

Essex Wildlife Trust

Nature Nursery: Medication Policy and Procedure

A policy describes what we do and how we do it as an organisation. It is a set of agreed principles which set out a course of action adopted by our staff and volunteers. It will often include acceptable methods, behaviours, and an approved procedure. It is usually internal, although some organisational policies are expected to be publicly accessible.

Version Control

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When review is completed, please send to: businesssupport@essexwt.org.uk

Version	Date	Changes made by	Reason for change
2	30 June 2023	J Burlingham	Update to new format Clarify procedures for documentation and storage of medicines Inclusion of updated Medication Form as Appendix

1. Introduction

- 1.1. The Nature Nursery aims to provide the best possible service for parents and children, which includes attending to medical and welfare needs.
- 1.2. Although staff working with children are not legally obliged to administer medication, it is recognised that this may be necessary on occasion to facilitate operations, promote attendance and maintain our parent partnership.

2. Scope

- 2.1. This policy and procedure is applicable to all staff working directly in Nature Nursery, and must be available for all volunteers and parents/carers.

3. Purpose of Policy

- 3.1. This policy defines and maintains the control, documentation and steps required in the administration of medication to children at Nature Nursery, and the responsibilities of the relevant staff.

4. Policy Statement

The Purpose of the policy is to ensure that:

- 4.1. all medication administered to children has been authorised by the child's parent/carer
- 4.2. the Nature Nursery staff correctly administer the prescribed medication
- 4.3. the medication is appropriately stored
- 4.4. accurate records of permissions and administration are kept.

5. Procedure

Administration of medication

- 5.1. Children taking prescribed medication must be well enough to attend the Nursery i.e., no raised temperature, lethargy, sickness, diarrhoea.
- 5.2. Medication will only be administered when it has been prescribed for a child by a doctor - it must be boxed, labelled with the child's name and date of birth, be in-date and prescribed for the current condition, with dosage instructions.
- 5.3. The child must have received at least one dose of the medicine prior to attendance at the Nature Nursery, to ensure there are minimal risks of reaction or adverse effects.
- 5.4. Non-prescription medication for fever relief (e.g. Calpol), if a fever develops whilst in the setting and the child cannot be collected for a period of time, may be administered, but only with consent of the parent. The administering of un-prescribed medication is recorded in the same way as any other medication.

- 5.5. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- 5.6. Emergency medication, such as children's auto-injectable pens for anaphylaxis or inhalers are stored, alongside an individual health care plan for the specific child, within the evacuation bag which is available on site at all times with easy access to staff but not in reach of children. Spare items of this nature may be kept locked in the Nursery office cabinet.
- 5.7. Prescribed medications are received from the parents and transferred to the Nursery office cabinet, which is kept locked when the office is empty. On receiving the medication, the member of staff checks, that it is in date and prescribed specifically for the current condition, and arranges for the parent to complete the appropriate forms
- 5.8. Any medication needed to be stored in the fridge will be labelled and sealed in a container and taken to the storage area of the kitchen.
- 5.9. Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the required information on name of medicine, dosage, timings, etc (see Appendix – Medication Form).
- 5.10. No medication may be given without these details being provided.
- 5.11. The administration of the medicine is recorded accurately on the medication form each time it is given and is signed by the person administering the medication and a witness.
- 5.12. Parents/carers are shown the form at the end of the day and asked to sign to acknowledge the administration of the medicine.
- 5.13. No child may self-administer. Where children can understand 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.
- 5.14. The children's records will be monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

Storage of medicines

- 5.15. All medication is stored safely in a marked plastic box within in the Nursery office, in the evacuation bag in the case of emergency medicines, or refrigerated as required. The Nursery office and kitchen are locked when not occupied.
- 5.16. The child's key/buddy person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- 5.17. For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis.
- 5.18. It is the responsibility of the key person to check that any medication held in the setting, remains in date and to return any out-of-date medication back to the parent.

Children who have long term medical conditions and who may require ongoing medication.

- 5.19. Information on pre-existing conditions will be stored within the Children's Records and EyWorks system, and discussed at registration.
- 5.20. A risk assessment will be prepared for each child with a long-term medical condition that requires on-going medication.
- 5.21. This is the responsibility of the Nursery manager or deputy, alongside the key person. Other medical or social care personnel, along with the Health and Safety Compliance Manager, may need to be involved in the generation of the risk assessment.
- 5.22. Parents will also contribute to a risk assessment. They will be shown around the Nursery, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- 5.23. For some medical conditions, key staff will have training in a basic understanding of the condition, from a health care professional i.e., Physiotherapist, as well as how any medication is to be administered correctly.
- 5.24. The training needs for staff training will form part of the risk assessment.
- 5.25. The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- 5.26. The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- 5.27. An individual health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- 5.28. The individual health plan should include the measures to be taken in an emergency.
- 5.29. The individual health plan will be reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g., changes to the medication or the dosage, any side effects noted etc.
- 5.30. Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- 5.31. If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- 5.32. Medication for a child, and their health care plan, is taken in a sealed plastic box clearly labelled with the child's name. This will be accompanied by the appropriate medication form.
- 5.33. If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication, with accompanying individual health care plan and medication forms.

6. Appendices

This policy is to be read in conjunction with wider Essex Wildlife Trust Policies and Procedures

- 6.1 Accident and Incident Procedure
- 6.2 Children's Records Policy
- 6.3 Equality, Diversity and Inclusion Policy
- 6.4 EYFS - Statutory framework for the Early Years Foundation Stage (up to date version available via Government website)
- 6.5 First Aid Policy and Procedure
- 6.6 Health and Safety Policy
- 6.7 Safeguarding Children, Young People & Adults at risk policies and procedures Part 1 and 2
- 6.8 Sickness and Allergies Policy and Procedure
- 6.9 Oral Health Statement
- 6.10 Outings and Visits Policy and Procedure

- 6.11 Medication Form to be completed and stored within Nursery records

Legal framework

Public Health England

Infection control for various conditions (Including conjunctivitis)

Medication Form

Child's Name	
Child's Date of Birth	
Medication (Full Name)	
Medication Expiry Date	
Storage conditions required	
Reason for medication	
Last dosage given at home by parent/carer (Time, date and dose)	
Dosage to be given and time (please supply an appropriate medicine spoon or syringe)	
Duration of treatment (prescribed medication only)	
I consent to the Nature Nursery administering the above medication to my child at the dosage rate provided (please tick)	
I confirm the medication supplied is in the original container (please tick)	
I confirm my child has already had 1 dose (at minimum) of this medication and has not suffered any adverse reactions (please tick)	
Parent/carer name	
Parent/carer signature	
Date	

Date	Dosage (Specify Amount)	Time given	Administered By	Witnessed By	Signed by parent/carer