetamol (e.g. Calpol) in the event of a sudden 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. if the child's temperature has risen, the specific brand name or type of non-prescription medication and a signed statement to say that this may be administered in an emergency if the nursery CANNOT contact the parent.

If a parent cannot be contacted, there must be at least 4 hours elapsed (e.g. been at nursery at least 4 hours) for us to administer the medication. On occasions where we cannot get hold of parents and cannot guarantee the 4-hour time period, we will assess the circumstances surrounding the need for this medication and if necessary contact NHS 111 service for medical advice.

Even when we have a signed Emergency Paracetamol form, we will always attempt to contact parents before giving the medicine. If we don't already know, we will ask parents if the child has had medicine that day. If they have, the time will be recorded on the Health and Welfare form. We will only give the medicine if the correct time has elapsed between doses. When the child is collected, the parent will be given the medication report form (and Health & Welfare form) to sign. This will detail the time and dosage given throughout the day (see 'medication report form' below).

#### **Administering Paracetamol**

- Children must not attend nursery if they have a temperature of 38 degrees or above, heavy cold or flu-like symptoms or generally unwell.
- Paracetamol will only be administered if the child is in pain or when their temperature reaches
   38 degrees.
- Paracetamol will not be administered for more than 2 consecutive days; staff will encourage parents/carers to consult a medical professional if symptoms persist.
- A high temperature is classed as 38 degrees or above.

Using Paracetamol for long periods of time or giving extra doses other than stated on the bottle, can seriously affect children's health in later life e.g. kidney problems, asthma.





Giving non-prescription medication will be a last resort and the nursery staff will use other methods first to try and alleviate the symptoms (where appropriate). The child will be closely monitored until the parents collect the child.

An emergency nursery supply of fever relief (e.g. Calpol) is stored on site. This is checked at regular intervals by the designated trained first aider to make sure it complies with any instructions for storage and is still in date.

## **Emergency Antihistamine Form**

This form is to be used in an emergency e.g. the child suddenly develops the symptoms of an allergic reaction e.g.hives, a rash, swelling and/or if we have observed that the child has been bitten/stung by an insect or may be suffering from hay fever.

On registration, parents will be asked if they would like to complete a medication form to consent to their child being given a specific type of liquid antihistamine (e.g Piriton) in the event of a sudden apparent allergic reaction. This form will state the dose to be given according to the dosage instructions stated on the packaging, the circumstances in which this can be given e.g. if the child develops hives, the specific brand name/type of non-prescription medication and a signed statement to say that this may be administered in an emergency if the nursery CANNOT contact the parent.

Even when we have a signed Emergency Antihistamine form, if we suspect a child has had an allergic reaction (to a known or unknown allergen), we will attempt to contact parents to inform of our intention to administer antihistamine medication. The exception to this will be if a child is having a severe/more serious reaction. In this case we will administer the medication immediately.

If a parent cannot be contacted, therefore we are unable to establish if the child has already had this medication, we will assess the seriousness/circumstances surrounding the need for the medication and if necessary, contact NHS 111 service for medical advice. All information will be recorded on the Health & Welfare Form and the medicine report form (see below). When the child is collected, the parent will be given both documents to sign.





If the reaction is to a known allergen, we will follow the instructions on the Care Plan. If this is a new/first allergic reaction, we will try to establish what the allergen may be; based on the time of day (e.g. after a meal) and anything the child has recently had access to. Then in discussion with parents, we will consider producing a Care Plan.

#### **Antibiotics**

 If your child is given a course of antibiotics the child MUST stay at home for 24hrs after the first dose.

#### **Care Plans**

If a child's care plan requires updating a meeting should be arranged with the SENDCo (Rachael Hinchcliffe) Collegiate, (Sadie Broadhead) Meadows, parents and a professional health worker, etc to address any issues relating to the care plan.

An emergency supply of antihistamine medication is stored on site. This is checked at regular intervals by the designated trained first aider to make sure it complies with any instructions for storage and is still in date.

Medicines containing aspirin will only be given if prescribed by a doctor.

#### **Medication Report Form**

Staff will use this form to record ANY medication administered. Details will include the dosage given, the time/s this was administered, staff and parents' signature. This is according to the information given from parents regarding the administration of medication. If medicine is administered this is more than once per day, the staff can bracket all entries, so the parent only has to sign once.

#### The Rights of the Child

If for any reason a child refuses to take their medication, staff will not attempt to force them
to do so against their wishes. If such a situation occurs, the senior management team and
the child's parent / carer will be notified, and the incident recorded on the on-going medication
form.





• Children that are taking prescribed medication will not be excluded from attending sessions, activities, or experiences. If medication is intrusive e.g. eye/ear drops, a senior member of staff or willing key person will attend to the child's needs. As with any medication, if the child is particularly distressed and we are unable to administer the medication, we will record this and let you know. Eye drops are easier to administer than eye cream. However, as eye medication is particularly intrusive, we may not be able to administer this at Nursery. We will look at this on an individual basis and work with our families to reach the best outcome.

#### Staff medication

All nursery staff have a responsibility to work with children only where they are fit to do so.

Staff must not work with children where they are infectious or too unwell to meet children's needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy.

If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice.

The nursery manager/staff member's line manager will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be kept in the staff member's locker/separate locked container in the staff room or nursery room where staff may need easy access to the medication such as an asthma inhaler. In all cases it must be stored out of reach of the children. It must not be kept in the first aid box and should be labelled with the staff member's name.

This policy was adopted on	Signed on behalf of the nursery	Date for review
20/03/2024	C.E.Carroll	March 2026