Administration of Medication Policy

This policy was adopted at a meeting of:

Portobello Toddlers Hut Playgroup

1. Statement of Purpose

1.1
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.

1.2
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.

2. Procedures for Administration of Medication

2.1
We will only administer prescribed medication when it is essential to do so. Parents will provide written consent for their child to be given medication for a minor ailment or allergy. If children attend this 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.

2.2
In all circumstances, parents will administer the first dose of a course of medication and will advise the setting of any adverse reactions to the medication. Staff will only administer medication that:

- Has been prescribed by a doctor or pharmacist.
- Is in the original container or box along with the information leaflet, and
- is clearly labelled with the child's name and dosage instructions.

It is also important to be aware of the following:

- Children's medicines will be stored in their original containers in a locked cupboard. They will be clearly labelled and inaccessible to 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 (e.g., an EpiPen). Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information:

- The full name of the child and date of birth
- The name of the medication and strength
- If the child has had medication prior to arrival at the setting, the time and dosage amount should be noted.
- Dosage to be given in the setting.
- Signature, printed name of the parent and date.
- Verification by the parent at the end of the session.

NB: No medication may be given without these details being provided.

2.3
If the child spits out or vomits the medicine, no further dose should be given, and the parent should be informed. 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 from a doctor. If a child on medication must be taken to hospital, the child's medication should be taken in a sealed plastic box, which contains a copy of the signed parental consent form, and which is clearly labelled with the child's name and name of the medication. This procedure complies with the safeguarding of information sharing, including General Data Protection Regulations (GDPR) procedures.

2.4
The Care Inspectorate's guidance Management of medication in daycare of children and childminding services states that settings should have a policy relating to sun protection. We have devised a stand-alone Sun Safety Awareness Policy which covers this expectation.

3. Reducing Risk

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

- The consent forms are checked and completed with the parent and colleague before medication is administered.
- The staff member administering the medication should have another colleague check dispensed and expiry dates.
- Ensure that the medication is for a current condition (for example, 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).
- 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.

4. Seeking Medical Advice (NHS 24)

4.1
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.

4.2
If a child becomes ill during a session, when the parent is not present, then the child's key worker will call the parent or emergency contact. If no contact can be made, the key worker may call NHS 24 if deemed necessary and follow advice given.

4.3
The Care Inspectorate has been advised that, on rare occasions, NHS 24 has 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 have advised *"*administration as soon as is reasonably possible*"* is the correct interpretation.

4.4
Services will not (and should not) contact 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.

5. Storage of Medicines

5.1 All medication is stored safely in a locked cupboard below 25° or in a fridge between 2◦-8◦ in an area where children cannot access alone. 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.

5.2
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.

5.3
For some conditions, medication may be kept in the setting. 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 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.

6. Care Plan

6.1
A care plan for the child is drawn up with the parent outlining the key person'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.

6.2
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.

7. 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. There should be a copy of the signed parental consent form in the box. On no account may medicine be decanted into other containers or packets or envelopes. The original pharmacy labelled medication should be within the box.

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

8. Roles and Responsibilities

8.1 Parental Role
It is the responsibility of the parents to ensure that the child is well enough to attend the setting. The parent will inform 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 (and regularly update) a Parental Medication Permission Form (Appendix 1) giving permission for staff to administer the medication. 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.

8.2 *Staff Role*
Staff will ensure that they have the required 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.

8.3
Settings must risk-assess the number of trained personnel who must be present to deal with medicinal needs. It is up to staff within the setting to ensure that 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.

8.4
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. A named member of staff (usually a manager) will ensure that all other staff and volunteers 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 should be time limited depending on the condition.

9. Long Term Medication

Children who require medication for long term conditions such as epilepsy, diabetes, or asthma need to have all relevant information recorded in their care support plan. This will be done by the key worker in consultation with the parent.

10. Staff Training

10.1
Where a condition requires specialist knowledge, staff will be required to undergo training from a qualified health professional in order to be able to administer the necessary medication.

10.2
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.

11. Insurance

11.1
Early Years Scotland's (EYS) insurance provider is Ansvar Insurance. Ansvar 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 has been extended to include administration of medication within the parameters of Endorsement 645 (see Appendix 5). This cover is also on the basis that the ELC setting service has a clear policy and guidelines on the use, storage and administration of medication and staff are suitably trained to carry these out.

11.2
The service must ensure that written consent is given by parents and carers for the use or administration of medication provided by them. A clear policy on how to deal with emergencies and staff are well trained in emergency procedures. Portobello Toddlers Hut (ELC) is fully compliant with the Health and Social Care Standards, 1.15, 1.23, 3.14, 4.15, and the following procedures are adhered to. The setting's

own consent form should be completed and signed by the parent and should be retained in the child's file. PTH (ELC) will 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.

11.3
Administration of Drugs

The following circumstances are not covered as standard and require prior referral to insurers: -

•Working with children that require any form of invasive treatment including (but not limited to) the provision of: oxygen, gastro feeding, naso gastric tube feeding, cleaning and changing of feeding and tracheostomy/tracheotomy tubes or emptying and changing of stoma bags.

Additionally, treatment in general (other than first aid) is excluded by the policy wording, therefore any other treatments carried out by staff such as massage, physiotherapy, hair cutting etc would also require referral. If you have any additional queries regarding cover provided for administration of drugs please contact our broker, Mackay Corporate Insurance Brokers on 01292 611028.

*See Appendix 4

Monitoring of this Policy
It will be the responsibility of the manager 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' handbook. This policy will be reviewed annually to ensure that it is relevant and up to date.

Disseminating and Implementing this Policy

PTH (ELC) 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 - 645 Administration of Drugs (Public Liability)

See also:

Health and Safety Policy
Infection Control Policy
GDPR – Privacy Policy
Sun Safety Awareness Policy

Links to national policy

Management of medication in daycare of children and childminding services
https://hub.careinspectorate.com/media/1549/management-of-medication-in-daycare-of-children-and-childminding.pdf

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

Find out more:

Community pharmacists and NHS 24
www.nhs24.com

Fever Management
http://www.nhsinform.co.uk/health-library/articles/f/feverchildren/introduction

Care Inspectorate - Bitesize resources/Medication
Early learning and childcare improvement programme | Care Inspectorate Hub

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 of which requires to be recorded on this form.

- Medication required to be taken by your child whilst in the setting.
- Completed parental permission form.
- If your child requires ongoing medication to be kept within the setting, a separate supply of medicine, appropriately labelled, should be obtained from the pharmacist.
- Medicine should be clearly labelled with your 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 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.

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 child ……..……requires the following medicine(s)

……..…and that I give permission that it /they can be administered by a non-medically qualified staff member of XXXX (ELC).

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 (if different from above) ……..……

Relationship ……..…...

Telephone No. ……..…..…..

Child's Name ……..…..….

Details of Medication

TYPE OF ILLNESS	
NAME OF MEDICATION (AS STATED ON LABEL)	
TYPE OF MEDICATION E.G. TABLETS, SYRUP	
DOSAGE INSTRUCTIONS E.G. HOW OFTEN, WHEN AND ANY OTHER RELEVANT INFORMATION	

Parent's signature confirming medication and dosage

Signed: ……..……

Print Name: ……

Date: ……

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

(First dose must always be given by the parent)

Child`s Name ……..

Date	Time	Type and dosage of medicine	Time last given by parent/carer	Dosage accepted? Any further action	Signature of member of staff administering drug Please also print name	Signature of witnessing member of staff Please also print name	Parent`s signature Please also print name

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

Child`s Name	Date medication began	Time 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

APPENDIX 4

MACKAY Corporate Insurance Brokers | Chartered Insurance Brokers | Alan R MacKay & Co. Ltd. 38 Miller Road Ayr KA7 2AY Tel: 01292 611028 | Early Years Scotland Investing in our youngest children | ansvar Insuring the heart of your community

645 ADMINISTRATION OF DRUGS (PUBLIC LIABILITY)

The following extension is added to section 1 (Public and Products Liability)

WHAT IS COVERED	WHAT IS NOT COVERED
ADMINISTRATION OF DRUGS ***We*** will pay all amounts ***you*** become legally liable to pay as damages for accidental ***bodily injury*** caused by (or alleged to be caused by) error or omission in the administration of drugs by named ***employees*** in the course of ***your activities*** during the ***period of insurance***	1. ***Bodily injury***: a) to any ***employee*** b) caused by any drug. 2. Liability arising from the administration of drugs by a qualified medical or dental practitioner who is an ***employee,*** director, or partner of ***yours***. 3. Fines or penalties. 4. Punitive, exemplary, aggravated or multiplied damages. 5. Liquidated damages. 6. Any compensation awarded by a court of criminal jurisdiction.

Special requirements for Administration of Drugs
You must comply with the following conditions. ***We*** will not cover any claim if these conditions have not been fully complied with unless ***you*** can show that the non-compliance could not have increased the risk of the loss arising in the circumstances in which it arose:
You must ensure that the following special requirements are effected and maintained by ***you*** throughout each ***period of insurance***.

1. Record in writing the names:
   a) and medical details of all persons to whom drugs are being or will be administered
   b) of all ***employees*** who are authorised to administer such drugs.

2. The named ***employee(s)*** who have agreed to administer drugs must have received the necessary instructions and/or training from either:
   a) the medical practitioner or healthcare professional
   b) the parent, guardian, or legal representative
   of the person receiving the drugs.

3. Not allow the parents, guardians, or other personal legal representative of:

a) children under 16 years old
b) any other person who does not retain their own personal legal responsibility

to leave their child or charge with ***you*** when there is no named ***employee***, able to administer the drugs to the child or charge, in attendance continuously whilst the child or charge is under ***your*** care.

4. The persons to whom drugs are to be administered (or their parents, guardian or other personal legal representative) must confirm beforehand in the required written format to ***you*** their agreement to the administration of such drugs by the named ***employee(s).***

Claims settlement for Administration of Drugs

Limits
The most ***we*** will pay for all ***claims*** for damages in any ***one period of insurance*** is £2,000,000, which forms part of, and is not in addition to, the indemnity limit for Public and Products Liability shown in the schedule.

Costs and expenses will be paid in addition to this extension limit.