



Medication Policy

This policy was adopted at a meeting of:

Portobello Toddlers Hut

Charity Number: SCO 21068

On.....

Signed Designation

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 proper procedures are being followed in order to meet these needs. Medication will only be given when it would be detrimental to the child's health not to be administered. 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

Insurance

Early Years Scotland's (EYS) insurance provider, RSA, provides cover under the Public Liability section of the Group Insurance Policy where an ELC setting is found to be legally liable. The Public Liability section of the insurance cover can be extended to include administration of medication, provided that the ELC setting is fully compliant with the National Care Standards, Standard 3 (section 6 and 7) and the following procedures are adhered to.

ELC settings that do not have their insurance via EYS, and, where appropriate, should also contact their own insurer for information on their requirements.

RSA require settings that are administering lifesaving or emergency invasive medication for example breathing apparatus, colostomy bags, feeding tubes, epipen or adrenaline injections for anaphylactic shock caused by a reaction to nut products or other allergic reactions, or rectal diazepam for epilepsy, to request an extension to your insurance cover by completing an EYS parent/guardian consent form. These consent forms are available from the EYS Insurance Team by emailing info@earlyyearsscotland.org or phoning 0141 221 4148.

RSA treat inhalers for asthma and nebulisers as oral medication. The setting's own consent form should be completed, signed by the parent and retained by the setting. ELC settings must ensure that staff training by a health professional such as the child's GP/District Nurse/Child Nurse Specialist /Community Paediatric Nurse or approved first aid training agency is undertaken in the use of inhalers, prior to the child being left at the setting without their parent/guardian.

Procedures for Administration of Medication

The 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. *National Care Standards-Early education and childcare up to the age of 16* (Scottish Government 2007p14.) If children attend the setting on a part time basis parents should be encouraged to administer the medication at home. Parents will administer at least the first dose of a course of medication and any adverse reactions to the

medication will be noted. The setting 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. Medication will not be administered if it is not clear what it is being prescribed for.

Paracetamol and daycare of children

The information in the Care Inspectorate's "Management of medication in daycare 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 also 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 occasions 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 that 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 these non-routine situations will be dependent on the context.

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 the setting 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 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. Staff will need to complete the Administration of Medication Form each time medication is given noting the date, time and dosage of medication given (appendix 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.

Ensure that all staff and volunteers in the ELC setting know who is responsible for the medication of children with particular needs.

Staff will ensure the parent 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. *Management of medication in daycare of children and childminding services (Care Inspectorate 2014 p6.)*

Storage of Medication

Medication for individual children will be stored in separate containers and labelled clearly with the child's name and date of birth. They will be stored in a high cupboard in the locked kitchen out of reach of the children. Medication that needs to be refrigerated will also have to be stored in individual containers clearly detailing the child's name and date of birth. Staff will ensure that medication that is kept in the fridge is not accessible by the children. Further information can be found in *Management of medication in daycare of children and childminding services (Care Inspectorate 2014 p5).*

Medication will be returned to the parent once the course of medication has been completed. A record should be kept of any medication used by the children that is retained within the setting (appendix 3)

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 support plan. This will be done 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. Qualifications are available in relation to the administration of medication and further information can be found in *Management of medication in daycare of children and childminding services* (Care Inspectorate 2014 p8)

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

Information on the treatment of minor ailments /fevers can be found in *Management of medication in daycare of children and childminding services* (Care Inspectorate 2014 p9-10))

Sun Awareness and Protection

Information on sun protection for children within the setting can be found in appendix 4

Monitoring of this Policy

It will be the responsibility of Catherine Abbot (manager) or Karen Wilson (lead practitioner) 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.

See also:

Health and Safety Policy
Infection Control Policy

Links to national policy

National Care Standards

<http://www.nationalcarestandards.org/213.html>

Management of medication in daycare of children and childminding services

www.scwis.com/index.php?option=com-docman&task=doc

Find out more:

Community pharmacists and NHS 24

www.nhs24.com

Fever Management

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

Parental Permission Form

Appendix 1

Administration of Medicines

Dear Parent/Carer

In order to enable staff 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, properly labelled should be obtained from the pharmacist.
- Medicine should be clearly labelled with child's name, 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 epileptic attacks, diabetes or anaphylactic shock it is imperative the setting is aware of the appropriate emergency treatment that should be given.

Thank you for your co-operation with this matter.

Yours sincerely

Personal Details

Setting	
Name of Child	
Date of Birth	

General Medical Practitioner Information

Name of Doctor	
Address	
Phone Number	

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

Parental Permission

I confirm that my childrequires the following medicine(s) and that it /they can be administered by a non-medically qualified person.

I will also inform the setting immediately of any changes in medication and will provide an appropriately labelled supply

Signature..... Date

Print Name

Home Address

..... Telephone No.

Emergency Contact Person

Relationship

Telephone No.

Child's Name

Details of Medication

TYPE OF ILLNESS	
NAME OF MEDICATION	
TYPE OF MEDICATION EG TABLETS, SYRUP	
DOSAGE INSTRUCTIONS EG HOW OFTEN, WHEN AND ANY OTHER RELEVANT INFORMATION	

Parent's signature confirming medication and dosage

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Sun Awareness and Protection

Appendix 4

Statement of Purpose

Early Learning and Childcare settings need to be aware of the importance of protecting children from the sun. Both children and staff should apply sunscreen, be encouraged to wear protective clothing, drink water and stay in the shade as far as possible. Staff should be good role models for the children in relation to sun safety.

Sun Screen

Sun Screen should be applied by parents or carers at home as all children attend the setting on a part time basis. Sunscreen will be provided by the setting for parent's to use for their child before drop off if they have forgotten to do so.

The most important information on sun screen is the SPF (which shows how strong the protection against UVB is), and star rating (which ranks the level of UVA protection). Look for **at least SPF 15 and 4 or more stars**.

You won't get the level of the protection on the bottle **unless you put enough sunscreen on**. An adult needs about two teaspoonfuls to cover their face and upper arms. It's also important to reapply sunscreen regularly – it rubs, sweats and washes off easily, plus you may well have missed bits.

Appropriate Clothing

Children should be encouraged to wear clothing that provides good protection from the sun, for example, sun hats, long sleeved tops or sun glasses. Information in relation to sun awareness and protection will be made available to parents through newsletters and/or the noticeboard.

Outdoor Activities

Outdoor activities will be held in the shade as far as possible. The setting will try to avoid being outdoors in the middle of the day and children will be encouraged to drink water regularly. Children who do not wish to go outside should be allowed to stay indoors. Children wishing to return indoors to the playroom from outside should be able to do so.