**Management of Medication Policy – Aberchirder Nursery**

**Policy Statement**

Aberchirder Nursery adhere to the School’s Visions and Values of:

* **‘Yes We Can’**
* **P.R.A.I.S.E: Persevere, Respect/Responsible, Attitude, Included, Safe, Enthusiastic**

As part of our Visions and Values, we aim ensure your child is safe and respected through the safe administration of medication.

The development of this Policy has been underpinned by National and Local guidance from:

* ‘Management of Medication in the Day Care of Children and Childminding Services” – *(Care Inspectorate)*
* ‘Supporting Children and Young People with Health Care Needs and Managing Medicines in Educational Establishments’ – *(NHS Grampian, Aberdeenshire Council)*
* ‘The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations’ – *SCWIS.*

This policy statement on management of medication is written to meet the expectations of the relevant Health and Social Care Standards and aims to provide outcomes for children and families:

* 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices
* 1.19 My care and support meets my needs and is right for me
* 1.24 Any treatment or intervention that I experience is safe and effective
* 2.23 If I need help with medication, I am able to have as much control as possible

**Aims/Principles**

The aims of this policy are as follows:

* To ensure every child has the right to the best possible health *(Article 24 – UNCRC)*
* To ensure the needs of every child are assessed and reviewed to ensure they receive the right support and care at the right time *(Responsive Care and Support – Health and Social Care Standards)*

This guidance will provide a shared understanding of the procedures and guidance which will be followed by all staff to ensure safe and positive outcomes for their Health and Wellbeing. It will ensure consistency and quality across the setting.

**Procedure**

**Care Plans and Medication Forms**

It is the responsibility of the parent/carer to share any medical information with the setting as soon as possible to agree how we will support the child’s medical needs.

*(Appendix 1)*

If parents/carers wish for staff to administer medication to their child, a care plan and medication form must be filled out with the staff present. Written consent by the primary carer must be given before medication will be administered by staff.

*(Appendix 1)*

Medical information is documented in the child’s care plan and if appropriate within Health Care Plans written by medical professionals. It will include symptoms, treatment, type of medication and details for administration.

*(Appendix 2 and 3)*

If a child requires medication or medical needs change, it is the parent/carers responsibility to ensure the setting is aware

*(Appendix 1).*

Children with medication will be provided with a Medical Risk Assessment to ensure their safety *(Appendix 2)*

**Safe Storage of Medication**

Medication will be stored in a plastic container, in a locked cupboard below 25 degrees which is out of reach of children. The child’s name and date of birth will be clearly displayed on the container. *(Appendix 1)*

If medication requires refrigerator storage, it will be placed in a plastic container in a fridge between 1-5 degrees Celsius. The temperature of the fridge will be checked on a daily basis.

*(Appendix 1)*

Medication spoons or oral syringes will be cleaned after every use and stored with the child’s medication.

*(Appendix 1)*

If medication requires special cleaning procedures, parents/carers must inform staff of this when the medication is handed over. Product information leaflet will be checked to ensure accuracy. This information will be recorded in the child’s care plan.

*(Appendix 1)*

Emergency medication such as inhalers and adrenaline injections will **not** be kept in a locked cupboard due to urgency and accessibility in an emergency.

*(Appendix 1)*

Any new or relief staff in the setting will be informed of any child’s medical needs, where their medication is stored and how to access it.

*(Appendix 1)*

If the class is going on an outing or a trip, medication will be stored in their plastic container, in a rusk sack with the child’s care plan, medication form and emergency contact details.

*(Appendix 2)*

**Consent**

Written parental/carer consent is needed from parents that expect staff to administer medication to their child.

*(Appendix 2)*

All consent will be reviewed by staff every 3 months to ensure medication is still required and there are no changes.

*(Appendix 1)*

If medication is no longer required, it will be handed back to parent/carer and signed out.

*(Appendix 1)*

**Administration of Medication**

Medication can only be accepted if it is prescribed and has been prescribed by a healthcare professional and the prescription label is clearly displayed on it.

*(Appendix 2)*

Staff will **not** administer the first dose of new medication in case of side effects or reactions. *(Appendix 2)*

Staff will review medication every month to ensure expiry dates are not coming to an end. The parent/carer will be informed if expiry date is coming to an end or if the medication is running out. *(Appendix 1)*

If staff administer medication to a child, the parent/carer will be informed either by telephone call or when child is being picked up at the end of the session.

*(Appendix 1)*

If a child is being given medication on a ‘when required’ basis, the primary carer must inform staff if they have been given medication prior to coming into the setting.

*(Appendix 1)*

Staff will administer consented medication using the agreed care plan and medication guidance provided.

*(Appendix 1)*

If a child is administered their correct dosage of medication but spits it out, staff will **not** administer another dose. The parent/carer will be contacted and in an emergency case, an ambulance will be phoned.

*(Appendix 2)*

If the wrong dose of medication is given or medication is given to the wrong child, staff will seek professional medical advice and inform the parent/carer. The incident will be recorded and Care Inspectorate will be notified.

*(Appendix 2)*

**Guidance on calling an ambulance will be on displayed in the room and taken with the group on an outing**. If an ambulance is called and a child is required to go to the hospital, a member of staff will accompany the child until the parent/carer arrives

*(Appendix 2).*

**Record Keeping**

All Medication will be reviewed by staff every 3 months.

*(Appendix 1 and 3)*

An accurate and up to date record of any medication stored on the premises will be kept and updated as required. This includes medicines received, returned and disposed of.

*(Appendix 1)*

Staff will record adequate information for children with complex medication regimes such as diabetes, epilepsy, severe asthma etc. This will be recorded in the care plan

*(Appendix 1)*

If medication is provided on a ‘when required’ basis, it is important that staff are informed of the symptoms, what it has been prescribed for and that it is recorded in the care plan. This will be written alongside the parent/carer. The reasons for administration must be recorded in the care plan e.g. high temperature, wheezing etc

*(Appendix 1)*

**Allergic Reactions**

Signs and Symptoms of an Allergic reaction will normally appear within seconds or minutes after exposure to an allergen. These may include:

* Metallic taste or itching in the mouth
* Swelling of the face, throat, tongue and lips
* Difficultly in swallowing
* Flushed complexion
* Abdominal cramps and nausea
* A rise in heart rate
* Collapse or unconsciousness
* Wheezing or difficulty in breathing

Each child’s symptoms will vary.

An ambulance will be called immediately if a child is showing these signs/symptoms.

*(Appendix 2)*

**Fevers**

A fever is a high temperature which is above 37.5 degrees Celsius. Children will be sent home if they develop a fever.

*(Appendix 1)*

If a child develops a fever, staff will ensure the child is hydrated by giving them plenty of cold water to drink. Even if the child is not thirsty, staff will try to get them to drink little and often to keep their fluid levels up. Parent/carers will be informed if the child refuses water.

*(Appendix 1)*

If a child develops a fever, staff will open windows and attempt to keep the room cool to around 18 degrees.

*(Appendix 1)*

Urgent medical advice will be sought if the child shows additional symptoms such as becoming floppy or drowsy.

*(Appendix 1)*

Febrile seizures can occur when a child has a temperature above 38 degrees Celsius. Symptoms can include:

* Becoming stiff and their arms and legs may begin to twitch
* Loss of consciousness and may wet or soil themselves
* Sick and foam at the mouth
* Eyes roll back

If staff suspect a Febrile seizure, an ambulance will be phone immediately unless otherwise agreed with parent/carer and is stated in a care plan.

*(Appendix 1)*

**Sun Protection**

Parents/Carers are encouraged to apply Sun Protection to their child prior to coming to Nursery when necessary.

Parents/Carers will be required to provide the setting with consent for applying Sun Protection.

Parents/Carers are asked to provide their child with their own bottle of Sun Protection and provide written consent to the setting allowing them to apply it. If parents/carers don’t provide Sun Protection for any reason, they can give written consent for Nursery Sun Protection (Factor 50) to be applied. If no consent is given, staff will not apply any Sun Protection to the child.

Staff will apply Sun Protection wearing gloves.

If children are outdoors on warm days, a shelter will be provided for children and all children will be required to drink water regularly to stay hydrated.

Parents/Carers are encouraged to supply sun hats to protect the children from the sun.

**Training**

Staff all undergo First-Aid training every 3 years to ensure competency and awareness of any changes or development. Staff will be competent in treating minor injuries such as cuts, bruises, burns and stings.

*(Appendix 1 and 2)*

First Aid kits are regularly reviewed to ensure the appropriate amount of resources are available. Parents/Carers will be presented with an accident or incident form at pick up or phoned in more serious cases if First Aid had to be given to their child.

*(Appendix 1 and 2)*

A record of staff training will be kept e.g. first aid, infection control and any other specific medical training.

*(Appendix 1 and 2)*

Staff will seek training for emergency medication administration if necessary. If a child has long term health needs, relevant health professionals will be involved in supporting staff to care for the child appropriately.

Staff are provided with multiple training opportunities relevant to medication on ALDO. This can be accessed by staff at any time.

**Policy Review**

Date of Issue: 15/09/2020

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Policy Author: Claire Duncan

**References and Appendices**

**Appendix 1**

Care Inspectorate, 2014, “Management of Medication in day care of children and childminding services”

<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

**Appendix 2**

Aberdeenshire Council, 2016, " Supporting Children and Young People with Health Care Needs and Managing Medicines in Educational Establishments”

<http://asn-aberdeenshire.org/wp-content/uploads/2017/08/Supporting-Children-Managing-Medicines-Educational-Establishments.pdf>

**Appendix 3**

SCWIS, 2011,“The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations”

<http://www.legislation.gov.uk/ssi/2011/210/made>

**Appendix 4**

Care Inspectorate 2012: Amended April 2015, “Records that all registered care services

(except childminding) must keep and guidance on notification reporting”

<https://hub.careinspectorate.com/media/380222/notifying-the-care-inspectorate-ci-.pdf>