

# MEDICATION POLICY

## INTRODUCTION

We will work with parents to support individual children with medical needs by administering appropriate medication prescribed by a qualified medical practitioner. Prior written permission must be obtained when administering any medication and parents will be required to sign the medication form to acknowledge that the medication has been administered. The permissions Consent and Declaration form C7 must be signed by parents prior to administering non-prescribed medication i.e. a paracetamol based medicine. Any administration of non-prescribed medication must be recorded on the C8 Medication Form and parents notified. Medication Records C8 will be retained for audit and safety purposes for 21 years after the child as left the nursery.

Bright Beginnings will promote the good health of children attending the setting. We will discuss with parents and/or carers any necessary steps to prevent the spread of infection, and take appropriate action if children become ill within the setting.

## SCOPE/OBJECTIVE

Only members of staff who hold a relevant Level 3 qualification, or above, are authorised to administer medications, after they have been trained and inducted into the process. For training purposes only, staff registered for Level 3 training may administer medications under supervision by a Level 3 qualified member of staff.

Staff will be trained on safe practice and BBDN policy in relation to medication as part of their induction training and will be required to sign to say that they understand the procedures which must be followed.

Where children attend the setting with specific medical needs, for example epi pens, then prior training will be sourced before the child can be admitted to the setting. If an existing child's develops a condition which require specialist training, then they will not be allowed to attend until staff have been appropriately trained to ensure their safety.

The aim of the procedure is to ensure that all administrations of medication are always be carried out with expressed care and attention to detail by a qualified member of staff or member of Nursery Management.

Details of children with medical conditions must be recorded on a C2 Care Plan. Nursery manager in conjunction with the key person should ensure that as much information is requested from the parent and other agencies to ensure there is sufficient understanding of the child's condition and medication requirements.

If the administration of prescription medicines requires technical medical knowledge, individual training will be provided for staff, from a qualified health professional. Training will be specific to the individual child. (See Special Educational Needs/Inclusion policy) Parents are responsible for ensuring that they make BBDN fully aware of their child's medical needs by discussing these with staff and completing the appropriate documentation. Any changes to their child's medical needs must be discussed with the child's key person or nursery manager to ensure that our care records are up to date and

appropriate care given. They must share with us any advice given by medical practitioners and where appropriate give BBDN permission to consult with medical practitioners involved with their child.

Parents must fully complete the Medication Form C8 for their child, Parents must "write up" the full prescription including the name of the medication, the mixture if a liquid, (i.e. 125mgs/5mls), the times for the medication to be given, and the time of the last dose given at home on the Medication Sheet C8.

The member of staff accepting the medication must thoroughly check that all of the information on the medication form C8 and on the medication bottle/ item are correct. This is to include that the medication is clearly labelled for the individual child, to also check dosage/times/last dose times are all correct.

Proceed as follows:

- Check that all the Medication to be administered is current and not out of date.
- If a prescribed drug, it must not be administered unless it has been prescribed for that individual child by a doctor, dentist, nurse or pharmacist and the prescribed notification MUST be in English. This ensures correct drug to child.
- If the medication is a non-prescribed drug such as children's paracetamol or similar, we do not accept opened medications brought into the nursery by carers or parents. We use instead, our own sachets at the directed dose for the age of the child.
- Staff must also discuss with the parents if necessary times of dosage of certain medication i.e. Penicillin must be an hour before food, as nursery meal times may be different from the child's meal times at home.
- Compare the medicine label that the name of drug/time/dose is correct and the last dose and reason has been recorded
- The medication must be recorded on the communication sheet and on the individual child's care plan C3.
- A check must be made of the prescription on the bottle, the child's identity, as well as all medicines, prior to administration, by the Level 3 member of staff.

## **LIQUID MEDICINES**

- Shake the bottle.
- Keeping the label uppermost, pour the medicine into the medicine glass/spoon which is held at eye level taking the lowest level of the MENISCUS.
- Ensure the medicine is swallowed. Offer the child a drink of water/fruit juice. NEVER leave medicines/tablets on top of furniture if child is unable/unwilling to take medication.
- Always wipe the bottle clean of medication after the top has been firmly fastened

- Oils and viscid medicines should be given in a warm, dry spoon/glass. Some children may prefer oils sandwiched between layers of fruit juice.
- Tablets
- After checking, shake required dose into cap of bottle; transfer into a medicine glass/spoon. Offer the child a drink and ensure that tablets are swallowed.
- Any dropped tablets should be discarded placed in a sealed envelope and returned to the parent of the child.
- The following points should also be noted:
- Coated tablets should not be crushed. Coating has a purpose.
- Medicines once poured out must not be returned to the bottle.
- No medications must be stored in or issued from unauthorised or illegibly labelled containers.
- If in doubt concerning legibility or dosages of a prescription do not administer.
- Report to Nursery Manager for support.

## **GENERAL INSTRUCTIONS**

Bright Beginnings Day Nursery position is clear about the appropriateness of giving medications.

Should a child develop a temperature, the first route to reducing the temperature would be to remove some articles of clothing and monitor the temperature every 15 minutes to ascertain whether the child's temperature reduces or increases. A fan may be added to the process, monitoring to be maintained. Should this fail to reduce the temperature, then administration of "child paracetamol or ibuprofen", with parental consent may be given. If this temperature remains high, then parents should be informed.

If a parent gives expressed direction that a child must have the medication brought in, then only a member of senior management may decide to vary from that instruction.

All possible efforts should be reasonably made to contact the parent to communicate that change in activity.

## **STORAGE OF MEDICINES**

All medications which are given by parents to staff must be stored immediately in the medicine safe, which is in the baby unit drinks room. This medicine safe should be kept locked and the keys kept by the nursery manager or member of management team at the reception.

Medication which requires refrigeration should be kept in the refrigerator in the baby unit fridge in the box provided. Ensure the bottle is standing upright and is not in contact with any food or other bottles.

## **ADMINISTRATION OF MEDICATION**

Only medication that permission has been granted by the parent on the consent form or has been written up by the parent on the "C8 - Medication Form", can be given.

The "C8 - Medication Form" must be stored during its period of use, by the Floor / Unit Manager in the "Being Safe Folder", along with and Accident/Untoward Incident Forms. Expired or "out of use" "C8- Medication Forms" are to be returned to the confidential children's file, stored in the office.

Before any medication, including proprietary drugs like children's paracetamol, can be given, the senior nurse must share the decision to administer the drug with the nursery manager or deputy.

This process will ensure that medicines are necessary or required and that duplication has been eliminated.

Any proprietary drug that is to be given, must be written up on the "C8- Medication Form" by the nursery manager or deputy prior to the drug being given. This will ensure that the highest level of authorisation has been given.

If the a child requires some "children's paracetamol" or similar analgesia, then the nursery manager must make sure that no such similar medication has been given within 4 hours.

Medication containing aspirin will only be administered if it has been prescribed by a doctor.

If the a child requires a prescribed medication, then the nursery manager must make sure that no such similar medication has been given within 4 hours by checking the "C8 - Medications Form".

Only when all these checks and safeguards have been made, can the medication be given. When the medicine is returned to the parent at the end of the session, the member of staff should discuss with the parent when the medication was last administered and the parent must sign the Medication sheet C8 to say that they understood when the last dose of medication was given and accept the medication back from the member of staff.

### **EMERGENCY PRODCEDURE**

If staff fail to administer medication at the prescribed time they should follow the directions on the medication and make a report of the omission to share with the parents. The nursery manager should be informed immediately this omission is discovered.

If staff exceed the prescribed dose of medication for a child they should, follow the directions on the medication packaging and if appropriate call an ambulance. They should make a report of the incident to share with the parents and inform the nursery manager immediately. If an ambulance is called the parents should be notified immediately and this should be brought to the attention of the proprietors

If a child has a negative reaction following the administration of medication they should follow the instructions on the medication packaging and if necessary call for an ambulance. The nursery manager should be informed immediately and if an ambulance is required the parents should be notified at that point. A report of the incident should be made with witness statements whenever possible. The proprietors should be notified immediately of the incident.

### **RISK ASSESMENT & MANAGEMENT PROCEDURES**

The nursery manager is responsible for carrying out monthly quality check on medication documentation and how staffs administer medication. These findings are discussed with staff and form part of their bimonthly supervision.

BBDN has risk assessments in place for the safe storage and administration of medication which are reviewed annually or earlier should an incident occur or a short coming be identified. (See risk assessment policy)

## **FEBRILE SEIZURES**

### **Introduction**

A febrile seizure is a fit that can happen when a child has a fever.

Febrile seizures often occur during the first day of the fever, which is defined as a high temperature of 38c 100.4F or above. Seizure can occur even if the child has a mild fever

Febrile seizures are also sometimes called febrile convulsions. They are relatively common and, in most cases are not serious.

Around 1 in 20 children will have at least one febrile seizure at some point.

They most often occur between the ages of six months and three years.

During a febrile seizure, the child's body usually becomes stiff, they lose consciousness and their arms and legs twitch. Some children may wet themselves.

This is known as tonic and clonic stages of a seizure.

Tonic phase: Loss of consciousness occurs, and the muscles suddenly contract and cause the child to fall down. This phase tends to last 10 to 20 secs.

Clonic Phase: The muscles go into rhythmic contractions, alternately flexing and relaxing. Seizure/ convulsions usually last for less than two minutes.

### **The following signs and symptoms occur in some but not all people with grand mal seizures:**

- Aura. Some people experience a warning feeling (aura) before a grand mal seizure. This warning varies from person to person, but may include feeling a sense of unexplained dread, a strange smell or a feeling of numbness.
- A scream. Some people may cry out at the beginning of a seizure because the muscles around the vocal cords seize, forcing air out.
- Loss of bowel and bladder control. This may happen during or following a seizure.
- Unresponsiveness after convulsions. Unconsciousness may persist for several minutes after the convulsion has ended.
- Confusion. A period of disorientation often follows a grand mal seizure. This is referred to as postictal confusion.
- Fatigue. Sleepiness is common after a grand mal seizure.
- Severe headache. Headaches are common but not universal after grand mal seizures.

## Types of febrile seizure

There are two types of febrile seizure

### Simple febrile seizure

A simple febrile seizure is the most common type of febrile seizure, accounting for eight out of ten cases. It is a fit that:

- Is a tonic /clonic seizure (see above)
- Last less than 15 minutes
- Does not reoccur within 24 hours or the period on which the child has an illness

### During a simple febrile seizure:

- The child's body will become stiff and their arms and legs will begin to twitch
- They will lose consciousness and they may wet or soil themselves
- They may vomit or foam at the mouth and their eyes may roll back
- The seizure usually last for less than five minutes
- Following a seizure the child may be sleepy for up to one hour

### Complex febrile seizure

- Complex febrile seizures are less common, accounting for two out of ten cases.
- A complex febrile seizure is any seizure that has one or more of the following features:
- The seizure last longer than 15 minutes
- The child only has symptoms in one part of the body - this is known as partial or focal seizure
- The child has another seizure within 24 hours of the first seizure, or during the same period of illness
- The child does not fully recover from the seizure within one hour

## Why does febrile seizure occur?

The cause of febrile seizures is unknown, although they are linked to the start of a fever ( a high temperature of 38c 100.4F or above)

In most cases, a high temperature is caused by an infection such as:

- Chicken Pox
- Flu
- Middle ear infection
- Tonsillitis
- Other infections associated with febrile seizures are
- Urinary tract infection (UTI's)
- Upper tract infection - an infection of the mouth, nose and throat
- Gastro-enteritis- an infection of the digestive system

- Lower respiratory tract infections such as pneumonia and bronchitis

If a child is having a febrile seizure, the staff member should NOT try to restrain or pick the child up; they should put them in the recovery position by laying them on their side on a soft surface, with their face turned to one side.

This will stop them swallowing any vomit, keep their airways open and help prevent injury.

The staff member must ensure that they stay with the child and take a note of how long the seizure lasts. Another staff member must ring management immediately.

If it is the child's first seizure, or last longer than five minutes, a member of the management will ring parents immediately so that the child can be taken to the nearest hospital as soon as possible, or dial 999 for ambulance.

If the child has had febrile seizures before, a member of management will ring the parent immediately so that they can ring the GP or NHS 111 for advice.

Staff must not try to put anything, including any medication, in the child's mouth during a seizure- the tongue can't be swallowed and objects placed in the mouth can be bitten or inhaled.

Almost all children make a complete recovery after having a febrile seizure.