



**St. Thomas a Becket Nursery**  
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Registered Charity No. 1097448  
Ofsted URN 507912

# Administration Of Medicine

**Responsibility:** Nursery Manager

**Review Cycle:** Every two years, or earlier in the event of legislative changes or when deemed necessary by the nursery.

(New EYFS statutory framework effective 4<sup>th</sup> January 2024)

Date of adoption / last review:	Signed / Role	Date of next review:
September 2015		September 2017
September 2017		September 2019
September 2019		September 2021
March 2020		March 2022
May 2022		May 2024
February 2024		February 2026

## **St Thomas a Becket Nursery** **Administration of Medicines in Nursery Policy**

### **Policy Statement**

Most children will, at some time, have a medical condition that may affect their participation in nursery activities. This is more likely to be short term, e.g. completion of a course of antibiotics. Some children, however, have medical conditions that, if not managed, could limit their access to education. For such purposes, this policy is used in conjunction with St Thomas a Becket Nursery SEND and Equality of Opportunity policies.

This document has been developed to support the nursery to manage individual children's medical needs and to implement effective management systems to support those needs.

### **EYFS 4<sup>th</sup> January 2024 - Medicines**

3.51 Providers must promote the good health, including the oral health, of the children they look after.

3.52 They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection.

3.53 Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. Staff must have training if the administration of medicine requires medical or technical knowledge. 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).

3.54 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. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.

### **Oral Health**

Please see our Oral Health Policy.

### **Ill or Infectious Children**

Please see our Sick Child (and staff) (inc notifiable diseases) Policy

### **Administering Medicines Generally**

Medicine (both prescription and non-prescription) will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer and recorded on a St Thomas a Becket Nursery registration or consent form, completed and signed by a person with parental responsibility. Calpol may only be given at the manager's discretion should a child take ill at nursery and the parents be delayed in picking up a child and their temperature is rising significantly, if we have parents written permission on the child's registration sheet or it is gained by telephone on that day. All other written recording procedures will also be strictly followed.

## **Prescribed Medicines**

Many children may need to take medication during the nursery day, e.g. to finish a course of antibiotics or to have a lotion applied. Offering the facility of administering medication in an appropriate manner will minimise the time a child needs to be absent.

However, medicines should only be taken to nursery where it would be detrimental to a child's health if it were not administered during the nursery day. Ideally, the medication should be prescribed in dose frequencies that enable it to be taken outside of the nursery day, i.e. 3 times per day (breakfast, dinner and bedtime).

- Prescription medicines will not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist.
- Medicines containing aspirin will only be given if prescribed by a doctor.
- Medicines must always be provided in the original container and include the child's name and prescribed instructions for administration.
- (All) medicines (both prescription and non-prescription) will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.
- We will Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day the medicine has been taken..

The nursery will **NOT** accept medicines that have been taken out of the original container or make changes to dosages on parental instruction.

## **Non-Prescription Medication**

- Administration of non-prescription medicines will be authorised by the Nursery Manger.
- Medicines must always be provided in the original container and include the child's name and prescribed instructions for administration.
- We will not administer medicines without permission to do so. We cannot decide for themselves that a particular child needs to have a pain or fever reliever.
- (All) medicines (both prescription and non-prescription) will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.
- We will Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day the medicine has been taken.

## **Please Note:**

- Parents/guardians are responsible for supplying information about the medication and informing nursery about changes to the prescription or the support needed.
- Parents are responsible for ensuring that there is sufficient medication and that the medication has not passed its expiry date
- Where there is any doubt about the correct dosage to be administered, advice must be obtained from the child's GP or Paediatrician before the medicine is administered.

## **Procedures:**

**Medicines must always be provided in the original container and include the following written information:**

- Name of child and name of medication;
- Dose and Method of administration;
- Time and frequency of administration;
- Any side effects and the Expiry Date.

## **We will:**

- Ask you to complete a medicine administration form at the time you drop your child off. This will include questions about dosage, frequency and when the last dose was given to the child.
  - Check that all medication is clearly labelled, includes prescriber's instructions and is stored safely and inaccessible to children.
  - Check the information you have given us is the same information as on the medicine label prior to administering any medicine.
  - Only allow a First Aid qualified member of staff to administer the medication. The child's Key Worker (Co-Key Worker if the Key Worker is absent) will always be this administering member of staff wherever possible.
  - Complete and sign a written record. A written record of all administered medicines will include name of medication, dosage, time of administration, person administering, witness to procedure
  - Ensure the Nursery Manger and one other staff member, such as a deputy, witness and sign the administering of the medication and our record of this.
- If technical/medical knowledge is required to administer prescription medicines individual training will be requested from a qualified health professional.
- Medication will only be given to the named child. Children will **NOT** be given medication which has been prescribed for another child

## **Collection of Medicines**

Where medicines are to be collected daily, they should be collected by the parent guardian of the child (or a responsible adult who has been nominated by the parent/guardian). Under no circumstances will the medicine be collected by a minor.

## **Hygiene/Infection Control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposal gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **Long Term Medical Needs**

Where appropriate, the nursery will seek sufficient background information about the medical condition of a child with long-term medical needs. If a child's medical needs are not fully supported, this can negatively affect a child's academic attainments and/or lead to emotional and behavioural problems. The nursery, therefore, needs to know about any medical needs before a child starts nursery (or when a child develops a condition). It is recommended that a health care plan or a protocol involving parents and relevant health professionals is developed. This can include:

- Details of a child's condition
- Special requirements, e.g. dietary needs;
- Medication and any side effects;
- What constitutes an emergency;
- What to do and who to contact in an emergency;
- What not to do in an emergency;
- Procedures to be followed when transporting the child (e.g. off site nursery visits);
- Information sharing and record keeping;
- The role the staff can play.

A pro-forma health care plan is in Appendix B.

### **Other issues and clarification – children with complex medical needs**

Some children who have complex medical needs will require more support than regular medicines for which we will seek medical advice and training for their individual needs.

For children with particular medical needs, the nursery will develop individual health care plans to identify the necessary safety measures that need to be put in place to fully support the child. A pro-forma health care plan sheet is attached at Appendix B.

There must be an assessment of the risks to the health and safety of staff and others with control measures put in place to minimise and manage any identified risks. The individual child's Administration of Medicine nursery risk assessment will be reviewed annually.

Some children require types of treatment which nursery staff may feel reluctant (for professional or other reasons) to provide, for example, the administration of rectal diazepam, assistance with catheters or the use of equipment for children with tracheotomies.

For the protection of both staff and children, a second willing member of staff must be present while the more intimate procedures, for example the administration of rectal diazepam, are being followed. Appropriate personal protective clothing, e.g. gloves, must be worn during the administration of medicines/catheterisation procedures, etc.

It is essential that, where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the Nursery Doctor or Nurse. Details of symptoms and appropriate action will be kept in the medical file and the child's individual record file. The individual record file will be marked with a 'medical alert' green cross.

If required, the nursery will devise an Emergency Action Plan for such situations after liaising with the Health Service, etc. This has implications for nursery journeys and other activities. Planning should take into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an ambulance.

### **Employees**

A member of staff may suffer one of the medical conditions outlined in Appendix A. Once this condition has been identified and the nursery has been informed, steps will need to be taken

by the nursery to reach an agreement with the member of staff on the action to be taken in an emergency. The guidance in Appendix B is based on children but can be followed for staff.

## **Appendices**

**Appendix A** - Specific guidance on common medical conditions within the nursery setting

**Appendix B** - Individual Child Healthcare Plan

## **Appendix A**

This appendix provides some basic information about four medical conditions that most commonly cause concern in younger children. However, it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

- **Diabetes**
- **Epilepsy**
- **Asthma**
- **Anaphylaxis (severe allergic reaction)**

### **Diabetes**

Diabetes UK Helpline

0345 123 2399\*, Monday–Friday, 9am–7pm

[www.diabetes.org.uk](http://www.diabetes.org.uk)

#### **What is Diabetes?**

Diabetes is a condition where the level of glucose in the blood rises due to a lack of insulin (Type 1 diabetes).

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parents' attention.

#### **Medicine and Control**

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day regime of a longer acting insulin and it is unlikely that these will need to be given during nursery hours, although for those who do it may be on

multiple injections and others may be controlled on an insulin pump. If doses are required at nursery supervision will be required along with a suitable private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the nursery lunch break, before PE or more regularly if their insulin needs adjusting. Young children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Special arrangements for children with diabetes will need to be made if the nursery has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level may fall too low. All staff should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a child with diabetes:

- **Hunger**
- **Sweating**
- **Drowsiness**
- **Pallor**
- **Glazed eyes**
- **Shaking or trembling**
- **Lack of concentration**
- **Irritability**
- **Headache**
- **Mood changes, especially angry or aggressive behaviour**

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink is brought to the child and given immediately. Slower acting starchy foods, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10 – 15 minutes later. Alternative intervention strategies should be discussed and agreed and training given in the event of the child being unconscious and unable to swallow.

An ambulance should be called if:

- **The child's recovery takes longer than 10 -15 minutes**
- **The child becomes unconscious**

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention. Nothing should be given by mouth.

The child should never be sent home while in a reaction, as any form of exertion will make the reaction more severe.

Such information will be an integral part of the nursery's emergency procedures.

## **Procedures**

When a child has been identified as being at risk of a hypoglycaemia or hyperglycaemia episode, the nursery needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. An emergency procedure and protocol should be developed and agreed by the parents, the nursery and the child's doctor.

The protocol includes:

- **Emergency procedure**
- **Medication, if agreed**
- **Staff training**
- **Precautionary measures**
- **Consent and agreement**

A protocol forms an agreement that the best possible support is in place for both the child and staff. It may be necessary for a child to wear a form of identification of their medical condition as some staff may not be familiar with the child's medical needs, e.g. medi-bracelet to alert staff of ill health risk.

Once an agreement has been made to administer medication, the nursery will have a responsibility to do so if hypoglycaemia or hyperglycaemia episode occurs.

## **Training**

There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff. Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained. The medication should be kept in nursery and be easily accessible. It is recommended that several key members of staff are trained to administer the medication.

As in all cases of administering medication, a parental consent form should be completed and kept in nursery. A record of staff who have received training in the administration of this medicine must be kept.



When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher/parent.

## **Epilepsy**

Epilepsy Action 0800 800 5050 [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

The National Society for Epilepsy 01494 601400 [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

### **What is Epilepsy?**

Children with Epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at anytime. Seizures can happen for many reasons. At least one in 200 children have Epilepsy and around 80% attend mainstream schools and nurseries. Epilepsy is an everyday condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to nurseries, to be incorporated into the individual health care plan, setting the particular pattern of an individual child's epilepsy. If a child does experience a seizure during the nursery day, details should be recorded and communicated to parents including:

- **Any factors which might possibly have acted as a trigger to the seizure e.g. visual/auditory stimulation, emotion (anxiety, upset).**
- **Any unusual 'feelings' reported by the child prior to the seizure.**
- **Parts of the body demonstrating seizure activity e.g. limbs, facial muscles.**
- **The timing of the seizure – when it happens and how long it lasted.**
- **Whether the child lost consciousness.**
- **Whether the child was incontinent.**

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

What the child experiences depends on whether all or which part of the brain is affected. Not all seizures involve a loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected, the child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling noises and chewing movements. They may not respond if spoken to. Afterwards they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure, a child may feel tired, be confused, have a headache and need time to rest or sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring' sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

## **Medicine and Control**

Most children with Epilepsy take anti-Epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during nursery hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity and it is

## **Asthma**

Asthma UK telephone helpline **0300 222 5800** open Monday to Friday from 9am to 5pm

<http://www.asthma.org.uk/helpline>

You can call with any concerns you may have about asthma. They welcome any enquiry, no matter how big or small. They receive queries about what asthma is and what causes it, triggers, symptoms, treatments and inhaler devices. They're also often asked about allergies, exercise, diet, housing location and many other concerns that people have about asthma.

## **What is Asthma?**

Asthma is an inflammatory disease of the airways to the lungs. It makes breathing difficult and can make some physical activities difficult or even impossible.

To understand asthma, you need to understand a little about what happens when you breathe. Normally, with every breath you take, air goes through your nose and down into your throat, into your airways, eventually making it to your lungs. There are lots of small air passages in your lungs that help deliver oxygen from the air into your bloodstream.

Asthma symptoms occur when the lining of your airways swell and the muscles around them tighten. Mucus then fills the airways, further reducing the amount of air that can pass through. These conditions then bring on an asthma "attack," the coughing and tightness in your chest that is typical of asthma.

## **Asthma symptoms**

Symptoms of asthma include:

- **coughing, especially at night, when laughing, or during exercise**
- **wheezing, a squealing or whistling sound made when breathing**
- **tightness in the chest**
- **shortness of breath**
- **fatigue**

The type of asthma that you have can determine which symptoms you experience.

Not everyone with asthma will experience these particular symptoms. If you think the symptoms you're experiencing could be a sign of a condition such as asthma, make an appointment to see your doctor.

### **First Aid treatments**

These medications should only be used in the event of an asthma attack. They provide quick relief to help you breathe again. Examples include:

- **rescue inhalers and nebulizers, which are used with medicine that needs to be inhaled deep into the lungs**
- **bronchodilators, which work to relax the tightened muscles in your lung**
- **anti-inflammatories, which target inflammation in your lungs that could be preventing your breathing**

**If you think that someone you know is having an asthma attack, you should sit them upright and assist them in using their rescue inhaler or nebulizer. Two to six puffs of medication should help ease their symptoms.**

**If symptoms persist for more than 20 minutes, and a second round of medication doesn't help, seek medical attention.**

### **Allergies**

Allergies affect at least 1 in 4 children and young people.

#### **Causes of allergies**

It is fairly common for people to have mild allergies but some people can experience an acute reaction to a substance or a food. The medical term for this is anaphylaxis. Around 1 in 70 learners across the UK have a peanut allergy.

An allergic reaction occurs when the body's immune system over-reacts on contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases a substance called histamine to defend the body against them.

The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing in a particular substance.

Examples include nuts (especially peanuts), fish & shellfish, milk and eggs.

Reactions can also occur with insect stings and natural rubber latex.

### **Mild to moderate symptoms of an allergy**

Itchy tingling or burning sensation in the mouth

Rapid development of rash, hives or weals

Intense itching

Swelling, particularly the face

Feeling hot or very chilled

Rising anxiety

Feeling flushed

Nausea and or vomiting

Abdominal pain

Mild wheeziness

### **Acute Reactions: anaphylaxis**

Difficulty breathing due to swelling within the throat and airway

Reduced level of consciousness, faint, floppy, very pale, blue lips unresponsive - due to a drop in blood pressure.

Collapse

### **Treatments for allergies**

For children and young people with acute allergic reactions an action plan should be drawn up with their families, using input from the child or young person's medical team.

In most cases the allergen is known and can be avoided.

Treatment if a reaction occurs may include adrenaline injections using a device preloaded with the correct dose. This should be stored in an accessible place with the child's name on it and checked regularly for shelf life (usually one year). Training for administration would be requested and all staff will be made aware of children with severe allergies.

**Appendix B**

**St Thomas a Becket Catholic Nursery**  
**3 Tutts Barn Lane, Eastbourne, Sussex BN22 8XT, Tel: 01323 726004**

**Individual Child Health Care Plan**

**Name of Child:** .....

**Date of Birth:** .....

**Address:** .....

.....

**Medical Diagnosis or Condition:** .....

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**Date:** .....

**Review Date:** .....

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**Contact information**

**Family contact 1:**

**Family contact 2:**

**Name:** .....

**Name:** .....

**Telephone: Work:** .....

**Telephone: Work:** .....

**Home:** .....

**Telephone: Home:** .....

**Relationship:** .....

**Relationship:** .....

**Clinic/Hospital Contact**

**GP**

**Name:** .....

**Name:** .....

**Telephone Number:**..... **Telephone Number:** .....

Describe medical needs or condition and give details of pupil's individual symptoms:

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.....

Daily care requirements (e.g. before sport/at lunchtime):

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.....

Describe what constitutes an emergency for the child and the action to take if this occurs:

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Follow-Up Care:

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Who is responsible in an emergency: (state if differ on off-site activities):

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Procedures to be followed when transporting the child (e.g. home to nursery transport, off site visits):

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Form copied to:

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