

Medication Policy

POLICY STATEMENT

- When a child is unwell or has an infectious illness, we require that they are kept at home in line with the setting's sickness policy. However, there are times when a child does not need to stay at home but needs medication or medical care.
- Parents/ carers are requested to ask their doctor, wherever possible, to prescribe medication, which can be taken at times outside of the settings hours. However, where necessary we will take responsibility for administering prescribed medication or medical care in accordance with the guidelines laid down in this policy.
- All staff who have received appropriate training are insured through St Paul's Community Development Trust's insurance.
- Should there be concerns related to the administration of a medicine, we reserve the right to not administer it without further advice
- There is at least one named medication co-ordinator in each setting.

For the purpose of this policy the term medication relates to all medication including creams, lotions and gels. Points 2.10 to 2.16 do not apply to non-prescribed creams and lotions (eg moisturisers, nappy creams or sun lotion) as these applications will not be recorded on the medication record of administration.

1. ON ADMISSION TO THE SETTING

- 1.1. All parents/ carers will be asked to complete an admissions form giving full details of medical conditions, regular and emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. This information should be updated by parents as circumstances change.
- 1.2. Should we be asked to admit a child to the setting with special medical needs we will, in partnership with the parents/ carers, discuss the individual needs. We will also involve other professionals such as the child's health visitor, specialist nurse, nurse educator as required.
- 1.3. Where a child has specific medical needs, an Individual Care Plan or Alert Card will be completed in partnership with parents/ carers as storage, labelling and administration of medication may differ. This may involve the child's health visitor, specialist nurse and/ or nurse educator.
- 1.4. Any resulting training needs will be identified and training requested from the specialist nurse educator prior to the child starting at the setting.
- 1.5. We will not use any medical equipment without confirmation and appropriate training from a healthcare professional.

2. RECEIPT OF MEDICATION TO THE SETTING

- 2.1. No medication will be given without prior written consent from parents/carers and parents will be asked why the medication is needed.
- 2.2. Parents must confirm that the child has had the medication previously without any reaction prior to the setting administering it unless it is emergency medication such as an Auto injector.
- 2.3. It is the responsibility of parents/carers to provide a sufficient amount of medication and to ensure that it is in date.

- 2.4. Should a child need to receive medication during the setting's day, it is the responsibility of parents/carers to personally hand over the medication directly to a member of staff and parents/carers will be always be offered a copy of the medication policy.
- 2.5. Prescribed medication should be in the original container as dispensed, clearly labelled in English, with instructions for administration including:

- Child's name
- Name of medication
- Strength of medication
- How much to be given (dose)
- When to be given
- Date dispensed and expiry date. (Where there is not a stated, the expiry date should be 6 months after the date dispensed).
- Length of treatment or stop date where appropriate
- Any other instructions

N.B. A label 'To be taken as directed' does not provide sufficient information

- 2.6 Over-the-counter non-prescription medicines such as pain and fever-relief and teething gel may be administered. These should be provided to the setting in an unopened container and a setting label must be completed in full detailing:

- Child's name
- Name of medication
- Expiry Date
- Parent/carer name
- Parent/carer signature

NB. The setting label must not cover the manufacturer's instructions.

- 2.7 The parent/carer will complete the medication consent form, which will be filed in the medication folder within the relevant room. The medication consent form will record:

- Child's name
- Name of medication
- Why it is needed
- Dosage
- When to be given
- How to be given
- Any other instructions
- Expiry date
- Whether child has had medication before
- Parent/carer name and signature
- Name and signature of staff member accepting medication to the setting

- 2.8 The dose requested by parent/carers on the consent form must be consistent with the instructions on the prescription label or manufacturer's instructions. The only exception to this will be where a parent requests a lower dosage of paracetamol or ibuprofen to be given.

- 2.9 If a child has taken any medication prior to arriving at the setting or during the night, Parents must advise the setting of time of last dose and amount given. Staff must record this information on the record of administration form immediately.

2.10 Advice may be sought from other professionals before the setting agrees to administer medication.

3. ADMINISTRATION OF MEDICATIONS

- 3.1 Liquid medication administered by mouth should be measured accurately using a medicine syringe dispensed into mouth by the inside cheek to ensure it is not spat out.
- 3.2 Medication should not be added to food or drinks, unless prescribed to do so.
- 3.3 A second member of staff must always be present to check that prescription, parent instructions and dosage are followed correctly.
- 3.4 Each dose will be recorded on the Record of Administration form which will record:
- Child's name
 - Details of medication
 - Dose given (including any prior to arrival at setting)
 - The date and time of administration
 - Signatures of staff member administering medication and staff member witnessing administration Parent/carer's signature
- 3.5 Parents/carers will be required to sign this when collecting their child to acknowledge the medication given that day.
- 3.6 Should the medication need to be changed or replenished the setting should be given a new supply of medication as appropriate by the child's parent/carer. This should be correctly labelled and a new consent form completed. The previous medication will be returned to the parent/carer and this will be recorded.
- 3.7 Should a course of medication be discontinued before the completion of the course it is required that the parent/carer notifies us of this. This will be recorded on the medication form as a review and signed by the parent and staff member.
- 3.8 Advice may be sought from other professionals before the setting agrees to administer medication.

4. RESTRICTIONS ON ADMINISTRATION OF MEDICATIONS

- 4.1 Unless specified within a child's care plan, giving medication to reduce temperatures will be a last resort. Other methods will be used first to try and reduce a child's temperature, e.g. remove clothing, fanning, tepid cooling with a wet flannel. This judgement will be made on an individual basis by staff who are qualified in paediatric first aid based upon age of child and their medical needs.
- 4.2 Paracetamol should not be given within the setting more frequently than every 6 hours and this will only be done in an emergency by a senior member of staff. Should the child need more frequent doses then they will be considered to be unwell and should not be attending the setting. (6 hours is normal spacing for 4 doses over 24 hours)
- 4.3 Ibuprofen will not be given more frequently than every 6 hours under any circumstances.
- 4.4 Should a child require Paracetamol or Ibuprofen within 6 hours of arriving at the setting and a specified time has not been provided on the "Record of medication" form, parents will be contacted to confirm any doses prior to arrival.
- 4.5 Where a child requires Paracetamol or Ibuprofen continuously for more than three days a letter will be required from the child's doctor.

- 4.6 Ibuprofen and paracetamol will not be administered at the same time, unless advised to in writing by a health professional. Where a child has both medicines in the setting, the parent's preferred medication will be administered first. The second medication may be considered after 30 minutes if the child has not responded to the first medication.
- 4.7 Where a child has had a head injury, pain relief will not be administered as it may mask signs that need to be monitored.
- 4.8 Medicines containing aspirin will only be given if prescribed by a doctor – staff will check non-prescribed medication to ensure it does not contain aspirin.
- 4.9 Antibiotics will not be given during the first 24 hours of a course in case of a reaction to the medication and the setting will not administer the first dose of any medication unless it is emergency medication.
- 4.10 Nappy creams are not intended for healthy, intact skin if disposable nappies are used, as they can reduce the effectiveness of the nappy in drawing urine away from the skin. If washable nappies are the parent/carers choice, a liner should be used to prevent the need for barrier creams.
- 4.11 Nappy creams with nut oils will not be used in the setting.
- 4.12 Steroid creams are usually to be applied twice daily only; we would expect these to be applied at home. Where steroid creams need to be applied more frequently, we will require a prescription stating this or a letter from the child's doctor.
- 4.13 Teething gels containing choline salicylate will not be used in the setting.
- 4.14 Alternative medication and creams including homeopathic and herbal medication will not be administered unless prescribed or agreed in writing by a GP, Consultant or qualified practitioner
- 4.15 Advice may be sought from other professionals before the setting agrees to administer medication

5. EMERGENCY MEDICATION

- 5.1 All children requiring emergency medication will have a Management Plan/Alert Card that will be written with involvement of other professionals and parents and displayed clearly in the room, with parental consent.
- 5.2 Emergency medication will be kept in the setting, clearly labelled and always accessible - never in a locked cupboard/room, with a copy of the child's Management Plan/Alert Card. Its location will be stated on the child's Management Plan/Alert Card.
- 5.3 Parents/carers must provide any emergency medications with the pharmacy label attached to the medication. It is parent/carer's responsibility to ensure emergency medication is in date and that there is sufficient amount in the setting.
- 5.4 Emergency medication will accompany the child on any off-site visits and will be kept by the member of staff who will administer it, should it be required.
- 5.5 Staff members, who agree to administer emergency medication, will have training from an appropriate health care professional which is updated annually.
- 5.6 In the event of a child refusing to take emergency medication we will follow our emergency procedure and always call for an ambulance. Parents/carers will be informed as soon as possible and this will be recorded as an incident.
- 5.7 Should emergency medication be required or an ambulance called, an incident form must be completed and St Paul's Trust's Incident Reporting Procedure followed.
- 5.8 Advice will always be sought from other professionals before the setting agrees to administer medication and the child attends the setting.

6. REFUSING MEDICATION

- 6.1 If a child refuses medication, staff will not force them to do so.
- 6.2 The refusal will be noted and parents/ carers will be informed as soon as possible on the same day.
- 6.3 We will not restrain a child to administer medication unless it is an emergency (e.g. Auto injector).

7. STORAGE & DISPOSAL OF MEDICATION

- 7.1 All medication will be kept securely out of reach of children as per pharmacy instructions.
- 7.2 Medication requiring refrigeration is stored in a fridge which is not accessible to children, inside a plastic closed container, clearly labelled "MEDICATION". It will be stored separately from food.
- 7.3 Emergency medication will be stored in a plastic closed container, clearly labelled and containing a copy of the Management Plan/ Alert Card.
- 7.4 Emergency medication will be accessible to staff at all times. All members of staff working in the setting will be aware of where emergency medication is stored.
- 7.5 A regular check will be made of the medication cabinet every half term. Any medication which is no longer needed, is out of date, not clearly labelled or where instructions have changed will be returned to parents. This will be recorded on the medication record.
- 7.6 Any medication which has not been collected by parent/carer (e.g. when a child has left the setting) will be disposed of safely by returning it to a pharmacy.
- 7.7 Sharps disposal boxes should be provided on prescription and always be used for the disposal of needles or glass ampoules as instructed.
- 7.8 Completed medication records for medications that have been returned or disposed of must be filed on the individual child's record and archived in line with data retention policy.

8. OFFSITE ACTIVITIES

- 8.1 If children are involved in off-site activities any medication that may be required, including all emergency medication, must be carried by the member of staff who would be responsible for administering the medication.
- 8.2 Record of administration forms and care plans should also be taken to ensure that administration procedures are followed.

9. EXTENDED DAY CARE

- 9.1 Where children attend the after school club and have temporary medication which is administered at school, the schools must ensure they hand over the medications to the after school club staff.
- 9.2 We will follow the school procedures of signing medications out upon collection from school. Medications will be handed over to parents when they collect their child from after school club and this will be documented on a daily basis
- 9.3 If our staff are required to administer another dose, parents must complete medication forms as described in section 2.

10. SAFEGUARDING AND AUDITING

- 10.1 Key persons are responsible for reviewing with parents/carers children's medication needs on a termly basis to ensure that:
- the information on medication records is accurate and up to date
 - there is sufficient medication available
 - that medication has not reached its expiry date
 - that equipment (i.e. asthma spacer devices) are clean and in working order
 - ensuring that any medication no longer required is returned to the parent/carer for disposal and recorded on the medication record
- 10.2 All staff will raise any concerns regarding administration, storage and recording of medication with Senior members of staff.
- 10.3 Advice may be sought from other professionals before the setting agrees to administer medication.
- 10.4 All significant concerns relating to administration of medication will be documented in accordance with St Paul's Trust Safeguarding procedures.
- 10.5 The Medication Coordinator will audit medication records and storage of medication on a half termly basis using the provided check list (appendix 1).
- 10.6 Assistant managers will audit a 10% sample of medication records and storage of medication in their designated room/setting on a termly basis using the provided check list (appendix 1).
- 10.7 Line managers will observe every member of staff within their practice while administering medication once a term and this will be recorded.
- 10.8 Findings of audits, observations and staff concerns will be addressed in staff meetings and/or supervisions as appropriate.
- 10.9 Policy, procedure and risk assessments relating to administration of medication will be reviewed within the setting timetable or when needed as identified in audits, observations and staff concerns.
- 10.10 Failure to follow policy and procedures may result in disciplinary proceedings.

Reviewed August 2019

Related Policies & Procedures:

Safeguarding Policy	Health & Safety Policy	Sickness Policy
First Aid procedure	Inclusion Policy	Trips & Visits procedure
Allergy Policy	Asthma Policy	Sun Safety Policy
Procedure for changing nappies and clothes		
Data Protection Policy	Data Retention and Destruction Policy	
Information Security Policy		