Shadwell Childcare

Medication Guidance Policy

Adopted on February 2022

Date to be reviewed: February 2023

Medication Guidance

Statement

The nursery works within strict safeguarding guidelines and promotes the best possible care for children and therefore all medication that is required by a child must be recorded before staff can administer this medication. It is the parent's responsibility to ensure that staff are aware of any medication that has been administered before attending, and why it has been given so that all staff are aware to prevent overdose of medication and to be aware of any symptoms that may cause.

Process

- Medication will only be given if prescribed and labelled by a GP/Dentist/Pharmacist
- Non prescribed medication such as Calpol will not be administered until prescribed by a GP
- Only medication for the particular child will be given (not siblings or other relatives)
- Medication will be stored as advised on the label
- Staff will not administer the medication that is out of date
- All medication will be administered according to instructions on the label
- A Medication Record (MR2019) for parents to fill in and sign is available at the nursery when you drop off your child. This will ask parents for the following information:
 - Child's name
 - Name of medication and reason for medication
 - Time that medication is required
 - Amount of medication required
 - Parent signature
 - Staff signature, including staff witness
- Staff are unable to give medication if a Medication Record has not been completed and signed by a parent / carer prior to leaving
- All short-term medication will be stored in either the office cupboard or fridge and details displayed on the white board and register.
- The staff administrating the medication will be first aid trained.
- Medication such as teething gels may be provided for children and will be documented in the same way as prescribed, but will only be administered at the Manager's discretion.

Long Term Medication and Health Care Plan (HCP)

If a child is regularly on medication (such as inhalers etc.) then a Health Care Plan (form HCP2019) and Long Term Medication form (LTMR2019) are required from parents to give permission for staff to administer it on a regular basis. Staff will then complete the Long Term Medication form (LTMR2019) on each occasion medication is administered and parents should sign to confirm acknowledgement of medication received each half term. Details are displayed on medication boards.

Parents Responsibility

It is the parent's responsibility to ensure that the nursery is updated or if any changes are made. These should be done in writing and the revised HCP signed by the parent.

It is the parent's responsibility to ensure that staff are aware of any medication that has been administered before attending, and why it has been given so that all staff are aware to prevent overdose of medication.

The Nursery will contact parents to advise that their child has a temperature or is feeling unwell and the parent will be asked to collect their child as per the Sickness Policy. It is vital that we have relevant home and emergency contact numbers and that any changes are updated with nursery immediately.

Medication Record (MR2019)

Name of child				
Name of doctor / surgery				
Name of medication				
Expiry date				
Dosage				
Method of administration				
Reason for medication administration / illness				
Time(s) at which medication is to be administered				
Number of days to administer				
The last time medication was adm	ninistered			
Allergic reactions		Yes / No / Not sure		
I confirm that the medication, dosage and timings indicated above are correct and				
authorise the setting to administer them.				
Parent's signature:		Date:		

To be completed by staff

Date	Time administered	Signature of staff administering dosage	Signature of witness

Health Care Plan (HCP2019)

Name:	DOB:
Please speak with the Room Leader or Mai	nager if you are unsure of any parts of the plan.
Medical Condition(s)	
Triggers	
Computation	
Symptoms	
Medication / treatment	

Emergency procedures	
Notes	
Date to be reviewed	
Parent/ carer:	Date
On habelf of Chadwall Children	Data
On behalf of Shadwell Childcare	_ Date

LONG TERM MEDICATION RECORD (LTMR2019)

Date

CHILD'S NAME:						CHILD'				
PARENT / CARER SIGNATURE:REVIEW DATE:							DATE:			
NAME OF MEDICATION:					DOSAGE:					
EXPIRY DATE:										
	Dose Given	Time	Staff Signature	Witness Signature		Date	Dose Given	Time	Staff Signature	Witness Signature
Pa	Parent's signature to confirm medication has been received:									