



**Clapham &
Clapham Park
Montessori**

Medication Policy

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

The manager is responsible for administering medication to children who attend the nursery. This includes ensuring that consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the manager, the deputy manager is responsible for the overseeing of administering medication.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep the child at home for the first 48 hours to ensure there are no adverse effects, and to give it time to take effect.

The proprietors are responsible for checking the insurance policy document to be clear about what conditions should be reported to the insurance provider and will communicate these to the managers of each nursery.

Consent for administering medication

Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent/carer's partner who does not have PR, cannot give consent.

When bringing in medicine, the parent will hand it to the manager who will check that it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.

Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. The manager must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.

The manager asks the parent to sign a consent form stating the following information. No medication is given without these details:

- full name of child and date of birth
- name of medication and strength
- who prescribed it (if applicable)
- dosage to be given

- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent and date

Storage of medicines

All medication is stored safely out of reach of children or refrigerated (in a fridge that is inaccessible to the children) as required. Where the storage place or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

Emergency medication, such as inhalers and EpiPens, will be kept within easy reach of staff in case of an immediate need, but will remain out of children's reach.

The manager is responsible for ensuring medicine is handed back at the end of the day to the parent.

For some conditions, medication for an individual child may be kept at the nursery. In these circumstances, a health care plan form must be completed. Managers check that medication is in date and return any out-of-date medication to the parent.

Parents do not access the place where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

A Medication Administration Record Book is kept in each classroom.

The Medication Administration Record Book records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- it must be signed by the manager
- it must be verified by parent signature at the end of the day

A witness signs the Medication Administration Record Book to verify that they have witnessed medication being given correctly according to the procedures here.

No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell a member of staff what they need. This does not replace staff vigilance in knowing and responding.

The Medication Administration Record Book is monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

Risk assessment is carried out for children who require ongoing medication. This is the responsibility of the manager. Other medical or social care personnel may be involved in the risk assessment.

Parents contribute to the risk assessment. They are shown around the nursery, understand routines and activities and discuss any risk factor for their child.

For some medical conditions, staff will require basic training to understand them and know how medication is administered. Training needs form part of the risk assessment.

Risk assessment includes identifying any activity that may give cause for concern regarding an individual child's health needs.

Risk assessment also includes making arrangements for medicines on outings; advice from the child's GP is sought, if necessary, where there are concerns.

A health care plan form is completed fully with the parent; outlining the manager's role and what information is shared with other staff who care for the child.

The plan is reviewed every six months (more often if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

Children are accompanied by the manager, or another staff member who is fully informed about their needs and medication.

Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.

The card is later stapled to the Medication Administration Record Book and the parent signs it.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in an area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- Staff responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given

gently and sensitively; no child should be attended to in a way that causes distress or pain.

- The manager works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.
- Staff have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Staff speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another educator is usually present during the process.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered (for allergies, an 'Allergy Action Plan' is sufficient)
- written consent from parents allowing members of staff to administer medication
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse (for the administration of adrenaline injections (e.g. EpiPens), a full (12 hour) paediatric first aid certificate is sufficient)
- a risk assessment
- a healthcare plan

Copies of all of the above should be kept with the child's records. The manager should email the proprietors with 1) the initials of the child, 2) the name of the condition with which the child has been diagnosed and what medication, if any, is to be administered and 3) confirmation that all of the above documents have been obtained/completed. The proprietors will forward this information by email to the insurance provider for their appraisal. Confirmation will then be issued in writing (by email) confirming that the insurance has been extended. A record is made in the Medication Administration Record Book of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that a member of staff should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

Safeguarding/child protection

- Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If an educator has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or EpiPens must be immediately accessible in an emergency.

Policy reviewed:	Signed on behalf of the nursery:	Date for next review:
September 2025	Ros Bowles and Lucía Gómez-Santana	September 2026