**Maidenhill Nursery Class**

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**Administration of Medication Policy June 2019**

**Introduction**

All children may at some time require to take medicine when attending our nursery class. For some this may be short term; others may have medical conditions, such as asthma, that require regular, ongoing medication. Some children may have conditions which require emergency treatment, for example in the case of severe allergic reactions.

This policy aims to set out the procedures and good practice that will ensure the effective and safe management of medication within our nursery class. It follows the guidance set out in East Renfrewshire Education Department’s ***Administration of Medicines- guidelines for educational establishments*** (2016) and Care Inspectorate’s ***Health guidance; the management of medication in day-care and child-minding services*** .

**Key Principles**

The following are the over-arching key principles which must be adhered to at all times:

* The agreement of the Head Teacher is required for the administration of medicines and it is the Head Teacher’s overall responsibility to oversee the administration of medicines within the nursery class.
* Parental/ carer agreement must be obtained for the administration of medication ***(using consent form AM1- Appendix i).***
* Medicines must be administered in accordance with directions contained on packaging and associated information leaflets.
* Medicines must be clearly labelled and securely stored.
* Only designated staff will administer medicines and a record will be kept of all medication administered ***(Administration of Medication Record – Appendix ii).***

**Storage of Medication and Consents**

All medication will be stored securely (in a fridge if appropriate) within the nursery class office. Where possible it will be stored in a small, clear plastic bag, labelled with the child’s name. The bag will also contain a copy of the relevant form AM1 and the Administration of Medication Record for that child. The original copy of the AM1 will be filed securely within the nursery class office. When no longer actively in use Administration of Medication Records will be securely stored within the relevant child’s file.

**Administration**

In agreement with the Head Teacher and in accordance with pharmacist’s/ GP’s directions and the information contained within form AM1, all medication will be administered within the nursery class office by the designated member of staff and will be overseen by one other member of nursery class staff. Both members of staff will sign the Administration of Medication Record. This should also be signed by the parent/ carer at the end of each session where medication has been administered. **Parents/ carers should always have the responsibility of administering the first dose of any newly-prescribed medication. Nursery staff should check with parents/ carers to ensure that this is the case and should never administer the first dose themselves.**

**Ongoing and Long-term Conditions**

Children with ongoing and long-term conditions, including asthma and allergies, may require a wellbeing plan and/ or a medical protocol which clearly sets out their care needs and how these needs will be met. Wellbeing plans and medical protocols will be reviewed on a termly basis by our Depute Head Teacher (DHT), relevant key workers and the child’s parent/ carer.

Children who may require emergency treatment, including children with severe asthma and allergic conditions, will have a copy of their medical protocol including their photograph displayed within the nursery class office and, with parental/ carer permission, within the playroom.

**Disposal of Medication**

Medication will only be administered for the duration indicated by pharmacist’s/ GP’s directions and the information contained within form AM1. At the end of this time period all medication should be returned to the parent/ carer for disposal. A note should be made on the child’s Administration of Medication Record that the medication has been returned.

Our First Aider and our Senior Child Development Officer (SCDO) will have responsibility for monitoring the medication that we are holding on a weekly basis.

**Communication**

Our SCDO has responsibility for ensuring that all staff, including Early Years Playworkers, are regularly updated on children’s medical needs and on those children who currently require the administration of medication. She will ensure that designated staff are aware of their responsibilities.

**Training and Professional Learning**

All staff will have access to ongoing professional learning in meeting the medical needs of the children within our care. Specific training, for example administrating medication by epi-pen, will be accessed as required.

## Monitoring and Review

The HT, DHT and SCDO will monitor this policy, engaging with relevant stakeholders and service users. The policy will be reviewed annually in August and updated as required.

Next review: August 2020

Policy author: A McDonald, June 2019

***Appendix i- Form AM1***

**EAST RENFREWSHIRE COUNCIL**

**EDUCATION DEPARTMENT**

**MAIDENHILL PRIMARY SCHOOL AND NURSERY CLASS**

**REQUEST FOR THE ADMINISTERING OF MEDICINES**

**IN EDUCATIONAL ESTABLISHMENTS**

The information you supply on this form will be used by East Renfrewshire Council as pupil administrative information. We will use your information to verify your identify where required, contact you by post, email or telephone and to maintain our records. The council will use this information because we need to do so to perform a task carried out in the public interest by the council. If you do not provide us with the information we have asked for then we will not be able to provide this service to you. We also need to process more sensitive personal information about you for reasons of substantial public interest as set out in the Data Protection Act 2018. It is necessary for us to process it to carry out key functions as outlined in law. You can find out more about how we handle this information and your rights in respect of it by going to [www.eastrenfrewshire.gov.uk/privacy](http://www.eastrenfrewshire.gov.uk/privacy). If you do not have access to a computer and wish a paper copy please let us know by contacting your child’s school.

To the Head Teacher

I request that:

|  |  |
| --- | --- |
| Full name of pupil |  |
| Date of Birth |  |
| Class |  |

be given the following medicine(s) whilst at school:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medical Condition or illness |  | | | | |
| Name/Type of Medicine (as described on container) |  | | | | |
| Expiry date |  | | | | |
| Duration of course |  | | | | |
| Dosage and method |  | | | | |
| Time(s) to be given |  | | | | |
| Other comments |  | | | | |
| Self-Administration (delete as appropriate) | Yes |  | No |  |  |
| Name and telephone number of GP |  | | | | |

continued over

I understanding that I must deliver the medicine personally to the school and accept that this is a service that the school is not required to provide. I understand that I must notify the school of any changes in writing.

|  |  |
| --- | --- |
| Print Name (Parent/Carer) |  |
| Signed |  |
| Date |  |
| Telephone Number |  |
| Email Address |  |
| Address |  |

**To be completed by the Head Teacher or his/her delegates representative:**

I agree to:

|  |  |
| --- | --- |
| Full name of pupil |  |

being given:

|  |  |
| --- | --- |
| Name/Type of Medicine (as described on container) |  |

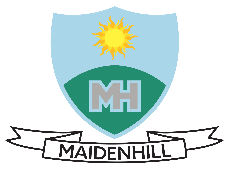
This agreement expires on:

|  |  |
| --- | --- |
| Date |  |

|  |  |
| --- | --- |
| School |  |
| Date |  |

***Appendix ii- Administration of Medication Record***

**Maidenhill Primary and Nursery Class**



**Administration of Medication Record**

**Child’s name and D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NB. Please check that form AM1 has been completed. Please refer to form AM1 at all times before administering medication. School and nursery staff should not be responsible for administering the first dose of any medication prescribed by a GP.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name of medication and dosage prescribed | Dosage given | Signed | Counter-signed |
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