

## **STANDARD 6– HEALTH**

### **EYFS Key themes and commitments**

| A Unique Child                                      | Positive Relationships                    | Enabling Environments      | Learning and Development |
|---|---|----------------------------|--------------------------|
| 1.2 Inclusive practice<br>1.4 Health and well-being | 2.2 Parents as partners<br>2.4 Key person | 3.2 Supporting every child |                          |

### **Standard 6.1 – Administering Medicines- including asthma policy**

#### **Policy statement:**

Horsted Keynes preschool understands the legal requirement for giving medication to children as documented in Ofsted's 'Giving Medication to children in Registered Childcare'.

We meet the legal requirements set out in the Statutory Framework for the Early Years Foundation Stage 3.44 – 3.45

***“Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. “***

#### ***Quote from the ‘Statutory Framework for the Early Years Foundation Stage, April 2017***

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

We notify our insurance provider of all required conditions, as laid out in our insurance policy.

In many cases, it is possible for children’s GPs 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, especially a child under three, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are 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 Manager is responsible for the overseeing of administering medication.

**The manager is responsible for ensuring all staff understand and follow these procedures.**

#### **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- We will only administer medication prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition. (medicines containing aspirin will only be given if prescribed by a doctor).

- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel cannot be administered (We will call you to collect your child should we feel they need such treatment)
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. For children with Asthma, please see Asthma Policy below. For children with allergic reactions, follow Anaphylaxis Management Policy. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth;
  - the name of medication and strength;
  - who prescribed it;
  - the dosage and times to be given in the setting;
  - the method of administration;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and
  - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
  - name of the child;
  - name and strength of the medication;
  - name of the doctor that prescribed it
  - date and time of the dose;
  - dose given and method;
  - signature of the person administering the medication and a witness; and
  - parent's signature.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member 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.
- A child would be monitored throughout the session to note any reactions to the medicine.
- We monitor the medication record book to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.
- We monitor children who regularly do not attend nursery due to illness and consider with reference to our Safeguarding Policy.

***At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in managing medicines in schools and Early Years Settings (DFES 2005)***

## **Oral medication**

Asthma inhalers are now regarded as 'oral medication' by insurers and, as such, there is no requirement to update the insurance provider.

- Oral medication must be prescribed by a GP or have manufacturer's instructions clearly written on them
- The setting must be provided with clear written instructions on how to administer such medication
- All risk assessment procedures relating to storage and administration of medication must be adhered to
- The preschool must have prior written consent from the parents or guardians. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

## **Procedures for children with allergies – life saving medication and invasive treatments**

- These relate to medication such as Adrenaline injections (Epipens) for anaphylactic shock reactions or invasive treatments such as rectal diazepam for epilepsy.
- In such cases the following 3 documents must be obtained and copies sent to the Pre-school Learning Alliance Insurance Department for appraisal.
  1. A letter from the child's GP/consultant stating the child's condition and what medication is to be administered
  2. Written consent from the parents or guardian to administer the medication
  3. Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse

Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written Confirmation that the insurance has been extended will be issued by return.

Further guidance

- Managing medicines in schools and early years' settings (DFES 2005)

## **Storage of medicines**

**Any medication is stored in the far left hand cupboard, in the hallway or fridge if necessary.**

**It is locked and all staff are aware of the medications location.**

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting, is in date and return any out of date medication back to the parent.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- All spillages to be recorded.

## **Managing medicines on trips and outings**

- 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.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to 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. 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 should be read alongside the outings procedure.

## **Asthma Policy**

### **Policy Statement**

Horsted Keynes preschool

- Welcomes children with asthma
- Ensures that children with asthma can participate fully in preschool life
- Recognises that children with asthma need immediate access to their blue reliever inhalers
- Maintains a record of all children with asthma and their medication
- Ensures an asthma friendly environment
- Ensures all staff know what to do in the event of an asthma attack

### **Guidance**

In order to achieve the above, the following guidance is recommended:

- All senior staff receive training from each parent of a child with asthma, ensuring they are aware of how to deal with that child's individual need.
- Preschool clearly displays "What to do in the event of an Asthma Attack" posters at appropriate sites – Small hall, corridor and staff corridor.
- All staff have a clear understanding of the procedure to follow when a child has an asthma attack.
- Medicines are stored in their original container, clearly labelled, in a securely fastened medicine bag located on a high shelf in the lockable cupboard with the first aid kit and are inaccessible to the children but accessible to Manager/Deputy and staff.
- Preschool maintains a register of children with asthma and individual children's asthma records with emergency treatment details on individual child's care plans.

## **Management of Asthma in Preschool**

- Early administration of the blue reliever inhaler will cause the majority of attacks to be completely resolved
- Parents/carers should supply a labelled inhaler and, if needed, a spacer device.
- Parents/carers should provide written details (on a care plan and medication form) of the dose of reliever to be taken if the child has symptoms of asthma whilst at Preschool.
- The care plans and medication forms are kept alongside the medication.
- Information should be dated and signed by the parents/carers. Parents/carers should notify the Preschool in the event of any changes.
- Details to be reviewed termly with parents.

## In the Event of an Asthma Attack

- Bring the inhaler to the child, not the child to the inhaler. Calm the child as much as possible to maximise the benefit from the inhaler technique.
- Ensure that 2 puffs of the blue reliever inhaler are taken immediately. Whenever possible, allow medication to be taken where the attack occurs.
- If symptoms do not resolve, continue to give 1 puff every minute for 5 minutes.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- If the attack resolves and as soon as they feel better, the child can return to normal Preschool activities.
- The child's parents must be informed of the attack and confirmed in writing so that this information can also be passed onto the child's GP. This should include where and when the attack took place (e.g. area of nursery and what activity), what medication was given and how much was given.

## Emergency Call the ambulance urgently if:


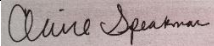

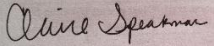
- The blue reliever inhaler has no effect after 5 – 10 minutes of first using.
- The child is either distressed or unable to talk.
- The child is getting exhausted.
- The child's lips are blue.
- You have any doubts at all about the child's condition.
- Continue to give the blue reliever inhaler (1 puff every minute) until help arrives.

## Safety

The drug in blue inhalers used to relieve symptoms of asthma is very safe and even if too much is taken, will not cause harm. It is not harmful if a person who does not have asthma takes some of this medication, however, if a large amount is taken they may experience some side effects. Side effects include increased heart rate and muscle tremor but are short lived and do not cause any long-term effects. (Asthma UK 2006)

## Legal framework

- The Human Medicines Regulations (2012)

|                                       |  |
|---------------------------------------|--|
| This policy was adopted by            | Horsted Keynes Preschool   |
| On                                    | 1 <sup>st</sup> October 2017   |
| Reviewed 1 <sup>st</sup> Oct 2018     |   |
| Reviewed 1 <sup>st</sup> Oct 2019     |  |
| Reviewed 1 <sup>st</sup> Oct 2020     |  |
| Reviewed 1 <sup>st</sup> Oct 2021     |  |
| Reviewed 1 <sup>st</sup> Oct 2022     |  |
| Signed on behalf of the provider      |   |
| Name of signatory & Role of signatory | Clare Humphreys Manager  |
| Countersigned by Chair of committee   |   |

|                           |                 |
|---------------------------|-----------------|
| Name of Counter signatory | Claire Speakman |
|---------------------------|-----------------|