

MEDICATION POLICY

POLICY STATEMENT

The Nursery aims to provide a healthy environment.

The health and wellbeing of our children is taken seriously, and positive steps are taken to prevent the spread of infection in line with the Health and Safety at work Act 1974 and adheres to The Health Protection in children and young people including education guidance 2024.

HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures):

Medication and procedures

- Parents/carers are required to inform the setting about their child's health needs before they start Nursery. This information must be completed in the child's registration form and in the child's settling in session.
- Parents are asked to consider whether their children who require medication are well enough to be at the Nursery, and to keep them at home if they are unwell.
- The giving of medication to children will be strictly monitored to ensure the children's safety and welfare.
- Whenever possible medication should be administered at home.
- Parents/carers are asked to notify staff if their child is ill or receiving medication at home. The nature of the illness and reason for medication, must be explained to staff. Parents/carers will be asked to complete a medication administration form. (see Medication Administration form)
- A medication administration form must be completed by child's parent/carer if they require the setting is to administer medication to their child. This is to state the name of the medication, treatment for, expiry date, time medication was last administered and parents' signature. (see Medication Administration form)
- If the child has an ongoing medication that they will need within the setting, such as an asthma pump, the nursery will require instructions from parents. A care plan will be put in place. (See Care Plan form)
- If a child has a long-term medical condition such as diabetes, and is under the care of a health professional, a Health Care plan from the medical professional's team will be put in place. This will be kept in the room's medication box alongside the medication.
- All long-term medication is stored in A medication cabinet with the medication form completed by parents. (See Care Plan form)
- Where appropriate, members of staff will undertake relevant training from a health care professional, for example how to use an auto-injector. (epi pen).

Consent and medication checklist

- Only prescribed medications can be administered in the correct dosage if the medication checklist is adhered to. (see medication form).r

The medication must be:

- In its original container with the original label
- Labelled with the child's full name
- Labelled with the date it was prescribed (within the last two weeks)
- Labelled with the name of medication
- Labelled with the expiry date (if applicable)
- Labelled with the dose and frequency to be given

Storage of Medication

Medication must be given directly to a staff member and not left in the child's bag. Medication is to be stored in the room's medication box. Always out of reach of children. Where medication needs to be kept refrigerated, medication should be clearly labelled with the child's full name, prescribed date, doctor's instructions for administration and placed in a clear container in the kitchen fridge.

Procedures for Administrating medication

- Only staff qualified to a level 3 in childcare will administer medication in the setting.

The following information MUST be checked and completed correctly BEFORE staff can administer medication to a child.

- Medication consent form details are checked to ensure they are consistent with the medication's label. (see Medication Administration form)
- A qualified staff member to administer medication while a witness observes
- Both staff sign medication consent form. (see Medication Administration form)
- Both staff to informally observe the child for possible side effects
- Parent/carer to sign medication consent form on collection of the child

Administration of liquid paracetamol (Calpol)

If you have given your child liquid paracetamol before bringing your child to nursery, please inform staff to ensure that your child is not given more than the stated dose on the bottle. This could result in an overdose. You will be required to fill in a medication administration form.

In situations where a child becomes unwell at nursery, the child will need to be collected by the parent/carer. However, in circumstances where there may be a delay

in the parent/carer collecting the child or arranging collection by someone else or the parent/carer is not immediately contactable, it is appropriate for the child to be given a single (age appropriate) dose of liquid paracetamol whilst the child waits to be collected.

This will only be given if.

- The child's parent/carer has given prior consent to their child being given liquid paracetamol, and either at least one of the statements below are met
- The child's parent/carer has been contacted
- The setting has attempted to contact the child's parent/carer, but they cannot be contacted, and the child has been in the setting at least 4 hours.
- There has been at least a 4-hour period since the last dose was given.
- The setting subsequently contacts the child's parent/carer to arrange collection.
- In an emergency the setting will contact NHS111 for advice from a medical professional.

5ml Sachets of liquid paracetamol will be kept at the nursery for emergency use only. Staff must ensure they check the expiry date prior to use. These will be stored in each room's medication box.

ILLNESS AND EXCLUSION POLICY

Prevention

Diseases can spread before the individual shows any symptoms at all. The setting aims to prevent the spread of infection by.

- Ensuring that all staff are vigilant about hand washing; this is an important way of controlling the spread of infections, especially diarrhoea and vomiting.
- Ensuring there are liquid soap, running water and paper towels for hand washing.
- Encouraging adults and children to cover their mouth and nose with a disposable tissue when coughing or sneezing, and to wash their hands afterwards.
- Providing disposable gloves and plastic aprons to avoid the risk of contamination with blood or body fluids.
- Encouraging parents to have their children immunised.
- Making sure the environment is kept clean.
- Reducing or eliminating the spread of infection through prompt exclusion.
- If needed seek and follow guidance from the settings exclusion list. (see Exclusion Periods Table)

Exclusion periods

- Staff should be aware of exclusion periods of common infectious diseases i.e. chicken pox, conjunctivitis, etc. (see Exclusion Periods Table)

- Anyone suffering from diarrhoea and vomiting must stay at home for a minimum of 48 hours from the last bout.
- Parents/carers need to be informed of any common infectious illnesses in the setting so they can be aware of any signs/symptoms in their own child.

AN OUTBREAK

An outbreak may be defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place.
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

For example:

- Two or more cases of diarrhoea and/or vomiting which are in the same setting.
- Higher than usual number of people diagnosed with scarlet fever.
- Two or more cases of measles at the setting.

In the event of an outbreak of infection at the setting, Public Health Wales and the Local Environment Health team will be contacted to report these occurrences, and their advice will be followed. The setting will implement enhanced or more frequent cleaning to help reduce transmission.

Parent/guardians will be encouraged to immunise their child against all diseases appropriate to the child's age. A record of the child's current immunisation status will be kept at the setting.

Reviewed 8.7.25

Reviewed by Natasha Adams and Emma Johns

Date of next review: July 2026