



MEDICATION & PAIN RELIEF POLICY

Tommies Childcare Limited



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1. INTRODUCTION

Tommies Childcare will endeavour to cater for all children about medical conditions and communicable diseases.

When requested to do so by parents/carers, we will administer medication, creams and ointments to children in most circumstances. Tommies Childcare reserves the right to refuse to administer medication where, in the professional judgement of its staff, medication is not required or necessary. In accordance with this policy, if a child is deemed too unwell or infectious to be at nursery then the child should be sent home.

2. OVER-THE-COUNTER MEDICATION (PRESCRIBED)

Prescribed medication (over-the-counter medication) is used to describe any medication which has been recommended by a pharmacist.

Types of Prescribed Medication (Over-the-Counter Medication)

Prescribed medication (over-the-counter medication) may include teething gels, painkillers, or any other over-the-counter remedy as advised by a pharmacist.

Care Instructions

Prescribed medication (over-the-counter medication) must be stored in its original container/packaging and general expiry dates must be taken into consideration. Instructions for use must always be printed in English.

Authorisation

Over-the-counter medication (Prescribed) other than nappy creams, teething gels/crystals and moisturising/barrier creams are authorised to be administered by a member of the management team only (Exceptions to this are listed in Sections 7, 8, 11 & 17). However, this must always be witnessed by a member of staff who is paediatric first aid trained. (See Section 6 for further information on nappy creams and teething gels/crystals and section 7 for Moisturising/barrier creams.

Medication Form (Appendix 2)

Parents should complete the 'Medication Form' (Appendix 2) before leaving their child. This must be signed by parents on all occasions for each type of medication before it can be administered. The same 'Medication form' can be used for a maximum of 5 days for any over-the-counter medication.

Instructions given by the parent on the 'Medication Form' should match those on the packaging. Where parents are requesting that their child is given more than the instructed dose, employees should refuse this request and follow the instruction guidelines on the packaging.

Parents will be required to confirm on the 'Medication Form' (Appendix 2) that advice has been sought by a pharmacist before medication can be administered.



Parents are to advise and record on the Medication Form if their child has had any medication at home before attending nursery and at what time this dosage was administered.

Initials/signatures of both the member of the management team and the witness should be recorded on the 'Medication Consent Form' after administration.

Administering Prescribed Medication (Over-the-Counter Medication)

A child must never have their first dose of medication at nursery. We ask that parents wait at least 12 hours after starting a course should any side effects become evident.

With non-prescribed medication, the Nursery Manager does have the right to refuse the administration of any medication if it is felt that this is not needed or necessary.

3. PRESCRIPTION MEDICATION

Prescription medication is used to describe any medication with written instructions which have been given by a GP or dentist.

Care Instructions

Prescription medicine, creams and ointments prescribed by a doctor or dentist will only be given to the child named on the prescription. It must be in its original container with the child's name and prescription details of administration. The medication will only be administered within 4 weeks of the prescription date for anti-biotics and general expiry dates must also be taken into consideration. Instructions must always be printed in English.

Authorisation

Medication is authorised to be administered by a member of the management team only (Exceptions to this are listed in Sections . 7, 8, 11 & 17). However, this should always be witnessed by a staff member who is Paediatric First Aid trained.

Medication Form (Appendix 2)

Parents should complete the 'Medication Form' (Appendix 2) before leaving their child. This must be signed by parents on all occasions before medication can be administered

Instructions given by the parent on the 'Medication Form' should match those on the prescription label or packaging. Where parents are requesting that their child is given more than the instructed dose, employees should refuse this request and follow the instruction guidelines on the packaging.

Parents are to advise and record on the Medication Form if their child has had any medication at home before attending nursery and at what time this dosage was administered.

Initials/signatures of both the member of the management team and the witness should be recorded on the 'medication consent form' after administration.



Administering Prescription Medication

A child must never have their first dose of medication at nursery. We ask that parents wait at least 12 hours after starting a course should any side effects become evident.

Tommy's Childcare will administer homoeopathic remedies provided they are supported by written directions from the UK registered Homeopath.

Medication containing Aspirin will only be accepted if prescribed by a GP or Dentist.

4. LONG-TERM MEDICATION

There may be times when children need to be administered medication for a longer period. Tommy's Childcare deems any medication that is needed for more than 4 weeks as Long-term Medication. Long-term Medication must be prescribed by a GP or Dentist.

Where a parent requests Long-term Medication to be administered, a 'Health Care Plan' (Appendix 5) must be completed. This details any procedure that needs to be followed, details regarding the medication and how and when to administer it. This would be implemented by a Manager, Deputy or Third in Charge/Room Leader who would consult with the parents/carers and all staff will be informed. Parents/carers will also be required to complete the 'Long-term Medication Form' (Appendix 3).

Long-term medication will be reviewed every 6 months alongside the Parent/Carer to ensure all details are up-to-date and the medication is still needed. Parents/Carers are responsible for informing the nursery if this medication is no longer needed.

5. ADMINISTERING MEDICATION

Two members of staff must be present to administer medication one of whom shall be a member of the management team (Exceptions to this are listed in Sections . 7,8,11 & 17) and the second will act as a witness. Both the member of staff administering medication and the witness must be first aid trained.

Nursery Management

Before administering medication, the member of management must ensure that the parent has completed either a Medication Form or a Long-term Medication Form for the medication that is to be administered. The forms must be completed in full and signed by the parent to confirm that permission is granted for staff to administer medication. Medication must not be administered under any circumstances without permission from a parent.

Before medication is administered, the following should be cross-checked between the forms and medication:

- The name of the medication on the form matches the bottle/packaging;



- The total dose, the time of the doses and the total number of doses per day do not exceed the manufacturers, pharmacy or prescription instructions. In the case that these do not match, the manufacturer, pharmacy or prescription instructions must always be adhered to;
- For prescription medication, the name of the child must be displayed on the medication and checked against the forms;
- Parental permission in the form of a signature has been obtained for each dose that is to be administered;
- Expiry date on medication has not expired; and
- Record of previous doses given to ensure the correct time is provided between doses.

If for any reason the member of management administering the medication is unsure that all of the above is correct, the medication should not be administered until clarification is obtained.

Once the member of management is confident that all information is present and matches between the forms and medication, they must ask a member of staff to witness the administration of medication. The witness must be present at the time the medicine is administered. (See below for the role of the Witness).

Staff should ensure that effective hygiene is maintained throughout. Hands should be thoroughly washed before administering medicines and gloves and aprons should be worn where appropriate.

When administering medicines, the manufacturers, or pharmacy instructions must be adhered to always.

If for any reason the child rejects all or part of the dosage given, no 'top-up' dose should be re-administered.

Note: if a parent administers a dose of medication to their child whilst at nursery, the 'Medication Consent Form' must be completed.

Witness

The witness should be a permanent member of staff who has been trained on this policy. Agency, Bank Staff & Modern Apprentices are not authorised to witness the administration of medication.

Note: the witness must be first aid trained.

The witness should be given the medication and the medication forms and should complete the same cross-check as the member of the staff administering the medication. This includes checking:

- The name of the medication on the form matches the bottle/packaging;
- The total dose, the time of the doses and the total number of doses per day do not exceed the manufacturers, pharmacy or prescription instructions. In the case that these do not match, the manufacturer, pharmacy or prescription instructions must always be adhered to;
- For prescription medication, the name of the child must be displayed on the medication and checked against the forms;
- Parental permission in the form of a signature has been obtained for each dose that is to be administered;



- Expiry date on medication has not expired;
- Record of previous doses given to ensure the correct time is provided between doses; and
- When the witness is confident that all information is present and matches between the forms and medication, they should witness the member of management administer the dose of medication recorded on the forms and sign to confirm it has been administered in accordance with the forms.

6. NURSERY MEDICATION

- Tommies Childcare will administer one dose of 'Calpol' for temperature relief only (see below);
- Tommies Childcare will not administer any medication bought from home that is being used to maintain a 'Normal' Temperature;
- Tommies Childcare will administer one dose of 'Piriton' for allergic reaction relief (see .8 below). Parental consent for 'Calpol' and 'Piriton' will be obtained at the point of registration. If a child requires an emergency dose of pain relief medicine, we will ensure that we have the parent's written consent beforehand. This is obtained at registration and a telephone call will be made to the parents and or carer to inform them. The setting will administer only one emergency dose of Calpol for temperature relief, and only if parents' permission is gained beforehand; and
- Eye drops containing chloramphenicol can be bought over the counter, however, should not be administered to children under the age of 2 unless prescribed.

7. NAPPY CREAMS, TEETHING GELS AND CRYSTALS

- Consent will be gained upon registration for the administration of Nappy Creams, Teething Gels and Crystals (We do not accept Bonjela);
- Parents will be asked to declare which brand of the above they are using;
- These types of medication can be administered by staff members; and
- The medication listed above will not need to be recorded.

8. MOISTURISING / BARRIER CREAMS

There may be occasions when children will require moisturising and/or barrier creams applied whilst at nursery. These are non-medicated creams usually used to treat conditions such as eczema, mild dermatitis or dry skin. Parents will be able to purchase these items over the counter at a pharmacy or supermarket, however may also obtain them through prescription without charge.

For this reason, you may see these creams with a prescription label, however they can be applied by any permanent member of staff. The medication listed below does not need to be recorded:

- Oilatum
- Zero-base
- Cetraben



- Dermal/500
- Epaderm
- Aproderm
- Aveeno
- Double base
- Cetaphil

Whilst this is not an exhaustive list, these are the most common brands used across our settings. For any creams not listed above please speak with your Nursery Manager/Area Manager.

For those children requiring these creams for longer than 4 weeks, a Health Care Plan will be required.

9. ANTI-REFLUX MEDICATION OR THICKENING AGENTS (I.E. GAVISON, CAROBEL, ETC.)

We recognise that babies, typically those under 12 months, may suffer from reflux or symptoms that require them to have a thicker milk than normal. This type of medication is often prescribed to support the painful symptoms that are associated with reflux or similar. The following must be followed with this kind of medication:

- This type of medication should always be prescribed by a doctor and should arrive at the nursery in the original box, with the prescription label fully intact
- As this is normally administered on a long-term basis (longer than 4 weeks), the long-term medication form should be completed for this medication
- Medication can be administered and witnessed by a Fully Paediatric First Aid trained member of staff (Two different members of staff. One to Administer, One to Witness)
- Instructions on the prescription label must be followed at all times. Any requests from parents that conflict those outlined on the prescription label, will be declined.

10. TEMPERATURE RELIEF

A typical resting temperature for a child is 36.5c to 37.5c, however, this can vary from child to child.

Monitoring Temperature

Should a child have a temperature at nursery, they must be monitored closely, and their temperature recorded on the 'Raised Temperature/Emergency Calpol Form' (Appendix 4).

- During the monitoring period the nursery must attempt to cool the child by removing items of clothing and providing fluids;
- If their temperature cannot be lowered by natural means one dose of 'Calpol' will be administered and monitoring will continue;



- Once 'Calpol' has been administered the child must continue to be monitored. If they remain well within themselves, they can remain at nursery. Should their temperature rise, or spike parents must be contacted to collect;
- Monitoring of the Child's temperature will be recorded on the 'Raised Temperature/Emergency Calpol Form' (Appendix 4); and/or
- If the child's condition worsens 999 must be called.

11. ALLERGY RELIEF

'Piriton' will not be administered unless prescribed to a child under the age of one in any circumstances.

The following steps must be adhered to before 'Piriton' may be given:

- The child will be monitored closely to ascertain whether the reaction is mild and not deteriorating i.e. slight rash that is fading after 10 minutes. In this case, the nursery should not give allergy relief but should call the parents to inform them;
- The child should be closely monitored until the rash has gone.

If the child is displaying any of the following symptoms, then one dose of allergy relief can be administered:

- Itching;
- Sleepiness;
- Wheezing; or
- Swelling especially around the mouth or lips.

If the child is deteriorating and becomes 'floppy' or distressed or if the condition worsens before or after 'Piriton' has been given 999 must be called.

The 'Emergency Administration of Piriton Form' (Appendix 4.2) must be completed when an emergency dose of Piriton has been administered and signed by parents upon collection.

12. ADRENALINE/EPINEPHRINE INJECTORS (EPI-PENS, JEXT-PENS)

If a child requires an adrenaline/epinephrine injector, a long-term medication form, a health care plan and a risk assessment must be completed. Authorisation from the Area Manager or Operations Director must be sought ahead of confirming registration for any child requiring an Epi-Pen.

Adrenaline/epinephrine injectors will always be prescribed and will require members of the nursery team to be trained to administer them.

When provided to the nursery the 'pen' instructions, completed Health Care Plan and associated Risk Assessment must be kept together in a clearly labelled container in the child's room

Adrenaline/epinephrine injectors will be administered in the same way as any other long-term medication in accordance with section 5 of this policy, unless in an emergency as outlined below.



Emergency Situation Procedure

If there is an emergency whereby a child is showing signs of the following symptoms, the requirement for management to administer an Epi-Pen will be removed. However, the person administering the Epi-Pen should be trained to do so, where possible a witness who holds Paediatric First Aid training will be required as a witness, however, this is not a requirement in an emergency:

- Difficulty/noisy breathing;
- Swelling of the tongue;
- Swelling/tightness in throat;
- Difficulty talking and/or hoarse voice;
- Wheeze or persistent cough;
- Loss of consciousness and/or collapse; or
- Pale and floppy.

Following the administration of an Epi-pen in an emergency, a member of the Nursery Management team should be informed and the required paperwork completed.

13. INCORRECT MEDICATION PROCEDURE

In the event a child is given incorrect medication (defined as out of date, not for that child, or incorrect dosage) NHS Direct should be contacted on 111 for advice. Where symptoms raise concerns, this should be bypassed and 999 called. You will need to have the medication given, including the prescription label (if applicable) and any pertinent details available to enable the Emergency Services to make the judgement on what steps to follow next.

Parents/Carers should also be contacted and advised. The Area Manager/Operations Director should also be informed of where this has happened.

14. INCLUSION AND EXCLUSION OF CHILDREN

It is the policy of Tommies Childcare to decline to admit a child or to exclude a child already on our register only in the most exceptional circumstance or in cases where a child has a communicable disease. As a general principle, Tommies Childcare will make every effort to accommodate the requirements of children with special or medical needs.

Our contract with parents outlines that the company may require a parent to withdraw a child when:

- The child requires special medical care or attention which is not available, or which is refused by the parent;
- Tommies Childcare has reasonable cause to believe that the child is or may be suffering from a contagious disease, and there remains a danger that other children at the nursery may contract such a disease;
- Children who are taking antibiotics will not be admitted to the nursery for the first 24 hours of the course of treatment unless these are a second course of treatment for the same



medical condition. This is distinct from the 48-hour exclusion advised for Streptococcal Infection;

- It may be necessary to exclude a child for a short period to ensure that there is no unnecessary risk to that child. Nursery Managers will always consult the Operations Director if they have any doubt about the nursery's ability to cope with a child's condition; and
- Exclusion will not be considered in any case where a parent is not able to be completely open about a child's condition or withholds, or is subsequently found to have withheld important information.

15. PROCEDURE FOR THE CONTROL OF COMMUNICABLE DISEASES

The Nursery Manager will be responsible for establishing and maintaining the appropriate Local Authority contacts for information and notification with regard to the control of communicable diseases.

All incidents of illnesses listed on 'PHE Infectious Disease Guidance' must be displayed to inform parents on an appropriate notice.

Many illnesses are infectious before a full diagnosis can be made. The Nursery must be aware of its responsibilities to protect the sick child and to prevent the spread of illness to other children in its care.

A useful measure of a child's ability to cope at Nursery when not known to be suffering from a communicable disease but still demonstrating symptoms is the below.

16. DEFINITION OF A 'WELL CHILD'

A child who is well is:

- A child who is not reliant on temperature relief medication (e.g. Calpol);
- A child who is not running a temperature;
- A child who is well enough to participate in all areas of nursery activities;
- A child with a normal appetite, who is happy and sociable;
- A child who does not require a greater staff ratio; or
- A child who has normal bowel functions.

A member of the management team must be informed immediately if a child becomes ill whilst at nursery. They will ensure that the child's parents are notified as quickly as possible.

If the illness appears to be communicable, the child should be cared for by a member of staff but kept away from the other children. The parents should be encouraged to collect their child as soon as possible.

If a doctor confirms that a child has a communicable disease, the Manager will notify all other parents without delay of their child's exposure to infection by the display of a notice. This is



particularly important with regard to Rubella, given the danger it represents to unborn children in the first trimester of pregnancy.

17. PLANNING FOR A FLU PANDEMIC

General advice is that we should seek to operate as normally as possible during a pandemic. Considerations would be managing with higher than usual levels of staff absence and the possibility of disruption to other services resulting from the impact of the pandemic.

If a setting remains open:

- Ensure action is taken to reduce the spread of infection, use of alcohol hand gel throughout the setting and disposal of tissues in a covered bin;
- Contact parents to collect their child if they are showing signs of infection;
- You will need to keep a sick child separate from other children (and minimise their contact with staff until they arrive to collect them);
- Ensure that staff showing any sign of infection go home; and
- Ensure contact details held for staff and parents are up to date.

If a setting needs to close:

- Final agreement to close the setting will be made by the Operations Director. This may be due to issues at an individual site (e.g. too many staff off ill) or specific advice from the central government that will state the expected length of the enforced closure.

In addition, we may well be asked by local authorities to produce information regarding absence levels for both staff and children during the pandemic; we are obliged to provide this.

18. ASTHMA

One child in every ten in the UK has asthma so there are likely to be several children with the condition in every childcare setting. With the proper treatment and support, there is nothing to stop most children with asthma from leading a full and active life.

Aim

To recognise that each asthma case can be different and that all children with asthma receive appropriate attention. To know the signs of an asthma attack can respond accordingly. Also, to respond to the needs of children who have not been diagnosed with Asthma and who have an asthma attack at the setting.

Guidance

To achieve the above, the following guidance is recommended:

- Practitioners to discuss with parents/carers about their child's asthma symptoms, how to recognise when their symptoms are getting worse and how to help them take their reliever



medicine. This information should be recorded on a Health Care Plan and a Risk Assessment must be written;

- Ensure that all staff working directly with the child including all full first aiders know what to do if a child has an asthma attack;
- Ensure relievers are stored close by to where the child is and easily accessible; and
- Ensure the child's reliever is taken with them on off-site visits.

Involving children who have asthma in outdoor play and physical activities:

- With the right support, even children with severe asthma symptoms should be encouraged to participate, but not exceed their limits. However, young children with asthma can become wheezy during exercise and strenuous activity. It is important that you know how to recognise when a child's symptoms are getting worse and what to do if this happens. The Risk Assessment must always be followed.

Typical symptoms of asthma in young children:

- Coughing, particularly at night and after exercise;
- A wheezing or whistling noise in the chest; and/or
- Shortness of breath when doing everyday things like climbing the stairs.

Things that can set off (or trigger) a child's asthma symptoms:

- Cold Air;
- Grass Cuttings;
- Colds/Flu;
- Exercise;
- Allergies to things like pollen, furry or feathery animals;
- Strong odours, perfumes, deodorant etc.; and/or
- Smoke.

How to respond to a child who shows signs of having an asthma attack:

- Recognise the symptoms;
- Stay calm. Having difficulty breathing is stressful to a child and raising stress levels will levels exacerbate this situation. Talk calmly to the child and communicate through your voice, tone and body language that the child is going to be ok;
- Remove the allergen. If the asthma attack was caused by exposure to an allergen, remove the child from the source or the irritant immediately;
- Administer a reliever. Children who have been diagnosed with asthma should always have a reliever inhaler nearby. Follow the directions provided by the doctor on the prescription;
- If the child's condition does not improve after the maximum dose has been reached (as per the prescription details), you should call 999 for emergency help. Advice may be given by the operator on how to treat the condition whilst waiting for an ambulance.
- Follow the Health Care Plan, contact parents and seek medical attention.

Authorisation



Medication is authorised to be administered by a member of the management team only (Exceptions to this are listed in Sections . 8, 11 &. 17). However, this should always be witnessed by a staff member who is Paediatric First Aid trained.

Emergency Situation Procedure

If there is an emergency whereby a child is showing signs of the following symptoms, the requirement for management to administer an Inhaler will be removed. However, the person administering the Inhaler should be trained to do so, where possible a witness who holds Paediatric First Aid training will be required as a witness, however, this is not a requirement in an emergency:

- Severe wheezing when breathing both in and out;
- Coughing that won't stop;
- Very rapid breathing;
- Chest tightness or pressure;
- Tightened neck and chest muscles, called retractions;
- Difficulty talking;
- Feelings of anxiety or panic;
- Pale, sweaty face;
- Blue lips or fingernails; or
- Worsening symptoms despite the use of your medications.

Following the administration of an Inhaler in an emergency, a member of the Nursery Management team should be informed and the required paperwork completed.

19. RECORD OF POLICY CHANGES

Last	Date	Initials	Comments
Updated	Apr 2013	CF/AM	
Reviewed	Mar 2014	AM	
Updated	Jul 2014	CFr/HM	
Updated	Sep 2016	DM	
Updated	Feb 2017	LW	Updated format
Updated	Feb 2018	DB/KA	
Updated	Mar 2019	DB	Prescribed Medication (Over the Counter) Deletion of the Medication checks appendix due to this now being completed as part of the H & S monthly checklist All appendixes are now referred to in the main policy
Updated	Jul 2019	DB	Information about the role of Nursery Management and the witness in relation to the medication procedure The emergency section added



			Removal of Ibuprofen medicines unless prescribed
Updated	Jan 2020	MF	Updated format
Reviewed	Nov 2020	DB	No changes made
Updated	May 2021	DB	Update to .3 Administering Medication The period in which children need to remain off nursery following the first course of medication changed from 24 hours to 12 hours
Reviewed	Nov 2021	DB	No changes made
Updated	Nov 2022	DB	S.10 added in the authorisation of children with epi-pens
Updated	May 2023	DB	Added in Section 7- Gaviscon/Carobel
Updated	Sept 2023	DB	Added in Section 8 – Moisturising/Barrier Cream
Updated	Feb 2024	DB	Sec 18 updated to change the administration of the inhaler
Reviewed	Nov 2025	DB	No changes made