

SOUTH DARLEY AND WINSTER PRE-SCHOOL

MEDICINES POLICY

As part of South Darley and Winster Pre-school's commitment to inclusivity, we seek to operate in a manner that enables children with both short and long term medical conditions to achieve regular attendance at Pre-school. This wish is balanced with the welfare of the affected child and the welfare of the other children attending the Pre-school.

INFECTIOUS DISEASES

Guidance on quarantine periods for common infectious diseases are attached to this policy and will be published on the Pre-school website. During the quarantine periods parents and carers are asked not to bring any child who has any of the named conditions into Pre-school.

PRESCRIPTION MEDICATIONS

If possible where a child attending Pre-school is receiving prescribed medication, their parent or carer should administer the medication. Where this is not possible the parent or carer must complete a Parental Consent Form for Pre-school staff to administer the medication in accordance with the prescription and advice from the parent or carer. This form will be checked by a member of the Pre-school staff who will then agree to administer the medication and countersign the Parental Consent Form. Where the administration of any specific prescription requires technical or medical knowledge, training will be given to staff by an appropriately qualified trainer. If more than one medicine is to be given, a separate Parental Consent Form must be completed for each medication. Staff will only agree to administer medicines that are in the original container dispensed by the pharmacy and after checking the pharmacy label includes the following information:

- The child's name
- The date the medicine was prescribed
- The medication is still in date
- The dosage/prescribing instructions
- How the medication is to be stored

When the medication is administered, the member of staff will enter the following details on the Parental Consent Form:

- Date and time medication given
- Dosage given
- Any other relevant details (for example if the child only swallows a small amount of the dose)

The member of staff will then countersign this entry to confirm the details are correct.

At the end of the session a member of staff will show the Parental Consent Form to the parent or carer collecting the child and ask them to check that the details are correct.

NON-PRESCRIPTION MEDICATIONS (e.g. pain relief and allergy medications)

If a parent or carer wishes their child to receive a non-prescription medication and the member of staff agrees to give it, the parent or carer must complete a Parental Consent Form for each medication. Staff will only give age appropriate medication to a child in accordance with the stated dose. The member of staff will not exceed the maximum stated dose. The Parental Consent Form will be completed as for prescription medications.

Staff will not administer Aspirin or Ibuprofen unless prescribed by a doctor.

STORAGE OF MEDICATIONS

All medicines will be clearly labelled with the child's name and stored in accordance to the prescription and/or parents' instructions, for example in the refrigerator or lockable cupboard or room. Where emergency medicines may be required, (e.g. asthma inhalers, Insulin, rectal Diazepam and Epipens) alternative methods of storage may be appropriate so that the medications can be readily accessed in emergency.

Except for emergency medicines, parents are requested not to leave medicines at Pre-school.

The Pre-school has completed a risk assessment for the storage of medication, which is kept under review.

LONG-TERM MEDICAL CONDITIONS

Parents and carers are encouraged to be open with staff about any long-term medical condition their child may have. Where this condition is known before a child enters Pre-school, parents and carers are encouraged to talk to the Pre-school Manager about the needs of their child and how their health problems are best managed during the settling in sessions. Where an illness or condition develops after a child enters Pre-school, parents and carers are asked to speak to the Manager as soon as a diagnosis is made.

South Darley and Winster Pre-school wishes to work with parents and carers to support any child with any long-term medical condition and/or disability and to put appropriate plans and procedures in place. The Manager will work with parents to agree a medical support plan taking the following into account:

- Any individual treatment plan the child has
- Any medical advice specific to the child
- Any relevant statutory guidance and/or guidance from Derbyshire County Council
- The wishes of the parents and child

The medical support plan will be kept under continuous review and adapted and amended as required. In some instances, the medical condition and /or medications may affect the child's concentration and memory. Serious illness or disability may also have psychological effects. Where appropriate the Pre-school Manager will assist in the development of an Education, Care and Health Plan to support the child. The aim of the Pre-school will be to support children with long term medical conditions in becoming increasingly independent and able to self-administer their medications.

NOTIFICATION OF INCIDENTS

In accordance with the Pre-school's Safeguarding responsibilities, we will notify Ofsted of any serious accident, illness or injury to, or death of any child whilst in our care and of the action taken. Notification will be taken as soon as reasonably practicable, but in any event within 14 days of the incident occurring. We will also advise Derbyshire County Council's Children's Care Service and will act on any advice given by them in relation to the incident. We will also advise Ofsted of any food poisoning affecting two or more children cared for on our premises. Notification will be taken as soon as reasonably practicable, but in any event within 14 days of the incident occurring.

Signed by:

Chair of Trustees

Manager

Date:

Date:

For review: 1 September 2019

I have read and understand this policy

Print name _____ Signature _____ Date _____

Print name _____ Signature _____ Date _____

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