

ADMINISTRATION OF MEDICINE POLICY

We at Wishing Well Family Centre will ensure that we implement an effective procedure to meet the individual needs of a child when administering medicines and that all medical information will be treated confidentially by staff.

Prescribed medicines

- It is our policy to manage prescribed medicines (e.g. antibiotics, inhalers) where appropriate following consultation with and written consent from parent.

Non-prescribed medicines

- We do not take responsibility for the administration of non-prescribed medicines, (e.g. Calpol or cough mixtures) as this responsibility rests with the parents (this would apply to children attending part time places only). On occasions when children require paracetamol it is our policy to administer it providing that written consent from the parents has been received in advance.

Maintenance drugs

- It is our policy to manage the administration of maintenance drugs (e.g. Insulin) after consultation with and written consent from the parents.

Emergency medicine - for example

- Injections of adrenaline for acute allergic reactions
- Anti-convulsants for major fits
- Injections for diabetic hypoglycaemia

In all cases, training and guidance from a competent source will be received before commitment to administer medication is accepted. Also after consultation with and written consent from the parents.

Procedure for Administration of Medicines

- Any child requiring medicine will have an 'administration of medicine' consent form completed by the parent and kept on file. This will be completed each time medicine is administered.
- Individual health care plans will be completed for children if required. This will be reviewed periodically and discussed with the parents.
- If a child refuses to take medication the parents will be informed at the earliest available opportunity.
- If a medical condition causes the child to become ill and/or requires emergency administration of medicines, we will phone for an ambulance at the earliest opportunity.

Storage

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medication is clearly labelled with the name of the child, dosage of the medicine and the frequency of administration.

As a general guideline before administering medication to a child the staff member should:

- wash their hands
- ensure that a drink is available if appropriate
- check the label on the medication: name of child, dose, route of administration (eg by mouth, into ear/eye, rubbed on the skin), any special instructions and expiry date.

If there is any doubt about any procedure staff should not administer, but seek advice from parents or health professionals.

If a child refuses the medication, they must not be forced. Staff can try to encourage them or perhaps get someone else to try. Under no circumstances should you attempt to hide the medicine in food or drink, unless you have written permission from parents to do so.

It is normally considered poor practice to give medicines covertly, although in rare cases where the health professionals judge that it is in the child's interests to do so, this is acceptable.

Occasionally mistakes will happen. In most cases, whether it is a missed dose or a medicine given in error there will be no harm done. Parents should be contacted and the mistake explained to them. In the case of a missed dose, you may be able to give it at a later time. Where a dose has been given in error, it is important that the child is monitored for any reactions and medical advice sought if you are in any way concerned.

Disposal

When a child leaves the Nursery, ceases to need medication or if a medicine has passed its expiry date, return any that is unused to the parents. If this is not possible take it to a pharmacist for disposal.

Medicines and the law

There are a number of relevant laws that affect the way you deal with medicines in our Centre.

Disability Discrimination Act 1995 (as amended by the SEN and Disability Act 2001) makes it a requirement for nurseries not to unjustifiably discriminate against children with disabilities, including those with medical needs.

Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999.

Managers have a responsibility to ensure that safety measures are in place to cover the needs of all staff, visitors and children in the Nursery. This may mean conducting risk assessments and making special provision for children with particular health needs.

Control of Substances Hazardous to Health Regulations 2002.

COSHH covers the use and storage of hazardous substances. Some medicines fall into this category.

Medicines Act 1968.

This covers all aspects of the supply and administration of medicines. It allows any adult to administer a medicine to a third party as long as they have consent and administration is in accordance with the prescriber's instruction. This includes the administration of some forms of injection (with appropriate training).

Misuse of Drugs Act 1971.

This act and its associated regulations cover the supply, administration and storage of controlled drugs.

Common Conditions

There are a number of common conditions which at some time or other we will all encounter.

Asthma The most common and still on the increase. Blue reliever inhalers are a common sight. The brown, red or orange preventative inhalers are unlikely to be necessary during nursery hours. Each inhaler should be labelled with the child's name.

Epilepsy: One in every 200 children suffers from epilepsy. It can be controlled by anti-epileptic drugs and these should not need to be administered during the nursery day. Most epileptic seizures last from a few seconds to a few minutes depending on the child and the severity or type of epilepsy. Occasionally when a child has longer seizures they will be prescribed diazepam as an emergency procedure to help bring them out of the seizure.

Diabetes: About one in 500 children are diabetic. Diabetes is normally controlled through injections of insulin. Staff need to be trained to do this.

Anaphylaxis: This is a severe allergic reaction to certain foods and substances. Common culprits are peanuts, wasp stings, eggs and cow's milk. Symptoms can occur very quickly after exposure and include sweating, shortage of breath and swelling of the tongue, lips and throat. Some children experience a tingling sensation in the mouth and lips, heightened colour and skin rashes. Adrenaline pens are the standard emergency treatment. These are ready loaded injection devices. Staff who may need to administer them should be trained in their use. Whenever a child suffers an anaphylactic shock an ambulance must be called, even if adrenaline has been administered.

Name	Date