



Hyde N Seek Nursery Policy on Administration of Medication

This policy applies to prescribed & over the counter medication.

Administration of Medication

The first dose of medication must be administered to the child by parent. Only a qualified member staff will administer medication. Staff member administering medication must have a witness present while administering medication to a child. The medication form will then be signed by both members of staff. On collecting their child, parents will be asked to sign to record they have been informed of the times and dose of medication given to their child at nursery on that day. Nursery staff can assist children to take prescribed medicines e.g. ventolin inhalers if the parent/carer has signed the consent form.

If the child refuses or spits out the medication, staff are unable to force the child to take it. In this event staff will contact the parent. If a child is given too much medication or medication is given to the wrong child, 999 must be called and parents contacted immediately.

Short Term Prescribed and Over the Counter Purchased Medication

The first dose of medication must be administered to the child by parent. Nursery Staff will only administer prescribed medication (e.g. antibiotics) provided the medication is in its original packaging with the pharmacist label intact and showing clear written details such as date dispensed/prescribed, child's name and dosage to be given.

Short-term over the counter/purchased medication may be administered to children to treat minor injuries or ailments.

This medication must be provided in its original packaging along with the information leaflet and a clear label written by parent stating the child's name, date of birth and how often medication to be administered. This label must be written by the parent. Labels can be provided from the nursery office.

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A medication consent form (*see appendix 1*) must be completed by the parent before leaving the medication on the premises. Staff must ensure that the medication consent form contains the following information:

- Name of medication
- Reason for medication
- Dosage
- Confirmation that the parent has administered the first dose
- Time last administered
- Time nursery to administer medication
- Signed and dated by parent/carer

Staff must check the following information on the medication before allowing medication to be left on the premises.

- Dispensed and expiry dates
- Medication is for a valid medical reason
- If the medication is still appropriate for use (for example eye drops must be discarded 28 days after opening and prescribed medications such as antibiotics usually have a shelf life of 7-10 days)

Long Term Medication

Children who require long term medication that is required to be kept on the premises can do so. Parents must sign in on the 'long term medication' form (*see appendix 2*) and relevant discussions will be had with staff and management. Clear instructions should be given through medicine consent forms which should be completed as normal. Medicine prescribed long term should be reviewed every 3 months and a reminder should be issued to parents two weeks before the expiry date of long term medication in order that enough time is provided for the parents/carers to supply new medication.

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Management of Medication

All **staff** are responsible for:

- Ensuring parents and carers complete and sign a medical consent form and daily medicine record.
- Checking dosage with the parent and against the label/information sheet
- Checking forms are completely accurate
- Ensuring witness signature is obtained following administering of medication
- Ensuring medication is stored in a locked cabinet or in the fridge as required
- Ensuring daily medication records are handled in accordance with the organisation's confidentiality policy
- Ensuring short term medicine is returned to the parent/carer and signed out on the daily medicine record.

All **parents** are responsible for:

- Completing medication forms on bringing medication to nursery
- Administration of first dose of medication
- Ensuring medication for their child is clearly labelled with name, date of birth and dosage to be given.
- Ensuring they complete the forms correctly
- Ensuring they bring the box and leaflet to accompany the medication
- Ensuring they sign the medication in and out of the premises
- Ensuring they take the child's medication home at the end of each night unless arrangements have been made regarding long term medication

Storage of Medication

Some medication will need to be stored in a fridge. There is a dedicated medication fridge located in the office. All medication that requires refrigeration must be stored in fridge and 'medication on premises/fridge form' (see appendix 3) must be completed, and signed in and out of the fridge. Each individual child's medication and medication form should be stored in a separate container with a clear label on the lid containing the child's name and date of birth.

There is a dedicated medicine cabinet also located in the office where all other medicines should be stored. These must be signed in and out. This is a locked cabinet. Emergency medication such as anti-histamines and inhalers are stored in a separate unlocked medicine cabinet in the office. This cabinet is unlocked to ensure these medicines are readily available to all staff in the event of an emergency.

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Appendices

Appendix 1: Medication Consent Form

Appendix 2: Long Term Medication Form

Appendix 3: Record of Medication on Premises/in Fridge Form

Appendix 1: Medication Consent Form

STAFF MUST COMPLETE THIS PAGE IN ALL CASES

**Hyde N Seek Nursery
Section 1: Medication Consent Form**

First dose to be administered by parents. Form must be completed by parents/carers.

Staff check (please check with parent before the consent and form below is complete) initial box when checked.

SECTION 1 – TO BE COMPLETED IN ALL CASES

SECTION 2: TO BE COMPLETED FOR MEDICATION REQUIRING ADMINISTRATION AT AGREED INTERVALS/SPECIFIC TIMES ONLY

SECTION 3: TO BE COMPLETED FOR MEDICATION AS REQUIRED ONLY

SECTION 1: TO BE COMPLETED IN ALL CASES.			
Name of medication & child's name clearly written on medication?		Expiry date checked & valid? Enter expiry date:	
Date on medication? Enter date:		First dose been administered by parent?	
Instruction leaflet enclosed?		Dosage stated on label?	
Comments:			
Child's full name:		Reason for medication:	
Full name of medication:		Signature & date:	

Appendix 1 (continued): Medication Consent Form - Long Term Medication

STAFF TO COMPLETE FOR MEDICATION REQUIRING ADMINISTRATION AT AGREED INTERVALS/SPECIFIC TIMES ONLY

**Medication Consent Form Section 2:
Medication Requiring Administration at agreed intervals/specific times**

SECTION 2: TO BE COMPLETED FOR MEDICATION REQUIRING ADMINISTRATION AT AGREED INTERVALS/SPECIFIC TIMES ONLY									
Date	Time medicine was last administered & signed (parent)	Time nursery to administer*:	Amount/dosage:	Method of administering:	Comment: e.g. was it taken at correct time? Did child take it or spit it out?	Signature of staff & time administered:	Witness signature:	Parent's signature on collection:	

Appendix 1 (continued): Medication Consent Form - Medication as Required

STAFF TO COMPLETE FOR MEDICATION AS REQUIRED ONLY

**Medication Form Section 3
Medication 'as required' Consent Form**

Parent consent form must be completed prior to leaving the medication for use.

SECTION 3: TO BE COMPLETED FOR MEDICATION AS REQUIRED ONLY								
Date	Name of medication/dosage:	Detail signs & symptoms/reason for administering:	Management authorisation – parent to be called for verbal authorisation:	Comment: e.g. did child take it or spit it out?	Dosage & time given:	Staff signature:	Witness signature:	Parent's signature on collection:

Appendix 2: Long Term Medication Form

Hyde N Seek Nursery Long Term Medication Form

This form is for prescribed long-term medication.

Child's Name: _____ Child's DOB: _____

Name of Medication: _____ Expiry Date: _____

Reason for Medication: _____

Medication Storage: _____

Time nursery to administer medication: _____

Symptoms to look for before medication is administered:

Method of administration: oral cream tablet capsule drops inhalant

Parent's must administer the child with the first dose of medication in all cases. This is in case of allergic reactions. Has first dose been given by parent? Yes No

I give permission for the staff at Hyde N Seek Nursery to administer the above medication. I am aware that the nursery will not administer any medication that has expired or does not include the child's name, DOB and dosage on the label written by parent/prescription label. A doctor's letter must accompany long term medication.

Parent/Carer Name: _____ Signature: _____

Date: _____

Date	Time of last dosage	Time nursery to administer medication	Dosage to be given by staff	Staff signature & time medication administered	Administering staff member name	Witness staff member name	Witness signature

Appendix 2 (continued): Long Term Medication Form

Date	Time of last dosage	Time nursery to administer medication	Dosage to be given by staff	Staff signature & time medication administered	Administering staff member name	Witness staff member name	Witness signature

Appendix 3: Record of Medication on Premises/in Fridge

**Hyde N Seek Nursery
Record of Medication on Premises/Stored in Fridge**

Date brought to nursery	Name of child	Name of medicine	Staff signature	Time put in fridge/locked/unlocked cabinet	Time medication to be administered	Time removed from fridge/locked/unlocked cabinet	Staff signature Time put in fridge/locked/unlocked cabinet
				Fridge <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> STAFF MUST TICK LOCATION MEDS STORED ABOVE			