

Administration of Medication and Child Illness Policy

for

The ACE Centre Nursery

School

This policy was adopted at a meeting of the ACE Centre Nursery School Governors

Date to be reviewed: Autumn 2025 Cathere Hayund.

Signed: Catherine Hayward (Chair of Governors)

Lynn Jenkins (Headteacher)



Administration of Medication & Child Illness Policy

Administering Medicines

Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to nursery school, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'. All staff are responsible for ensuring that they understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the teacher leading the nursery school session is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- NOTE: Only in the case of a high temperature may children's paracetamol (unprescribed) be administered for children with the verbal consent of a parent or carer. This is to prevent febrile convulsion and where a parent or authorised person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents must give prior written permission for the administration of medication.
 Verbal information from the parent or child will not be acted on. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it
 - method, dosage and timing of administration to be given in the setting
 - how the medication should be stored and expiry date
 - any possible side effects that may be expected should be noted; and signature, printed with name of parent and date. It is the responsibility of the parent to ensure that the

nursery school has an up-to-date record of all necessary telephone numbers so that they can be contacted at any time.

The child's key person will receive the child's medication and ask the parent to complete a consent form. In the absence of the key person, the Teacher in charge of the nursery school session is responsible for receiving and storing the medication and consent form. Staff will be made aware of this via induction and the Lead Teacher is responsible for ensuring that all staff have a sound understanding of this policy and its associated procedures.

- Administration of medicines will always be checked and witnessed by another member of staff. Administration is recorded accurately each time it is given and is signed by both members of staff. Parents sign the record sheet to acknowledge the administration of a medicine. The medication record sheet records:
 - name of child:
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is signed by key person/Teacher in charge of the nursery school session; and is verified by parent signature at the end of the day.

Signed sheets are filed in the nursery school's Administration of Medicines folder.

Storage of Medicines

- All medication is stored safely in a high cupboard or a refrigerator which is inaccessible to children. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's parent is responsible for ensuring that they collect their child's medicine at the end of the session or day.
- For some conditions, medication may be kept in the setting. Key person checks that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

In nursery school medicines are stored in a high cupboard which is inaccessible to children. Any medicines that need to be refrigerated are stored in the refrigerator located in the staff office which is inaccessible to children.

In Ace Childcare medicines are stored in a medicine cabinet which is inaccessible to children. Any medicines that need to be refrigerated are stored in the refrigerator located in the Childcare kitchen which is inaccessible to children.

In the Outdoor classroom medicines are stored in a high cupboard which is inaccessible to children. Any medicines that need to be refrigerated are stored in the refrigerator located in the reception office, which is inaccessible to children. Staff will be made aware of this via induction and the lead practitioner in each service is responsible for ensuring that all staff have a sound understanding of this policy and its associated procedures.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- Medicines no longer required will be handed back to the parent or carer. If parents
 do not collect medicines after a reasonable time they will be given to a pharmacist
 for disposal.

Children who have Long Term Medical Conditions & who may require on-going medication

- A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the Lead Teacher alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment for allergies and use of epi-pens.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought, if necessary, where there are concerns.
- The risk assessment should include the measures to be taken in an emergency.
- The risk assessment is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents and carers are advised of the need to keep the nursery school up to date with any changes in their child's medical condition or in the strategies to manage it.
- If a child requires medication to manage a long term medical condition, they will
 not be permitted to attend a nursery school session if nursery school staff have not
 been provided with in-date medication. This is to protect the safety, health and
 wellbeing of the child.

Managing Medicines on Trips & Outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication, Inside the box is a copy of the consent form and a sheet to record when it has been given, with the details as given above.
- On returning to the setting the sheet is signed by the child's parent or carer and is added to the nursery school's Administration of Medicines folder.
- If a child on medication has to be taken to hospital, the child's medication is taken with them in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is to be read alongside the outings procedure

Appendix: 1

Parental agreement for school or setting to administer prescribed medicine

The nursery school or setting will not give your child medicine unless you complete and sign this form. The school or setting staff can administer medicine only in accordance with the ACE Centre's policy.

Medicines must be in the original container as dispensed by the pharmacy

Name of School / Setting:	
Date:	
Name of Child:	
Name and Strength of Medicine:	
Expiry Date:	
Dosage (How much to be given):	<u> </u>
When to be given:	
Any other instructions:	
Number of tablets given to School / Setting:	
Parent or Adult Contact Daytime Telephone Number:	
GP & Telephone Number:	_
Agreed review date to be initiated by:	[Name of member of
The information above is accurate at the time of writing administering medicine in line with the ACE Centre's po	and I give consent to setting staff licy.
of the medication or if the medicine is stopped.	ere is any change in dosage of frequency
I understand that <u>it is the parent's responsibility to e is in date</u> . Staff will not administer any medicine which	
I understand that it is the parent's responsibility to in setting if any medicine has been given to the child be recorded and taken into account before the child is give	pefore the session to ensure that this is
I confirm that my child has previously taken this do adverse effect.	sage of this medication without
Parent's Signature:	
Name: Date:	
A separate form must be completed for each me responsible for collecting their child's medic	dication to be administered. Parents are

Appendix: 1 cont'd

Checklist for Administering the Medicine detailed overleaf

This checklist is to be completed and signed by:

- The child's key person or the Teacher in charge of the nursery school session
- AND a second member of staff

BEFORE EACH DOSE OF MEDICATION IS ADMINISTERED

To be completed at the start of the session:

The information overleaf is, to the best of my knowledge, accurate and I give consent to the setting's staff administering the medication detailed overleaf in accordance with the nursery school's policy.

Parent/Carer signature		
Time & amount of last dose given before the session		Last dose given
by		
	Medication administered by	Checked and witnessed by
Child's name		
Medication in original container (yes/no) If no, do not administer		
Name of medication		
Expiry date		
Time of last dose taken		
Last dose given by		
Any other instructions (yes/no). If yes, detail here		
Dose to be given		
Time medication given		
Any other notes/observations		
To be completed at the end of the session: I have checked the details of the above dose of medication	given to my child.	
Parent/carer signature	. Date	
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PLEASE REMEMBER: The child's parent or carer is responsible for ensuring that they collect their child's medication at the end of the session or day, unless it is needed to manage a long term or ongoing medical condition.

Administration of Medication & Child Illness Policy 2024-25 APPROVED

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