



Early Learning and Childcare Settings Administration of Medication Policy

Colgrain ELC

This policy was adopted by:

Chelsey Dolan

On (date) August 2024

Signed: C Dolan Designation: Lead CCEW

Review date:

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.

1.3

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. Please see appendix 4.

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.

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 **at least** every 3 months and at the start of term using appendix 3.
- 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. These 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.

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 the staff's responsibility 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. The 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 personal 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.

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

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

See also:

Health and Safety Policy

Infection Control Policy

GDPR – Privacy Policy

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**

Find out more:

Community pharmacists and NHS 24

www.nhs24.com

Fever Management

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

I have read and understood this policy.			
Staff Name - Print and Sign	Date Reviewed		
Chelsey Dolan	March 23	August 24	
Sandra Cunningham	March 23	August 24	
Wilma Brown	March 23	August 24	
Gillian Dougan	March 23	August 24	

Fiona Porter	March 23	August 24	
Angela Collins	March 23	August 24	
Courtney Williams	August 24	August 24	
Aimi Sharkey	August 24		
Rechelle Calderbank`	August 24		
Leila Dick	August 24		
Cherri Clemmett	August 24		
Nicole Campbell	August 24		
Tatyana Morrison	August 24		