Shape, circle

Description automatically generated Administration of

Medication Policy

Article 24: Every child has the right to the best possible health.

**Statement of purpose**

* Children attend early learning and childcare (ELC) settings with a wide range of medicinal requirements related to their individual needs. These needs can be short term (finishing a course of medication) and or long term (medication to keep them well). Staff will ensure procedures are followed in order to meet these needs.
* Medication will only be administered in order to maintain the child’s health and wellbeing and/or when recovering from an illness. Most children with medical needs can participate in everyday day experiences within the setting. Throughout this guidance the term ‘parents’ is used to include all main caregivers.

**Procedures for Administration of Medication**

Rothesay Primary Pre-5 setting will only administer prescribed medication when it is essential to do so. Parents will provide the setting with written consent for their child to be given medication for a minor ailment or allergy. If children attend the setting on a part time basis parents should be encouraged to administer the medication at home. If parents are present during the session they will also administer the medication for their own child. Parents will administer the first dose of a course of medication and any adverse reactions to the medication will be noted. Rothesay Primary Pre-5 staff will only administer medication that has been prescribed by a doctor or pharmacist. The medication will be in the original container or box along with the information leaflet and will be clearly labelled with the child’s name and dosage instructions.

• Children's medicines will be stored in their original containers in a high up cupboard; they will be clearly labelled and inaccessible to the children.

• Medicine spoons and oral syringes must be supplied by the parent if required.

• Medications may only be used for the child whose name appears on the medicine. This includes emergency adrenaline injections (Epipen)

• Parents (or other responsible adult) must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent (or other responsible adult) to sign a consent form stating the following information:

* Full name of child and date of birth
* Name of medication and strength
* Parent (or other responsible adult) has given the child the first dosage and no adverse reaction occurred
* If child has had medication prior to nursery Y/N. If yes, what time and dosage amount.
* Dosage and time to be given in the nursery
* Signs and symptoms as to why medication has been prescribed
* Signature, printed name of parent (or other responsible adult) and date.
* Verification by parent/ (or other responsible adult) who collects the child at the end of the session.

**No medication may be given without these details being provided.**

*Management of medication in day care of children and childminding services:* <http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

If a child is given too much medication, or medication is given to the wrong child, staff will inform the parent immediately. Further advice / instructions should be sought with the Doctor. If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled with the child’s name and name of the medication. Inside the box is a copy of the consent form signed by the parent. This procedure complies with the safeguarding of information sharing, including General Data Protection Regulations (GDPR) procedures.

If the child spits out or vomits the medicine, no further dose should be given, and the parent should be informed.

**Reducing risk**

Systems in place which are checked at every point to reduce risk in administering medication:

* The consent forms are checked and complete with the parent and staff at the initial stage.
* When the prescribed medication is being administered, it is rechecked with a staff member, this includes the dispensed and expiry dates.
* Reviews ensure that the medication is for a current condition (something prescribed for a condition six months ago might not be appropriate now).
* If a medicine, not dispensed recently, is still appropriate for use (for example liquid antibiotics usually only have a seven-to-ten-day shelf life and eye drops should be discarded 28 days after opening and returned to the parent).
* Good practice is to review consent every 3 months and at the start of term.
* Any special instruction in relation to storage or administration of medication will be complete and adhered to.

**Paracetamol and day-care of children**

The information in the Care Inspectorate’s “Management of medication in day-care of children and childminding services” is in line with existing government advice and best practice guidance. It offers a framework for the routine management of medication in such services.

It allows parents to pro-actively choose if they would like to leave a small amount of medication in the service for an agreed time and for use by their child under agreed conditions. Some will choose to exercise this option, others will not depending on individual circumstances.

There may be a few occasions where a service considers a child to be unwell, and contacts NHS 24 for advice. The care inspectorate has been advised that on rare occasion NHS 24 have advised individual services to administer an over the counter (OTC) medicine such as paracetamol immediately.

The care inspectorate has clarified the temporal aspect of this advice with NHS 24, who advised administration as soon as is reasonably possible is the correct interpretation.

Services will not (and should not) be contacting NHS 24 on a routine basis for advice on every presentation of an ailment. Where a service has contacted NHS 24 and advice to administer a medicine is given; the care inspectorate will and should view this as a non-routine duty of care situation. As such a care service’s response in this situation should not be viewed against the framework for the routine management of medication in such services (as found in the best practice guidance). The response of each care service to the non-routine situations will be dependent on the context.

**Storage of medicines**

* All medication is stored safely in a high cupboard below 25° or in a fridge between 2°-8° in an area where children cannot access alone. Fridge temperatures will be recorded daily. Medication for individual children will be stored in separate containers with a lid and labelled clearly with the child’s name and date of birth.
* Staff are responsible for ensuring medicine is handed back at the end of the day to the parent. Medication will also be returned to the parent once the course of medication has been completed.
* For some conditions, medication may be kept in the nursery. Staff must check that any medication held to administer on an as and when required basis or on a regular basis, is in date. Any out-of-date medication/ once the course of medication has been completed must be returned to the parent. Children who have long term medical conditions and who may require ongoing medication must have a complete medical care plan. A record will be kept of any medication used by the children that is retained within the setting (Appendix 3)

**Lifesaving medication needs to be accessible to those trained to administer it.**

When a parent is present, they will be responsible for the storage of their child’s medication. Otherwise, the key staff members for that child will take responsibility.

**Care plan**

A care plan/ all about me booklet for the child is drawn up with the parent outlining the key worker’s role, and what information must be shared with other staff who care for the child. The child’s care plan should include the measures to be taken in an emergency. The child’s care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Parents receive a copy of the child’s care plan and each contributor, including the parent, signs the consent for compliance with Data Protection, including GDPR and confidentiality of information.

When a parent is present they will be responsible for the storage of their child’s medication. Otherwise the key staff member for that child will take responsibility.

**Managing medicines on trips and outings**

Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name and name of the medication. Inside the box, with the medication, is a copy of the consent form/medication form with the details as given above, which the parent (or other responsible adult) signs on return to the setting. On no account may medicine be decanted into other containers or packets or envelopes. The original pharmacy labelled medication should be within the box.

**Roles and Responsibilities**

**Parental Role:** It is the responsibility of the parents to ensure that the child is well enough to attend the setting and the parent will inform Rothesay Primary ELC staff of any medication that is currently being administered. Parents will also inform the setting if the child has received the medication at home, when it was administered and how much was given to ensure the correct dosage instructions are being followed. Parents will be required to complete a Parental Medication Permission Form (Appendix 1) giving permission for staff to administer the medication. This form will be updated regularly, and a new form will be completed for each new medication required by the child. Parents will be asked to sign and acknowledge the medication given to their child each day. Parents will inform the setting if the child stops taking medication.

**Staff Role**: Before administering medication staff will need to have the relevant information pertaining to the child. Staff will ensure that they have written permission from the parent (or responsible adult) for the setting to administer the medication (Appendix 1). Each time a staff member administers medication to a child an Administration of Medication form (Appendix 2) will be completed and signed. A second member of staff will witness the administering of the medication and then countersign the form once the medication has been given, unless it is prescribed nappy cream that would be applied by the staff member changing the child and not witnessed to protect the child’s dignity and privacy or completed medication form needed to be done, signed permission would be sought before administering nappy cream. Staff will need to complete the Administration of Medication Form each time medication is given noting the date, time and dosage etc. of medication given (Appendix 2).

2.) Risk-assess the number of trained personnel who must be present to deal with medicinal needs. Ensure all spoons, syringes, spacers for inhalers etc. are labelled, stored with the child’s medication, and cleaned appropriately after use. Infection control issues in terms of applying creams, eye drops etc. need to be considered. Staff will ensure children’s individual care and support is consistent and stable by working together with families in a way that is well coordinated for consistency and continuity of their child’s care needs.

The Lead Practitioners will ensure that all Rothesay Primary Pre-Five staff, students and volunteers know who is responsible for the medication of children with particular needs.

Staff will ensure the parent or who collects the child signs the form daily to acknowledge the medication given to the child. Parental consent to administer medication should be time limited depending on the condition.

**Long Term Medication**

Children requiring medication for long term medical conditions such as epilepsy, diabetes, asthma need to have all relevant information recorded in their Care/Health support plan. This will be done by the Manager/Lead Practitioner or Key Worker in consultation with the parent.

**Staff Training**

Staff will be required to have training from a qualified health professional if a condition requires specialist knowledge in order to administer the medication. Staff should also be trained to recognise the symptoms if medication has to be given on a ‘when required basis’. This information will be recorded in the administration of medication form or care support plan as appropriate. Training should be reviewed and refreshed on a three yearly cycle to ensure staff have the most up to date knowledge.

**Outings**

Relevant medical details for all children participating in an outing will be taken by accompanying staff. Original copies will be left within the setting.

Medication will be administered to the child before leaving home or the setting where possible. For children who may require medication during the trip this should be administered by appropriate staff.

**Treatment of Minor Ailments/Fevers**

If a child becomes ill during a session when the parent is not present the lead practitioner/ key worker/office staff will call the parent or the emergency contact. If no contact can be made the key worker may call NHS 24 if deemed necessary and follow advice given.

**Monitoring of this Policy**

It will be the responsibility of the manager/ lead practitioners to ensure that new or temporary staff are familiar with this policy and to monitor that it is being implemented by all staff and parents. This will be achieved through observation of staff practice and regular communication with parents. All relevant medication forms will be checked and updated on a regular basis. Parents will be made aware of this policy through the enrolment procedures and the parents’ information book. This policy will be reviewed annually to ensure that it is relevant and up to date.

**Disseminating and Implementing this Policy**

Rothesay Primary Pre-Five staff will be required to read this policy on their induction and to comply with the contents therein. The policy will be kept in the policy folder and will be available for staff to refer to at all times.

The implementation of the policy will be monitored on a day to day basis.

Any adverse incidents will be recorded and reviewed to ensure the policy is fit for purpose.

**Appendices:**

Appendix 1 – Parental Permission Form

Appendix 2 – Administration of Medication: Daily Dosage of an Individual Child

Appendix 3 – Monthly Review of Administration of Medicines

Appendix 4 – Sun Awareness and Protection

**Links to national policy:**

Health and Social care standards: My Support, My Life

<https://beta.gov.scot/publications/health-social-care-standards-support-life/>

**Health and Social Care Standards, 1.15, 1.19, 1.23, 1.24, 2.23, 3.4, 3.14, 3.15, 3.16, 3.17, 3.18, 3.19, 4.11, 4.15**

Management of medication in daycare of children and childminding services

<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

**Find out more**:

Community pharmacists and NHS 24

[www.nhs24.com](http://www.nhs24.com)

Fever Management

<http://www.nhsinform.co.uk/health-library/articles/f/feverchildren/introduction>

**Parental/Carer Permission Form Appendix 1**

**Administration of Medicines**

Dear Parent/Carer

In order to enable staff from Rothesay Primary ELC to carry out safe practices in relation to the administration of medication please ensure the setting has the following information. All information should be recorded on this form.

* Medication required to be taken by your child whilst in the setting.
* Completed parental permission form.
* For ongoing medication a separate supply of medicine, appropriately labelled should be obtained from the pharmacist.
* Medicine should be clearly labelled with child’s name, date of birth, name of medicine, dosage, time and frequency and expiry date.
* If your child suffers from asthma it is essential that the setting has been informed of any restrictions which need to be applied to his/her activities.
* If your child suffers from asthma, epileptic attacks, diabetes or anaphylactic shock it is imperative the setting is aware of the appropriate emergency treatment that should be given.
* If the child spits out the medicine, no further dosage will be given and you will be informed of this. Staff will contact parent/emergency contact by telephone to make them aware of this.

Thank you for your co-operation with this matter.

Yours sincerely

Rothesay Primary ELC Staff

**Personal Details**

|  |  |
| --- | --- |
| Setting | Rothesay Primary ELC |
| Name of Child |  |
| Date of Birth |  |

**General Medical Practitioner Information**

|  |  |
| --- | --- |
| Name of Doctor |  |
| Address | Rothesay Health Centre, High Street, Rothesay PA20 9JL |
| Phone Number | **01700 501521 / 501527 / 501524 / 501532** |

**A parental permission form must be completed for each type of medication being taken by the child**

**Parental Permission**

PLEASE NOTE: Rothesay Primary ELC staff are **NOT** able to give your child the first dose of any medication for safety reasons so please sign below to confirm you have given them the first dose.

I hereby consent to the administration of medicine to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by a non-medically qualified staff member of Rothesay Primary Pre-Five. I can confirm that I have administered the first dose of this medication to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and they have had **NO** adverse reaction.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ………………..….…..….

Date first dose of this medication was administered to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication should always be supplied to the service in its original container and box clearly labelled with the child’s name on the dispensing label.

**I will also inform the setting immediately of any changes in medication.**

Signature …………………………………………… Date ………………..….…..….

Print Name …………………………………………………………………………….…

Home Address ………………………………………………………………..…….......

…………………………………………………… Telephone No. …………………...

**Emergency Contact Person** (if different from above) ……………………..………

Relationship ………………………………………………………………………..…...

Telephone No. ………………………………………………………………….…..…..

Child’s Name …………………………………………………………………….…..….

**Details of Medication**

|  |  |
| --- | --- |
| Type of illness PLEASE GIVE AS DETAILED DESCRIPTION AS POSSIBLE: |  |
| Signs and Symptons |  |
| Name on medication as stated on the label |  |
| Date Medication Dispensed |  |
| Date medication expires |  |
| Type of medication  (ie tablets, syrup etc) |  |
| Strength of Medication |  |
| dosage instructions  eg how often, when and any other relevant information  (e.g spoon or syringe) |  |
| IF THE MEDICINE IS TO BE ADMINISTERED ON AN "AS REQUIRED" BASIS PLEASE **DETAIL** LIST OF SYMPTOMS THAT YOUR CHILD MAY SHOW THAT REQUIRES ADMINISTRATION OF THE MEDICATION, PLEASE BE SPECIFIC AND NOT VAGUE. |  |
| FULL DESCRIPTION OF THE SYMPTOMS WHICH REQUIRE MEDICATION TO BE ADMINISTERED AND WHAT THE MEDICINE WILL DO FOR THE ILLNESS. ( I.E. CALPOL BRING DOWN TEMPERATURE, PENICILLIN KILL INFECTION) |  |
| ACTION REQUIRED IF NO RESPONSE TO AN "AS REQUIRED" MEDICATION:  Instructions if child refuses to take medication. |  |

**Parent/carer signature confirming medication and dosage**

Signed: ………………………………………………………………….

Print Name: …………………………………………………………….. Date: ………………………

**I agree that the medical information contained in this form may be shared with relevant individuals involved with the care and education of my child.**

Signed……………………………………………………………………Date……………..

Form Checked by staff:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date medication returned to parent or course of medication finished.……………………………

Staff Signature……………………………………..

**Administration of Medication: Daily Dosage of an Individual Child**  **Appendix 2**

(First dose must always be given by Parent/carer incase of allergic or adverse reaction).

Child`s Name ………………………………. Date of Birth …………………….

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | TYPE OF MEDICATION (CAPSULE, LIQUID ETC) | DOSE OF MEDICATION REQUIRED TO BE GIVEN IN THE ELC  (E.G 5ML) | TIME LAST GIVEN BY PARENT/ CARER | DOSE AND TIME GIVEN BY STAFF | DOSE MISSED/  REASON WHY | ANY REACTIONS | SIGNATURE OF MEMBER OF STAFF ADMINISTERING  PLEASE ALSO PRINT NAME | SIGNATURE OF WITNESSING MEMBER OF STAFF  PLEASE ALSO PRINT NAME | PARENT/ CARER SIGNATURE  PLEASE ALSO PRINT NAME |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Signature of parent/guardian: Date:

Print Name:

**Monthly Review of Administration of Medicines** **Appendix 3**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CHILD`S NAME | name of medication (as stated on Dispensing label) | DATE MEDICATION BEGAN | TIME AND DATE OF LAST DOSE | REASON FOR MEDICINE BEING ADMINISTERED | REVIEW OF MEDICATION  SIGN AND DATE:  PLEASE ALSO PRINT NAME | MEDICATION RETURNED TO PARENT OR N/A  DATE |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |