

These guidelines are suggested for staff working with children who attend the setting.

- ❖ Parents/ carers to make specific request with information regarding the administration of medicine. Complete appropriate permissions, signed and dated each day. Not a blanket cover for all medicines
- ❖ Parents/ carers may request that staff give a 'schedule follow on' dose to treat minor symptoms- teething discomfort, slightly raised temperature, if they have given the child a dose whilst at home, prior to attending the setting.

Nappy cream, sun cream, teething gel

- ❖ Parents/ carers are required to request and give permission that staff apply the above. Individual consent forms are needed for each child and each treatment
- ❖ Children are encouraged to wear hats when outside from April to October even on cloudy days. Parents/ carers are advised to apply sun cream before children attend the setting.
- ❖ Any treatment must be labelled with the child's name and stored securely away from children

Head lice treatments

- ❖ Head lice treatment would only be applied in the setting following a specific request from parents/ carers if they are unable to do this themselves. Chemical treatment would only be undertaken after 'wet-combing' to try to remove the lice and eggs.

The setting policy on assisting children with long term or complex medical needs:

- ❖ Staff involved need some understanding of medical condition
- ❖ Staff and parents/ carers will complete an individual healthcare plan. This will give details of what, when, how, why and by whom medicines to be given, including a list of all current medication for information.
- ❖ Staff involved may need specific training. If all staff need to be aware of the child's condition, an information session is delivered in line with parent's/ carer's wishes.
- ❖ Appropriate forms and documentation to be completed as above.
- ❖ A child who has been identified as being at risk of anaphylaxis, will have been prescribed an adrenalin injection (Epi- pen):if they suffer a severe allergic reaction, the adrenalin injection will be administered into the

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muscle of the upper outer thigh. AN AMBULANCE WILL ALWAYS BE CALLED.

- ❖ Only staff who have received specific training in administering the Epi-pen will undertake this.

Policy on children carrying and taking their medicines themselves

- ❖ It is good practice to support and encourage children who are able to take responsibility to manage their own medicines from an early age, however, the children in this setting are all aged under 5 years and will need support for any medical needs.
- ❖ Children of the setting age can be encouraged to develop independence by taking some responsibility when using inhalers under close supervision
- ❖ Inhalers are securely stored in the room that the child attends, but easily accessible by all staff (not locked in a cupboard)
- ❖ Children should not be carrying medication. Parents/ carers need to hand medication directly to staff involved, either to key staff in the room

Staff training in dealing with medical needs

- ❖ Basic training delivered 'in-house' covering administering, storage and record keeping for all staff in the setting working with the children. Advice will be sought from local health professionals i.e. pharmacists, PCT advisor
- ❖ Children who have an individual health care plan may have medical needs that result in staff requiring specific training in administering a particular type of medicine or dealing with emergencies. Local health services will provide this training in accordance with the provision of the National Service Framework for children, Young People and Maternity Services. Staff should not give these medicines without appropriate training from health professionals.

Safe storage of medicines

- ❖ Stored appropriately in secure childproof box/ container away from children, in refrigerator if necessary. Ensure that fridges have max/ min thermometer. Follow guidance regarding appropriate temperatures.
- ❖ All medicines need the child's name on a label. This should be placed on the packaging without covering important information.
- ❖ Return empty bottle to parents/ carers for disposal

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- ❖ If staff have their own medicines in the setting they must ensure they are stored away from the children
- ❖ Staff taking their own medication should not do so in front of children.

Access to the setting emergency procedures

If a child becomes unwell during their session parents/ carers will be contacted. Staff will not administer medicines through personal judgements or without prior signed consent.

Risk assessment and management procedures

- ❖ Staff should not dispose of medicines. Medicines should always be returned to parents/ carers who will be advised to take any unused medications to a pharmacist for safe disposal.
- ❖ Any spillages of blood or other bodily fluids need to be mopped up with disposable cloths, placed inside a bag that is tied and disposed of safely, i.e. in nappy unit, whose content will be incinerated. Staff will wear disposable gloves throughout this procedure.

Common medicines that may need administering in the setting:

- ❖ Asthma inhalers (relievers)
- ❖ Antibiotics
- ❖ Analgesics (painkillers, relieves high temperature)
- ❖ Anti- fungal treatment (thrush)
- ❖ Nappy cream
- ❖ Sun cream

Less common

- ❖ Epi- pen
- ❖ Diabetic medication
- ❖ Epileptic medication
- ❖ Ritalin
- ❖ Head lice treatment

Check list for staff

- ❖ Permission forms completed
- ❖ Medicines labelled
- ❖ Clarify administration schedule
- ❖ Stored appropriately
- ❖ Record administration

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