



Foundations for Children
Nursery Schools Federation



Foundations for Children Administering Medicines and Medical Needs Policy

**Croyland Nursery School, Parklands Nursery School,
Camrose Early Years Centre and
Highfield Nursery School**

POLICY APPROVED BY:	Full Governing Body
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1. Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Supporting Children at school with Medical Conditions' 2014. The Nursery Head is responsible for ensuring all staff understand and follow these procedures. All staff are made aware of policy and procedure on induction.

The principle person responsible for the correct administration of medication to a child is that of the named key person recorded and agreed daily. This includes ensuring that a parent consent form has been completed, that the medicine is stored correctly and that records are kept according to these procedures. In the absence of the named key person - this role must be passed onto another named key person in the room who is responsible for the overseeing of administering medication. All staff members in the department are responsible for ensuring forms are completed accurately and medication is administered when required.

2. Procedures

Children taking prescribed medication must be well enough to attend the setting and be free from sickness and diarrhoea for at least 48 hours.

Prescribed medicines:

Only medication **prescribed** by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).

Non-prescribed medicines:

For **non-prescribed** medication such as paracetamol this will only be administered to children who attend a session for more than three hours. The medication must be in the original box where the specified administration dosage and for how long can be clearly seen and followed.



Non-prescribed medication brought into the setting without the original box or administrative instructions cannot be given.

Staff will follow normal recording procedures including a signed parent contract form indicating clearly that their child has had no previous adverse effects to the medication. **See Appendix 1, page 10**

Children's prescribed medicines are stored in their original containers, are clearly labelled.

Named key person:

In each provision each day there must be one named key person responsible for the co-orientating and administering of medicines. This will be recorded on the deployment sheets or the white board.

This person is not responsible for completing the forms with individual parents as all staff can do this as the children and parents arrive.

The named key person is responsible ensuring all children are administering their medicines throughout the day and the procedures are followed. The named key person will check all paperwork and manage any discrepancies with staff or DSL.

The named key person will record on the white board the times for administering medicines using the daily log and then ensure this is carried out efficiently, completing all records and following the agreed procedures. The named key person administering the medicine will follow the flowchart and ensure the witness follows the flowchart.

If the named key person has to leave the room or finish for the day they are responsible for passing this role onto another named person.

Medicine folder:

Each provision must have a clearly labelled medicine folder that is stored in one central place.

The folder must contain:

- the medicine forms
- parent contract form
- Daily log for when medicines must be administered

These forms cannot be stored anywhere else unless they are no longer in use should be archived. All staff are responsible for ensuring all forms are completed accurately before the parents leave and storing them in this central place.

The folder must always contain a laminated copy of the flowchart for: 1, administering medicines, 2, the witness. These flowcharts must always be followed.

The named key person will collect the folder before any medication is given and the forms collected and completed.



Parental consent:

Parents must give prior written permission for the administration of medication using the parental contract form. The staff receiving the medication must ask the parent to sign the contract form stating the following information. No medication may be given without these details being provided:

- full name of child and date of birth;
- name of medication and strength;
- who prescribed it;
- dosage to be given in the setting;
- how the medication should be stored and expiry date;
- any possible side effects that may be expected should be noted;
- parental consent with signature, printed name of parent and date.

Medication should be handed to either of the child's keyworker's or a staff member in the department. The daily log for administering medicines will be documented by the named key person which is stored in one central place in each provision. The named key person will record the timings on the white board in the provision as a key reminder to administer at the agreed times.

Administration of medicine:

The named key person and the named witness must ALWAYS follow the flowchart

A named key person for administering medicines will collect the medicine from the container/box either stored in the fridge or first aid cupboard with the correct parental contract form.

The named staff member will check the following information on both the medicine bottle and the parental contract form:

- Name of child
- Name of medication
- Dosage

Once this has been confirmed the named staff member will assign a witness.

The role of the witness is to cross check the following information on both the medicine bottle and the parental contract form:

- Name of child
- Name of medication
- Dosage



Once this has been confirmed the witness will witness the correct dosage and medication being given to the named child.

The administrator will sign the paperwork to confirm it has been received and the witness must also sign confirmation of their role.

The named key person will ensure parents are shown the record at the end of the session and asked to sign the daily record to acknowledge the administration of a medicine. The medication record form records daily:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key worker/senior person
- signed by witness
- verified by parent signature at the end of the day

In the unlikely event that the named staff member has missed the agreed time for administering the medication they will contact the parents and seek verbal consent to give at a later time.

Refusing medicines

If a child refuses to take their medication staff should not force them to do so, but should note this in the records and inform the parents. If a child with a long-term medical need refuses medication or support then staff follow the child's health care plan and risk assessment. Parents should be informed of the refusal on the same day. If a refusal results in an emergency, then emergency procedures apply.

Storage of medicines

The named key person for administering the medicines is responsible for ensuring medicine is handed back at the end of the day to the parent and the daily medicine form is signed. The parental contract form will be stored in the medicine folder. If this is not present the medication cannot be administered.

For some conditions, medication may be kept in the setting. The key worker must check that any medication held to administer on an 'as and when' required basis, or on a 'regular' basis, is in date and any out-of-date medication is returned to the parent.



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Storage of medication:

Croyland-Rainbow 1 Room (all year provision)

Medication is stored in the first aid cupboard in the snack area
Refrigerated medication is stored in a container in the dining room fridge.

Croyland-Rainbow 2 Room (local authority provision)

All medication is stored in baskets on the shelf in the corridor.

Croyland-The Baby Room area (6 months-2 yrs, all year provision)

Asthma medication is stored in the cupboard in the kitchen area (right hand cupboard)
Refrigerated medication is stored in the fridge in the kitchen.

Highfield 3-4's (local authority provision)

All medication including asthma medication is stored in the first aid cupboard in the sluice room.
Refrigerated medication is stored in a container in the staffroom fridge.

Highfield 2-3's (local authority provision)

All medication, including asthma medication is stored in the first aid cupboard near the snack area.
Refrigerated medication is stored in a container in the staff room fridge.

Parklands (local authority provision for 2, 3 & 4 year olds)

All medication, including asthma medication is stored in the locked first aid cupboard in the Red Room. Refrigerated medication is stored in a container in the dining room fridge.

Camrose: Baby room – Refrigerated medication in fridge in the baby room kitchen, all other medication in labelled boxes in cupboard. (this area is not accessible to the children as it is behind a locked gate).

Camrose 2-3;s – Refrigerated medication in fridge in snowdrops kitchen, all other medication in locked cabinet on the wall in snowdrops

Camrose 3-4's- refrigerated medication in fridge in Poppies room kitchen, all other medication in locked cabinet on wall of sunflowers room.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members of staff by a health professional.

No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key worker what



they need. However, this does not replace staff vigilance in knowing and responding to when a child requires medication.

Any staff that are required to take medication during the working day must store this medication in their lockers which are then kept locked at all times, or in a safe place away from the children. Staff are obliged to inform the leadership team of any medical conditions they might have which could impact on their performance e.g. epilepsy, asthma.

Children who have long term medical conditions and who may require on ongoing medication

A home visit is carried out for all children prior to starting at the schools. Keyworkers are expected to ask questions regarding any long-term medical conditions, allergies and ongoing medication. Keyworkers will complete (appendix 13 health care plan) gathering as much information from parents, this includes asthma, anaphylaxis, allergies that require medication, seizures and food allergies). After the home visit keyworkers are expected to pass this information onto the Nursery SENDco who will complete the risk assessment and care plan and protocols.

The Nursery SENDco will be responsible for co-ordinating the transition arrangements with parents and will notify staff and reception of start dates. A child with any medical or long-term medication will not start until care plans and or protocols are formalised, approved, all staff are aware and trained adequately.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. Training needs for staff form part of the Risk Assessment. The school's SENDco will co-ordinate, training and any refresher training required for the staff.

The Risk Assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.

The Risk Assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary, where there are concerns.

The School SENCO will be responsible for ensuring health care plans are drawn up and reviewed termly. **See Appendix 3, page 15-16**

The plan should include:

- The type of medical condition, its triggers, signs and symptoms and treatments.
- The pupil resulting needs, including medication and other treatments, time, facilities, equipment, testing, access, to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, the outside play spaces.



- Support for specific educational and social emotional needs.
- The level of support needed, including if a child is self-managing their needs.
- Who is responsible for providing the support and what arrangements are in place in their absence.
- Who in the school is aware of the child's condition and the support required?
- Arrangements for written permission from parents and the Executive Head teacher for medication to be administered.
- Separate arrangements for school trips and other school activities outside the normal timetable, ensuring the child can participate.
- Emergency arrangements.

The Health Care Plan should include the measures to be taken in an emergency.

The Health Care Plan is reviewed termly or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects. Parents receive a copy of the Health Care Plan and each contributor, including the parent, signs it.

When the school is notified of a child entering with a medical need, a home visit will be carried out to gather all key information and transitional arrangements will be made with the family and the SENDco.

A protocol for children who have a long-term medical need will be drawn up by the health professionals and the Nursery SENDco; this is signed by the health professional, the Nursery head and the parent. Where a child is supported by an adult to meet their medical need, arrangements will be made to cover this person if they are away from work. This includes the exact procedures for administering a child's medication and measures taken in an emergency.

The protocol is displayed with a photograph of the child within the setting where all staff can access it. All parties involved receive a copy of the Protocol. Children do not start the school until protocols are signed, displayed and all staff are confident with following the necessary procedures. **Example at the end of this policy.**

Protocols and health care plans are reviewed termly with SENCO taking responsibility to ensure parents and staff have completed the review. Up to date signatures will evidence this review.

If parents or staff highlight changes that need to be made a review form will be completed appendix page 19, and passed onto the DSL for review. Any changes must be agreed and implemented in a time frame of no longer than 7 calendar days.



Managing Medicines on trips and outings

If children are going on outings, staff accompanying the children must include the key worker for the child with a Risk Assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic wallet clearly labelled with the child's name and name of the medication. Inside the wallet is a copy of the consent form and an administration of medicine form.

On returning to the setting the medicine is returned to the parent and normal recording procedures continue.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic wallet clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

As a precaution, children should not eat when travelling in vehicles.

3. Common medical conditions

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, seizures and severe allergic reaction (anaphylaxis) It is important that the needs of children are assessed on an individual basis.

On registration of a child with any of these common medical condition's parents will be required to complete a protocol detailing administration of medication and the emergency procedures to follow in the event of an occurrence of any of these conditions. In the case of a medical condition which could lead to a life-threatening situation e.g. severe allergic reaction (anaphylaxis) a letter from the GP should be provided in support of the child's medical needs or verbal permission from parents/carers for the school to contact the GP/health visitor to discuss the medical condition.

These procedures are also relevant to those children who attend our setting who have dietary needs which require medication and extra vigilance.

Health Alerts are posted in all rooms with these procedures on and additionally charts of medical and dietary needs are placed in every room.

ASTHMA

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath.



Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time. However, in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans and regular training and support for staff.

Children with significant asthma should have an individual medical protocol. *Some children will be prescribed a reliever inhaler to combat a short illness related to the chest e.g. chest infection. An asthma medical protocol is not required for a short-term inhaler prescription, however, an inhaler should be on site while the child is present. Staff will follow the guidance on the box of the inhaler when administering. Parent/carers must indicate to the keyworker how long the inhaler is prescribed for.*

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do. Staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack, they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted



- the child looks blue

ANAPHYLAXIS

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years.

More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be signaling the start of a more serious reaction.

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths— adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh.

An ambulance should always be called.

SEIZURES IN CHILDREN

In young children, seizures- sometimes called fits or convulsions- are most often the result of a raised body temperature associated with a throat or ear infection or other infections. This type of seizure, also known as a febrile seizure, occurs because the electrical systems in the brain are not mature enough to deal with the body's high temperature.

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, (unless specified by medical practitioners in their care plan)

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. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy will be included in all activities. Extra care may be needed in some areas. Concerns about safety should be discussed with the child and parents as part of the health care



plan. Medical advice should be sought immediately and no medication given to a child after a seizure. Emergency procedures should be followed, an ambulance should always be called and Parents must also be notified immediately.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

If a child does experience a seizure in our nursery details will 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 or facial muscles, the timing of the seizure –when it happened and how long it lasted whether the child lost consciousness, whether the child was incontinent

First Aid procedures should then follow once the seizures have stopped, keeping the air way clear by placing the child in the recovery position appropriate to their age and then the monitoring and recording of vital signs.

DIABETES

This is a long term (chronic) condition in which the body fails to produce sufficient insulin.

Insulin is produced by the pancreas (a gland which lies behind the stomach) which regulates the blood sugar or glucose level in the body.

This condition can result in higher than normal blood sugar –hyperglycemia or lower than normal blood sugar – hypoglycemia

There are two types:

1. Type 1 insulin- dependent diabetes
2. Type 2 non-insulin- dependent diabetes (usually associated with adults)

Type 1 is referred to as juvenile diabetes or early onset diabetes because it usually develops in childhood or teenage years.

Insulin can be administered for Type 1 using a syringe or an injection pen.

In both cases the administration of medication would require training and Emergency Procedures should be followed.



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4. Linked Policies

- Health and Safety Policy
- Code of conduct
- Induction, mentoring and recruitment Policy
- Food and Drink Policy

5. Appendices

- Parent permission forms
- Daily records
- Daily table
- Individual care plan
- Asthma/Medical Protocol
- Review form
- Flowcharts



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Appendix 1

Prescribed and Non-prescribed Administering of medication form

Non-prescribed medication box seen (please tick)

Parental agreement for school/setting to administer medicine. Stored on medical folder

The school /setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting _____

Date _____

Child's name _____ DOB: _____

Group _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose) _____

When to be given _____

Any other instructions
(i.e. side effects, storage) _____

Number of tablets/quantity to be
given to school/setting _____

NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

Agreed review date to be initiated by

[Name of staff member] _____

This information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/settings policy. I will inform the school/setting immediately, in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____ Print name: _____

(If more than one medicine is to be given a separate form should be completed for each one)



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Daily Record of medicine administered to an individual child (stored in medical folder)

Name of child: _____ **Name of medication:** _____

Date: _____

Time of last dose _____

Time given _____

Dose given _____

Staff member _____

Staff signature _____

Witness signature _____

Parent initials _____

Date: _____

Time given _____

Dose given _____

Staff signature _____

Staff signature _____

Witness signature _____

Parent initials _____

Date: _____

Time given _____

Dose given _____

Staff member _____

Staff signature _____

Witness signature _____

Parent initials _____



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Asthma (kept with medical folder)

Record of inhaler administered to an individual child

Name of school/setting _____

Name of child _____ DOB: _____

Date medicine provided by parent _____

Key Group _____

Quantity received _____

Name and strength of medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of medicine _____

Staff signature _____

Parent signature _____

Date: _____

Time given _____

Dose given _____

Staff member _____

Staff signature _____

Staff signature _____

Parent initials _____



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Nappy cream (kept with cream)

Name of school/setting _____

Name of child _____

Date medicine provided by parent _____

Key Group _____

Quantity received _____

Name and strength of medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of medicine _____

Staff signature _____

Parent signature _____

Staff members will verbally inform parent/carers when cream has been applied, this will be recorded on the nappy charts in each room.



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Appendix 2

Medication requirements (prescribed and non-prescribed medication)

When a child requires medication please add them to the table each day- if they have finished their prescription please put a line through the row. Please check that the child requiring medication has been administered

Name	Date	Type of medication	Time of last dose (at home)	dosage	Frequency	Time	Date and initial



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THIS FORM IS TO BE TAKEN ON HOME VISIT AND COMPLETED BY THE KEYWORKER

Appendix 3

Individual Care Plan

Setting name:

Child's name:

Date of Birth:

Name of Parent/legal Guardian(s):

Emergency Contacts:

- | | |
|----------|-------------|
| 1. Name: | Tel: |
| 2. Name: | <u>Tel:</u> |
| 3. Name | Tel: |

Medical condition or diagnosis:

Is the child receiving medical care from any outside agencies?

	Yes	No	Contact name	Tel Number
Doctor/GP				
Health Visitor				
Physiotherapist				
Speech & Language Therapist				
Asthma Nurse				
Other, please specify:				

Please give details of child's medical/care needs (daily care requirements):



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Individual Care Plan

Signs and symptoms to be aware of:

What constitutes as an emergency for the child?

Agreed procedure to be followed: *(Details of the treatment to be given, when medication is to be given? (medication must be in original package with child's name and dosage stated clearly). What is the usual reaction to medication? Can a second dose be given? If so when? Action required if condition continues)*
Follow up care required for the child:

Training required of staff for care of child:

Have staff been trained by a qualified medical professional to administer treatment/procedures? Yes/No
If no, what is the action plan?

The information in this Care Plan has been agreed with:

Parent/Legal Guardian (Name):	Signature:	Date:
Provider (Name):	Signature:	Date:
Medical professional e.g. GP (name)	Signature:	Date:

Planned review date of Individual care Plan:

Notes for KW:

Gather as much information on home visit- and ask parents to provide any follow up paperwork or medication. Upon return to nursery inform admin (take a copy) pass the draft care plan to SENDco and co-ordinate next steps. Remind staff the child will not start until SENDco and parents have approved final plan and all staff familiar with medical needs.



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(Name of condition e.g. Asthma) Protocol for

PHOTOGRAPH OF CHILD

ACTION TO BE TAKEN

Protocol agreed by nursery staff and parent: ()

Signed..... (Nursery)

Signed..... (Parent)

Name: This information on the back of the protocol

DOB:



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Medical protocol or health care plan change

Name of child:

Date:

Need for change and why:

Name of person requesting change:

Name of practitioner recording:

Name of DSL notified:

(When completed please file in shared concerns)

Outcome/any change (to be completed by DSL or SENCO)



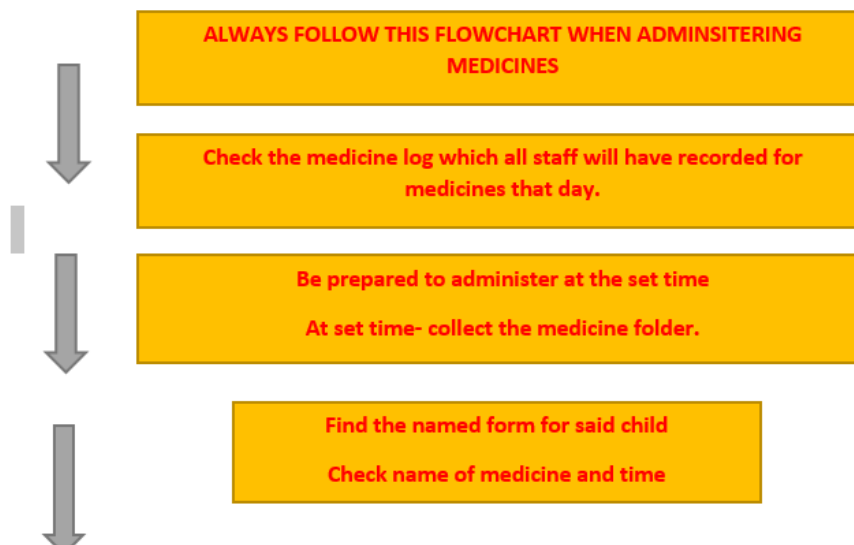
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**Medicine folders ARE kept on hooks in central place in each room-
NEVER PUT ANYWHERE ELSE**

Administering medicine named practitioner-stage 1

There must be one named person responsible for administering medicines- this will be recorded on staff deployment or white board- check each day





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Collect named medicine and syringe or measured spoon.

Check name of medicine matched name on the form and date of medicine.

Check dosage on form against bottle

Check previous administration time against bottle instructions time.

Select a named witness
Find named child and ask them to sit with the witness

Wait for the witness to follow their procedures/checks.

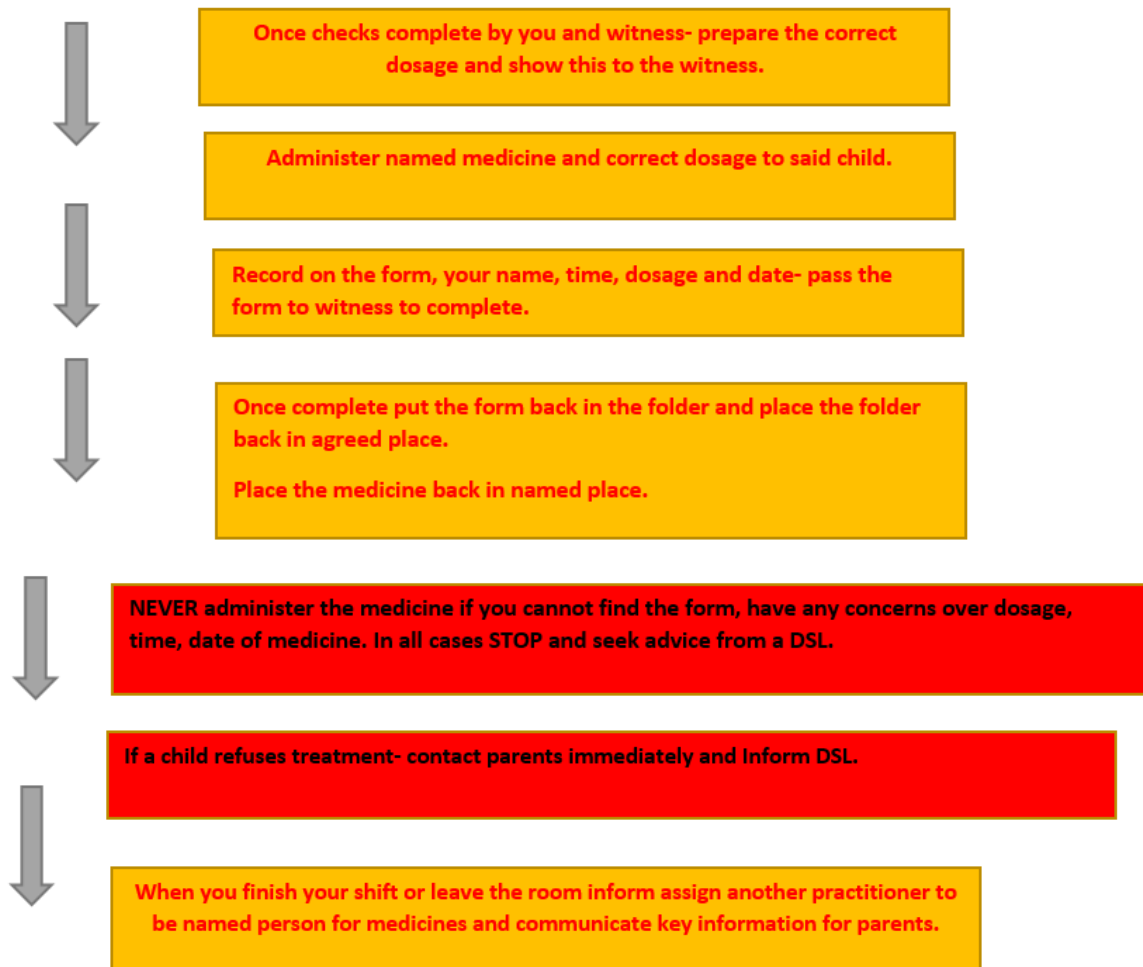


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**Medicine folders ARE kept on hooks in central place in each room-
NEVER PUT ANYWHERE ELSE**

Administering medicine named practitioner-stage 2





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Medicine folders ARE kept on hooks in central place in each room-
NEVER PUT ANYWHERE ELSE

Administering medicine named witness

You have been asked to act as a witness for administering medicine

Check the child's name against the form and the bottle

Check the time of last dose on the form against the bottle

Check the dosage on the form against the bottle

When you are confident the checks have been complete:

Ask the practitioner administering to prepare the correct dosage

Check it is the correct amount.

Witness the practitioner giving the child the dose.

Record on the form your checks and your role as witness

Never leave until the dosage has been administered and the form completed.

Only ever administer medicine from a syringe or a measured spoon

NEVER leave a child unattended with medicine