



## Early Education & Childcare

### Administration of Medication and Allergy Management Policy

#### Aims:

- To ensure effective management systems are in place to support children with medical needs, and should a child become unwell whilst in our care.
- To guarantee that accurate records are kept thus ensuring that parents and practitioners are aware of any medication administered within the last 12 hours.
- To clarify to parents the legal requirements which the nursery must follow with regards to administering medication.
- To ensure medication is administered safely by practitioners with appropriate training and knowledge.

#### **Procedures to Support Children with Specific Medical Needs**

Parents/carers are requested to provide any relevant information regarding their child's medical needs on the initial registration form. They are also invited to discuss this during the initial key person meeting at the beginning of the 'settling in' period. If a care plan or similar documentation exists a copy should be sought by the key person and this information shared with the Head of Early Education and Childcare, Deputy Manager and all relevant team members.

A medication form should be completed for any long-term medication which a child has been prescribed (e.g. inhalers). If a care plan which has been completed by a medical professional recommends the use of a non-prescription medicine, e.g. antihistamine for allergies, then parents may leave this medication for use in an emergency. All prescribed medicines must be provided as dispensed by the doctor or pharmacy, including labels with child's details listed.

We will aim to meet the needs of all children with medical needs dependent on staff training, supervision needs, staff confidence and insurance cover. It is the responsibility of parents/carers to ensure the nursery is informed of any changes to medication, or the support which a child requires.

The risk of coughs, colds and respiratory infections are relatively commonplace, especially at certain times of the year, and outbreaks of serious infections are likely within under 5's provisions. Early years staff are vigilant to this threat however these cannot be prevented. All risks associated to children's illness are that of the parent/carer's responsibility.

## **Emergency Medical Needs**

In certain circumstances some children may require specific types of emergency medication. Examples of emergency medication are Buccal Midazolam for epilepsy, inhalers for severe asthma and EpiPen for severe allergic responses. Parents will need to meet with the Lead Practitioner and/or Deputy Manager alongside the key person to discuss the needs/requirements. Here a Medication Care Plan will be completed, and the Lead Practitioner will follow the long-term needs and Emergency Medication Procedure, as necessary.

## **Allergies**

### *Prevention of allergic reactions*

In the registration pack we include an Allergy form, Parents should provide a written document and a care plan if available, for children who have specific allergies. This information should be communicated by the key person/Lead Practitioner to all relevant practitioners, and management. Parents/ Carers will be shown the Allergy options available on the Early Years Catering portal and discuss which requirements suit their child best.

Whilst Early Years Catering provides the food for both The Southville Centre and The Chessel Centre, they cannot guarantee that food will be prepared in an environment which is 100% free of any ingredient (including nuts). They are committed to ensuring food for specific dietary requirements is prepared separately, and that all staff implement measures to prevent contact with food items which represent a risk to a child. When food is served, Practitioners use information about allergies and individual children to inform seating arrangements and supervision (e.g. an adult will sit next to a younger child who has an allergy and may attempt to take food off of other plates). In exceptional circumstances, where it is agreed that these measures are not sufficient to control any serious risk to a child, parents may be offered the opportunity to provide their own meals.

All children have a placemat/card to display any known allergies for all staff and students to be aware. There is a dietary requirement form in all kitchen areas. A folder with copies of allergy forms is available in the kitchenette areas. Where children bring packed lunches (Southville Centre term time only nursery group) parents/carers are responsible for checking food in relation to specific allergies. We request that no nuts are included in packed lunches. Parents/carers will be informed as necessary of any requests for excluding certain foods from packed lunches, if there is a child with a serious allergy attending.

As above, Practitioners will then monitor and manage lunchtimes to ensure that children do not consume food which has been provided for another child in the group.

### *Response to allergic reactions*

Copies of procedures for recognising and responding to a child's specific allergic reactions should be kept in the child's folder, as well as with the register in the room/area the child attends in and alongside any medication. In the event of an allergic reaction, medication will be kept in the same room as the child and should also be taken on any outings. If the response section of any care plan is implemented, parents will be informed immediately by telephone that a child has had a reaction and will be given any details regarding administration of medication. The Practitioner in charge will also decide, by using the information on the care plan, as to whether the child needs to be collected. In the event of any emergency, a Practitioner will immediately call 999.

## **Procedures for Prescription Medicines**

Medicines will only be administered when it is essential; where it would be detrimental to a child's health if the medicine were not administered during the provision's hours.

Where a child is currently taking medication, an administration of medication form should be completed by a parent/carer on arrival, this should state any medication administered within the past 12 hours and any required doses during the time they are attending. This information should be recorded on the administration of medication form, even where a child does not require any additional medication during their session. The following procedure should then be followed by staff:

- All medicine which is provided should be stored securely as per the product instructions and in the original container.
- Medication should be administered by a practitioner qualified to Level 3 or above.
- Labels should be checked against medication forms to ensure name; expiry date and dosage is consistent.
- The labels should be checked by a second member of staff, who should remain present while medication is administered.
- If either practitioner feels there are any inconsistencies or issues with the information, the medication will not be administered. The parents/carers should be contacted, and they will need to contact the GP or pharmacist as appropriate. Mistakes on labels can be made for example and it is better to check in advance than administer a medication incorrectly. All queries and concerns will be noted on the child's chronology.
- Whenever medication is administered parents/carers will be required to sign the administration of medication form when they collect their child and this form should be filed in the child's folder.

## **Training and Support**

If children have medical needs which require the administration of medication where technical knowledge is needed, we will work to ensure that their key person and at least one other senior member of staff is able to undergo specific training from a health professional. A care plan will also be written for that child.

We will also work towards ensuring that at every Practitioner employed holds a paediatric first aid qualification, as a minimum each service will always have at least fifty percent of staff on site who hold a valid first aid qualification (as per statutory requirements).

If a child develops a high temperature (above 38 degrees) - NHS deems a normal temperature for babies and children is around 36.4C - we will monitor the child's temperature and record 3 temperature levels at 10-minute intervals, this will be monitored over 30 minutes. This is to ensure that we have a correct temperature reading for the child. We will use a digital thermometer.

- During this time, we will: offer the child a drink of cool water, remove any extra clothing and not cuddle the child too closely if the child has requested a cuddle.
- Staff member will consult with Lead Practitioner or Senior Practitioner to make decision about whether a parent/carer should be contacted.

- If the temperature continues to rise and is documented at 38 degrees or above, the decision to ask a parent/carer to collect their child will be based on the child's age and demeanour, for example taking into account if they are lethargic or are distressed in any way. The child's key person or the Lead/Senior Practitioner will contact the parents/carers and:
  - Inform them of the child's temperature and the timeline of checks.
  - Ask if the parent/carer has administered any fever relief before the child arrived at nursery.

ONLY IN AN EMERGENCY can staff administer Calpol to support the reducing of temperature prior to parents/carer's collecting. Please note that we will only administer Calpol to children who have been in our care for more than four hours.

- When they collect their child, the parent/carer must sign an administration of medication form with all the details, including the temperature, the time the fever relief was given, the dosage and who it was administered by.
- If the child's temperature rises above 40 degrees, then the parent/carer must be contacted immediately and asked to collect the child quickly if they are close to the nursery. If the parent/carer is unable to arrive quickly, then emergency contacts will be called and if they are unable to collect quickly, 111 would be contacted.

### **Teething products and creams for eczema/ nappy creams**

If children require teething gel or granules administering, parents/ carers must sign a medication form to give permission as the relief is orally administered.

If children require creams for nappy rash or eczema that aren't prescribed, staff can only administer if signed permission has been given. It is the parents/ carers responsibility to provide the creams and for them to update staff should the cream no longer be required. These must be stored out of reach from children.

### **General coughs and colds**

If children arrive to BS3 Community Development Nurseries and seem unwell, the staff will call the parent/carer to inform them. General sniffs and coughs are common, as well as pollen reactions.

### **Disposal of medication**

Old medication will be given back to the parent/ carer or taken to a pharmacy. This will be recorded.

### **Outings**

It is recommended that one staff member has primary responsibility for managing the medication on an outing. Medication on an outing will be carried by the member of staff. A copy of the administration of medication form, (and Medication Care Plan as appropriate) will be taken and the administration of medication procedure will be followed as normal.

### **Confidentiality**

All records relating to the medical needs of a child and the administration of medication will be stored confidentially within the setting. Information will be shared with staff, as necessary.

*Reviewed June 2023*

#### **Related documentation:**

- BS3 Community Early Education & Childcare Health & Safety Policy
- Administration of Medication Form
- Registration Form
- EYFS Statutory Requirements
- Medication care plan
- Allergy Form