



Administration of Medicines Policy

School Division: EYFS

Policy Division: Medical

Policy Owner: School Nurse

Date: September 2024

Review Date: September 2025

Introduction

This policy has been produced to ensure the proper and safe administration of both prescribed and over the counter (OTC) medication for the EYFS and work in conjunction with setting policies.

1. Over The Counter (OTC) Medication

Over the counter medication are not permitted within the nursery setting, with the exception of suspension paracetamol for teething (i.e. Calpol).

Over the counter medication should be kept securely in a locked cupboard in a locked room.

There should be a record for stock suspension paracetamol medication, with indications for use, contraindications, dosage, side-effects and the duration of treatment (See Appendix)

It should be issued to pupils under an OTC guideline (See attached Appendix)

If a child requires a temporary over the counter medication, there are members of staff within the nursery setting who have medicines training and who can therefore administer some OTC medication such as suspension paracetamol. The nursery staff also have a Health Care Assistant onsite at the prep and a registered school nurse off site, that are trained in medicines administration. When all babies/children start Claremont Nursery/school their parents must first complete a medical form, on which it gives permission to administration of medicines, both over the counter and prescribed medication.

2. Prescribed Medication

They must **only** be issued to the pupil for whom they have been prescribed.

They must stay in their original container that should be childproof.

The original dispensing label must not be altered and this should state

- A) Name and address of person medication is prescribed for
- B) Name and strength of medication
- C) Instruction of how and when to take
- D) Physical description of medication (i.e. tablet, capsule, suspension taken orally or topical to be applied to skin etc.)
- E) Dispensers details – usually the surgery details – dispensed by and quantity
- F) Duration i.e. 7 day course

G) Contra indication (i.e. take with food)

Medication for use in urgent situations, for example antibiotics, inhalers or emergency adrenaline auto-injectors, must be prescribed individually for each pupil as and when required.

Stocks of prescription medicines must not be held.

Some prescription-only medicines may be kept as stock for use in an emergency situation when the local primary care organisation (PCO) has agreed to the school nurse using a patient group directive (PGD) for that particular medicine.

The PGD is drawn up by that PCO and allows named, registered nurses in the school to apply the directive.

3. Administration of Prescribed and Non-Prescribed Medication by Unqualified Staff

There should be at least three designated, appropriately trained persons for the administration and management of medicines within the EYFS. I.e. Opus online medicine training.

There must be a written protocol for the administration of prescribed medication which should outline the following (see appendix A)

Checking the identity of the pupil

Checking that the administration sheet matches the label on the drug

Immediate initialling of the administration sheet

Recording a pupil's refusal to take medication.

Training will be required for EYFS staff to administer the medication, highlighting issues such as indications, contra-indication, side-effects, dosage, precautions regarding administration, clear reasons for not giving the drug and duration of treatment before nursing or medical advice is sought. The protocols should be agreed, understood and accepted by staff, and known to pupils and parents.

There should be a clear channel of communication between medical and EYFS staff to highlight when medication has been administered to a pupil, to prevent duplicated doses or interactions.

4. Administration to Save a Life

In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be given or supplied without the direction of a medical practitioner or without a PGD, for the purpose of saving life.

The administration of adrenaline 1:1000 (epinephrine) by injection or chlorpheniramine and hydrocortisone are among those drugs listed under Article 7 of the Prescription Only Medicines (Human Use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.

Where there is a written protocol for dealing with an emergency, it must be ensured that any medicines listed in the protocol are available.

5. Medication Brought From Home

This section of the policy relates to medicines, including over the counter preparations, brought by a pupil into school.

Bringing non-prescribed medication into the EYFS setting must be discouraged, with the exception of teething gel and suspension paracetamol, for use in teething for temperatures.

The Health Centre should be informed of **all** medication brought from home and will then either advise staff about its use or inform the parent that this cannot be used.

If long term medication is prescribed for a pupil, there should be written documentation outlining the indication for the drug and who is responsible for monitoring it or the pupil's condition.

Parents and pupils should be made aware that some medications prescribed overseas may not be licensed for use in the UK. The school Nurse or Medical Officer will have to make an individual case assessment and may then offer UK licensed medication where appropriate.

Parents should provide the health centre with a letter of diagnosis if their child requires prescribed medication, so that the school nurse can add this to the child's medical records. Claremont school does not accept a letter from the parent as a confirmed diagnosis, this must come on an official headed paper from their consultant or hospital.

6. Recording and Monitoring of Medication Records

The Medicine Administration Record (MAR) should be documented in a bound book and not a loose-leaf folder or ring binder, **with the exception of personal medicines sheets**.

Records should be properly completed, legible and current.

They should provide a complete audit trail for all medications.

The designated person for the EYFS should have an up-to-date reference of all current prescribed medication (School Nurse).

All medicines brought into the EYFS should be recorded for each pupil.

The MAR should include the name of the pupil; the date of receipt; the name, strength and dose of the drug; the quantity of the drug and the signature of the registered practitioner and/or the Nursery staff.

This document must be retained for **15 years** after the last entry.

The school Nurse will keep a record of repeat medication requested and received.

The school Nurse will keep a record of medication sent home or on residential trips with the pupil or if a pupil is admitted to hospital.

The school Nurse should be informed if a pupil refuses to take prescribed medication.

7. Disposal of Medicines

Unused medicines should be returned to the parent or the Health Centre where a record should be kept of the date of return; the name of the pupil and the name, strength and quantity of the medication.

The name and signature of the member of staff returning the medication should be obtained.

Returned and confiscated medications will then be taken to the local pharmacy for discarding.

8. Controlled Drugs

Good practice dictates that the storage of controlled drugs should comply with the Misuse of Drugs (Safe Custody) Regulation (1973) as amended.

A secure, lockable cupboard should be used which contains nothing else.

Only those with authorised access should hold the keys to the cupboard.

Separate records for the administration of controlled drugs should be kept in an appropriate bound record book with numbered pages.

The balance remaining should be checked at each administration and monthly.

The protocol for the disposal of unused controlled drugs will be returned to the local pharmacy, with an appropriate bound book which they must sign to say they have taken custody of the medication.

10. Policy Owner

The policy owner is the School Nurse.

11. Issue Date

Issue date: September 2024

12. Review Date

This policy will be reviewed annually. The next review is due in September 2025.

APPENDIX A

CLAREMONT SCHOOL HEALTH CENTRE

Protocol for the administration of prescribed medication by untrained staff

PLEASE ENSURE THAT THE ENCLOSED GUIDELINES ARE ACCESSIBLE TO ALL STAFF

Staff who are willing to do so, are only allowed to dispense medication to pupils on condition that they are doing so within these agreed guidelines and Opus online medication training.

Please take time to familiarise yourself with the enclosed pages. The last page must be signed and returned to the Health Centre where it will be stored in your file.

- Administration of all prescribed medication
- Administration of Methylphenidate [Ritalin]
- Administration of Paracetamol
- Administration of non-steroidal anti-inflammatory painkillers [Nurofen]
- Administration of Auto- injections for anaphylaxis
- Administration of inhalers for Asthma attacks

GUIDELINES FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION FOR ALL PUPILS

AIM: To ensure the correct and safe administration of all medication.

1. The doctor or nurse will have selected the drug in question, having due regard to indications, contra-indications, side effects and dosage.
2. All drugs will be stored in the Nursery building, including inhalers and adrenaline auto injectors, which should be kept in a secure location. For Reception children, these are stored in the Medical Centre.
3. It is the responsibility of the Registered Nurse [RN] and an allocated member of the Nursery staff to ensure that all medication is within the expiry date and administered for the prescribed duration of the treatment.
4. It is the responsibility of parents to ensure that they collect their child's medication from the nursery at previously agreed times unless informed otherwise.
5. It is the responsibility of the parent to ensure repeat prescriptions of medication are maintained.
6. A record of the administration of Controlled Drugs [CDs] must be kept, detailing the date, time, dosage and remaining stock of CDs. The entry must be signed or countersigned by a registered practitioner. Entries must be recorded in a bound book and not a loose leaf folder or ring binder.
7. It is acceptable for unregistered appropriately trained nursery staff to administer medication according to agreed guidelines.

ON NO ACCOUNT SHOULD ANY MEDICATION BE GIVEN TO ANY PERSON WHO HAS SUSTAINED AN ACUTE INJURY UNLESS IT IS ADMINISTERED BY A REGISTERED PRACTITIONER.

GUIDELINES FOR THE ADMINISTRATION OF OVER THE COUNTER (OTC) MEDICATION FOR ALL PUPILS

AIM: To ensure the correct and safe administration of all medication.

- The dispenser will administer medication, having checked the identity of the pupil, checked that the administration sheet matches the label on the drug
- The paracetamol and teething gel will be stored in the Nursery building and should be kept in a secure location.
- It is the responsibility of the Registered Nurse [RN] and an allocated member of the Nursery staff to ensure that all medication is within the expiry date.
- It is the responsibility of parents to ensure that they collect their child's medication from the Nursery as previously agreed.
- A record of the administration of medication must be kept, detailing the date, time, dosage and remaining stock. The entry must be signed by the dispenser and counter-signed by the parent when collecting the child. Entries must be recorded in a bound book and not a loose leaf folder or ring binder.

ON NO ACCOUNT SHOULD ANY MEDICATION BE GIVEN TO ANY PERSON WHO HAS SUSTAINED AN ACUTE INJURY UNLESS IT IS ADMINISTERED BY A REGISTERED PRACTITIONER. [EXCLUDES EPI-PENS]

GUIDELINES FOR THE ADMINISTRATION OF PARACETAMOL

- All medication must be stored in a lockable drawer or cupboard
- Paracetamol is a non-opiate painkiller, indicated for the treatment of mild to moderate pain. It is also effective in reducing high fevers.
- It should not be given to anyone known to be suffering from liver or kidney failure, or alcohol dependence.
- Side effects are rare, but rashes and blood disorders have been reported with prolonged use.

By mouth

For Neonate 28 weeks to 32 weeks corrected gestational age
20 mg/kg for 1 dose, then 10–15 mg/kg every 8–12 hours as required, maximum daily dose to be given in divided doses; maximum 30 mg/kg per day.

For Neonate 32 weeks corrected gestational age and above
20 mg/kg for 1 dose, then 10–15 mg/kg every 6–8 hours as required, maximum daily dose to be given in divided doses; maximum 60 mg/kg per day.

For Child 1–2 months
30–60 mg every 8 hours as required, maximum daily dose to be given in divided doses; maximum 60 mg/kg per day.

For Child 3–5 months

60 mg every 4–6 hours; maximum 4 doses per day.

For Child 6–23 months

120 mg every 4–6 hours; maximum 4 doses per day.

For Child 2–3 years

180 mg every 4–6 hours; maximum 4 doses per day.

For Child 4–5 years

240 mg every 4–6 hours; maximum 4 doses per day.

- Nursery staff should record when suspension is administered and add an entry to Isams so that the school nurse has this information.
- Nursery staff can be administered Calpol in order for the child to remain within the setting, if the symptoms are not relieved by the medication, the staff should refer back to the health centre staff for further guidance.
- If the suspension provides no pain relief within half an hour, seek advice from the Health Centre staff, who will make the decision to call the parent as to whether the child needs to be collected. This will be determined on an individual basis.

GUIDELINES FOR THE ADMINISTRATION OF Adrenaline Auto-injectors

ENSURE THAT THE EMERGENCY SERVICES HAVE BEEN CALLED BY DIALLING 999 and stating “anaphylactic shock”

- Adrenaline injections are kept in the Nursery **only** for pupils who have a known anaphylactic reaction to food or insect bites/stings.
- Adrenaline is used to treat allergic emergencies when the patient’s breathing and/or blood pressure is compromised.
- Prompt injection of adrenaline is of paramount importance.
- First line treatment includes securing the airway and restoring the blood pressure by laying the patient flat and raising the legs. If unconscious, the recovery position should be used.
- One pre-packed injection contains a single dose of Adrenaline; the dose will have been prescribed by the pupil’s doctor. This will be specific to the child and in the nursery setting must only be given to the child it is prescribed for.

For children age under 6 years:
Epipen Junior (0.15 mg) or Emerade 150 microgram or Jext 150 microgram

- This dose may be repeated several times if necessary at 5 minute intervals according to the patient's condition until blood pressure, pulse and respiratory function are restored.
- Pupils at considerable risk of anaphylaxis are instructed in advance how to inject Adrenaline.
- Cardiac arrest may follow an anaphylactic reaction. CPR should be started immediately.