Medication Policy

At Happy/Blue Orkids we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see Sickness and illness and Infection control policies). If a child requires medicine, we will obtain information about the child's needs for this and will ensure this information is kept up to date.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below.

Medication prescribed by a doctor, dentist, nurse or pharmacist
(Medicines containing aspirin will only be given if prescribed by a doctor)

- Prescription medicine will only be given when prescribed by the above and for the person named on the bottle for the dosage stated
- Medicines must be in their original containers with their instructions printed in English
- Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the appropriate form and another member of staff will check these details
- Any **new** medication prescribed to the child the must have **24 hours** at home incase of allergic reaction.
- Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
    a. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed
    b. The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed
    c. Parents must notify us **IMMEDIATELY** if the child's circumstances change, e.g. a dose has been given at home, or a change in strength or dose needs to be given
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a letter from a doctor or dentist
- The parent must be asked when the child has last been given the medication before coming to nursery and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times
- At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form.

(It is important to note that staff working with children are not legally obliged to administer medication)

- If the child refuses to take the appropriate medication, then a note will be made on the form
- Where medication is 'essential' or may have side effects, discussion with the parent will take place to establish the appropriate response.

Non-prescription medication *(these will not usually be administrated)*

- The nursery will not administer any non-prescription medication containing aspirin
- The nursery will only administer non-prescription medication for a short initial period eg emergency Calpol or antihistamines , dependant on the medication or the condition of the child. After this time medical attention should be sought
- If the nursery feels the child would benefit from medical attention rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner
- On registration, parents will be asked if they give permission of consent to their child being given a specific type of liquid paracetamol or antihistamine in particular circumstances such as an increase in the child's temperature or a wasp or bee sting. e.g. the temperature increases of their child, 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
- An emergency nursery supply of fever relief (e.g. Calpol) and antihistamines (e.g. Piriton) will be stored on site, a telephone call will be made prior to gain verbal consent, this is given in an emergency and the child must be collected. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date
- If a child does exhibit the symptoms for which consent has been given to give non-prescription medication during the day, the nursery will make every attempt to contact the child's parents. Where parents cannot be contacted then the nursery manager will take the decision as to whether the child is safe to have this medication based on the time the child has been in the nursery, the circumstances surrounding the need for this medication and the medical history of the child on their registration form
- 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
- For any non-prescription cream for skin conditions, e.g. Sudocrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream which should be clearly labelled with the child's name
- If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form
- As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
- The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine.

Injections, pessaries, suppositories

- As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication. For children with long term medical requirements, an Individual Health Care Plan from the relevant health team will be in place to ensure that appropriate arrangements are in place to meet the child's needs.

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 feel unwell and cannot 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 to care for children they must inform their line manager and seek medical advice. The nursery manager/person's line manager/registered provider 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 person's locker or a 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 securely out of reach of the children, at all times. It must not be kept in the first aid box and must be labelled with the name of the member of staff.

Storage

All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is out of reach of all children.

Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach. Any antibiotics requiring refrigeration must be kept in a fridge inaccessible to children. This must be in a designated place with the child's name clearly written in the original container.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

Medication stored in the setting will be regularly checked with the parents to ensure it continues to be required, along with checking that the details of the medication form remain current.

Handling Sharps

Training and Awareness

Ensure all nursery staff are trained in handling and disposing of sharps safely. This should include how to safely administer medication and dispose of sharps.

Make staff aware of potential risks and encourage them to follow all safety protocols when managing sharps.

Storage and Handling

Sharps should be stored in a safe, secure, and designated area that is inaccessible to children.

Ensure that only authorized staff have access to sharps, and they should always use them under proper supervision.

Insulin and glucose testing equipment should be clearly labelled, and any medication should be stored according to the child's medical requirements.

Sharps Disposal

Provide clear instructions on the proper disposal of sharps. Use certified, puncture-resistant containers (sharps bins) for the disposal of needles and lancets. Bins can be obtained through the local authority.

Ensure that sharps disposal containers are easily accessible to staff and securely stored when not in use.

The policy should outline regular checks and safe disposal practices to avoid any accidental needle sticks.

Accidental Exposure or Injury Protocol

Develop a protocol for responding to accidental needle sticks or other sharp injuries. This should include immediate cleaning, first aid, and notifying a supervisor and the child's parents or guardians.

The policy should include procedures for reporting any incidents to relevant authorities, as required by local laws or regulations.

If accidental injuries happen to the staff administering after being exposed to the child’s skin, please seek medical advice.

Confidentiality and Documentation

Maintain confidentiality regarding the child’s medical condition. Document any incidents involving sharps in a confidential manner.

Keep records of any staff training or incidents related to sharps handling and disposal.

Parental Involvement

The parents should provide up-to-date medical information about their child, including instructions for managing their child's medical needs.

Regular communication with the parents can help address any concerns and keep them informed about any changes in the child's health or care plan.

Risk Assessment and Reviews

Regularly review the sharps policy to ensure it's working effectively, particularly if any incidents or new practices arise.

Conduct a risk assessment to identify and address any potential hazards in the nursery setting, such as where sharps might be used.

Emergency Plan

Ensure there is an emergency plan in place, which includes steps to take in case of a emergency. Please see the health care plan for steps to be taken.

This plan should be communicated to all staff, and relevant training should be provided to handle emergencies related to the medical issue.

Children on Long-Term Medication Linked to a Disability

Purpose:

To ensure the safety, well-being, and proper management of children who are on long-term medication due to a disability, this amendment outlines the process for case-by-case reviews
and the conducting of risk assessments.

Amendment:

Case-by-Case Review

Each child who requires long-term medication linked to a disability will undergo a personalized review. This review will assess the specific needs of the child, taking into account the type of medication, the nature of the disability, and any potential impacts on their health and safety.

Risk Assessment

A comprehensive risk assessment will be conducted for each child to identify potential risks associated with their medication and disability. This assessment will be reviewed regularly and updated as necessary to reflect any changes in the child's condition or treatment

Collaboration with Healthcare Providers

In conducting the risk assessment, the organization will collaborate with the child's healthcare providers to ensure that any medical recommendations or requirements are fully incorporated into the child's care plan.

Ongoing Monitoring

Ongoing monitoring will be carried out to ensure the child's health and safety. This includes regular check-ins, adjustments to the care plan if needed, and continuous communication between parents, guardians, and healthcare professionals.

Review and Adjustment of Policy

This policy will be reviewed and adjusted as necessary to reflect any changes in legislation, medical guidelines, or best practices related to the care of children on long-term medication linked to a disability

This policy was adopted on	Signed on behalf of the nursery	Date for review
1st September 2025	C Hayward	*1st September 2026*