



## **Administration of Medication Policy**

### **Rationale**

We believe that children with long - term medical needs have the same rights of admission to the provision as other children. We will work with staff, parents, child and relevant healthcare professionals to enable this to happen whilst ensuring the safety of staff and children and recognising that there may be circumstances in which this is unable to occur e.g. with complex medical procedures.

### **Aim**

To enable children with long – term and emergency medical needs to access the provision.

To minimise the need to administer medicines for short – term medical needs.

To be clear on the responsibilities of parents, management and staff.

To provide a safe and robust procedure for staff to follow.

### **Policy**

#### **Prescription Medicines**

Medicines will only be administered when it is essential: that is where it would be detrimental to a child's health if the medicine were not administered during the provisions hours. Medicines must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions of administration. Staff will not accept medication that has been taken out of the container or make changes to dosages or times on parental instruction.

#### **Non – Prescription Medicines**

We will generally not administer non-prescription medicines to children.

Parent/carers will need to discuss individual circumstances with the senior worker.

We will never administer non-prescription medication that contains aspirin.

#### **Short – Term Medical Needs**

Many children may need to take medicines for a short period of time, for example finishing a course of medicines such as antibiotics or applying a lotion. We will generally not administer medicines for short – term needs and parent/carers should do this outside of the provisions opening times. If this is unable to happen, the parent/carers need to discuss the issue in advance with the play leader and their decision will be final.

#### **Long – Term Medical Needs**

Some children may have long – term medical needs and may require medicines on a long – term basis to keep them well, for example children with well – controlled epilepsy or cystic fibrosis. It is important to have sufficient information about the medical condition of any child with long – term medical needs. Parents will need to meet with the senior worker in advance and discuss the issues involved. The senior worker will follow the Long-Term needs and Emergency Medication Procedure. We will aim to meet the need dependent on staff training, supervision needs, staff confidence and insurance cover.



### **Emergency Medical Needs**

Some children may require medicines in particular circumstances, Examples of emergency medication are Buccal Midazolam for epilepsy, inhalers for severe asthma and Epipen for severe allergic responses.

Parents will need to meet with the senior worker and discuss the issues involved. We will aim to meet the need dependent on staff training, supervision needs, staff confidence and insurance cover. A Medication Care Plan will be completed. The senior worker will follow the Long – term needs and Emergency Medication Procedure.

### **Registration**

If the parent identifies on the registration form that the child has a medical need, the senior worker will ask for further and more detailed information on the medication consent form and follow the procedure relating to emergency medication as necessary. The senior worker will share this information with the registered person. Parents are responsible for informing the scheme of any changes in medication. We will seek advice from our insurers and registration body before agreeing we are able to administer certain types of medication.

### **Training**

Training in administering medication is recommended as good practice. The format this takes is up to the Manager of the setting: attending an external course is best practice but regardless the Manager will ensure that there is a robust medication policy, that the policy is shared with and understood by the staff team, that there is a risk assessment in place and a way of monitoring if the policy is working.

Staff may need further training before administering certain types of medication eg inhalers, epipen, buccal midazolam. Training could be in the form of relevant books, videos and/or accessing external training.

External training from a qualified health professional must be accessed for staff before undertaking any complex or intrusive procedures or ones which require technical or medical knowledge.

### **Storage**

All medicines must be stored in their original packaging.

General medicines will be stored in a lockable cupboard or box on site. This can be a portable box.

A few medicines need to be refrigerated. These can be kept in a fridge containing food and need to be in a locked box and/or where children are unable to access the area.

If the medicine is a controlled drug (e.g. Ritalin) then it needs to be stored in a locked, non-portable cupboard or box on site.

Emergency medication needs to be easily accessible and not locked away.



If a child is identified as being able to self-administer, they may carry their own medication (e.g. asthma inhaler, but not pills) as agreed with the setting, child and parents.

### **Disposal of medication**

Old medication will be given back to the parent/ carer or taken to a pharmacy. This will be recorded.

### **Outings**

It is recommended that one staff member has primary responsibility for managing the medication on an outing. Medication on an outing will be carried by the member of staff, or child if this is normal practice. The accessibility of medication, particularly for use in an emergency, will be considered. A copy of the Medical Consent and Administration Form, (and Medication Care Plan as appropriate) will be taken and the Administration of Medication Procedure will be followed as normal.

### **Recording**

The parent will complete a consent form detailing the medication or complete a Medication Care Plan as necessary. The senior worker is responsible for checking these forms are completed prior to the child attending the provision.

The senior worker will keep a full record of medicines administered using the Medical Consent and Administration Forms. The forms will include: name of child, method of administration (eg oral), time and frequency of administration, medication, side effects, expiry date, dosage, date, time, name of playworker administered/supervising, name of witness as appropriate and the signature of the parent/carer at the end of the day.

The senior worker or nominated staff member will take responsibility for administering and recording.

A child will not be able to attend the provision if the relevant forms are not completed.

The senior worker will retain a record of any training accessed by individual or all staff members.

### **Control of Substances Hazardous to Health (COSHH)**

To abide by COSHH regulations, we will ensure that we have an information leaflet for any medications that are on the premises and that we have read and understood the pertinent information contained in it. If the information leaflet does not come with the medication itself, then we will access one from a reputable online source or via the GP. This is a legal requirement if we employ over 5 staff in the setting and good working practice if we have less than 5.

### **Administration**

There is no legal duty for staff to administer medication, staff may volunteer or it may be part of their contract of employment.

The senior worker and the staff will follow the setting's administration of medication procedure. The senior worker/staff member will administer medication in a tactful and sensitive manner. Staff will not administer medication if the consent form and



Medication Care Plan, as necessary, are incomplete or if they feel unclear about the procedure. Staff will only administer medication in line with the GP's or prescribing specialist's direction on the prescription label; parent's/carers are not able to amend or change this advice and staff will direct them back to the GP if any changes are requested.

When checking the expiry date on the medication, staff will ensure that the expiry date on the box matches the expiry date on the medication if appropriate. If the medication has a shelf life after opening e.g. to be used 2 weeks after opening, then staff will base this on the dispensing date for the medication.

A staff member who is a witness to administering medication needs to observe all parts of the process from first checking the medication through to the administration and recording.

If the staff member or child drops the medication i.e. a tablet, then this will not be administered. A new tablet will be administered and the spoiled medication will be stored for the remainder of the day and then returned to the parent. This will be reported to the senior worker and recorded.

If a child refuses to take their medication, staff will explain why the medication is important for them and what needs to happen if they do not take it. If the child still refuses, then staff need to inform the parent's/ carers, ask advice from NHS Advice or the prescribing GP or specialist if necessary and record on the administration record form that the child has declined the medication and the time.

### **Self-administration**

If a child is old enough and responsible enough to manage their own medication, then the setting may agree that they can self-administer. This is likely to occur with children aged over 10 years in years 5 or 6 at school and depends on the medication that the child is taking.

It is good practice for the setting to record parental consent for the child to self-administer and have a risk assessment in place.

For self-administration, the child has full responsibility and the setting is not required to monitor the situation or to record when the child has their medicine.

### **Emergency Salbutamol Inhalers**

School run settings are able to hold salbutamol inhalers for emergency use for those pupils who already have an agreed Medication Care Plan in place for the medication. The emergency inhaler might be necessary if a pupil has lost their inhaler or it is out of date or has run out for example. To do this, schools need to follow 'Guidance on the use of emergency salbutamol inhalers in schools', Department of Health 2015. Early years and non-school run out of school settings are not able to use emergency inhalers.

### **Mistakes**

If a staff member has made a mistake in administering medication, this needs to be reported to a senior member of staff immediately. Staff will then inform parents/carers, call NHS Advice, contact the prescribing GP/specialist, go to the local A&E as appropriate.



Mistakes will be recorded on the Administration Record and an Incident Form as appropriate. The Senior Worker will look into how it happened and what can be done to prevent it from happening again. The Registered Person for the setting also needs to be informed ie Management Committee or owner. Ofsted or RIDDOR may also need to be contacted.

### **Queries or concerns**

If a staff member is concerned about a medication or a dose level, then the staff member will not administer the medication. Concerns or queries will be passed onto a senior staff member and then discussed with the parent/ carers or/ and the GP or pharmacist as appropriate. Mistakes can be made on labels for example and it is better to check in advance than administer a medication incorrectly. All queries and concerns will be noted.

### **Confidentiality**

All records relating to the medical needs of a child and the administration of medication will be stored confidentially within the setting. Information will be shared with the staff and school as necessary.

### **Law and recommended practice**

We recognise that we do not have a legal responsibility to administer medication. We recognise we have a responsibility under the Equalities Act 2010 to not treat a child less favourably because of their medical needs.

'Supporting Pupils at School with Medical Conditions' is statutory guidance from October 2014. It applies to schools only but is the closest relevant guidance for out of school and early years settings; this document should be used to benchmark good practice. <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

'Managing Medicines in Schools and Early Years Settings' – this is now old guidance but can be used as an additional good practice guide.

<https://www.gov.uk/government/publications/managing-medicines-in-schools-and-early-years-settings>

'Guidance on the use of emergency salbutamol inhalers in schools' March 2015. Emergency inhalers can only be used in school settings but other guidance on asthma contained in the guidance would be useful for all settings.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

### **Responsibilities**

#### **Management**

- To ensure a safe and clear policy and procedure is in place.
- To liaise with their insurers, follow any recommendations and ensure that if staff follow procedures that they will be covered if there is a complaint.
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- To arrange, with the senior worker, who should administer medicines within the provision either on a voluntary basis or as part of a contract of employment.
- To provide appropriate training for staff
- To assess the risks to the health and safety of staff and others and to put measures in place to manage any identified risks.
- To support the senior worker in fulfilling their responsibilities.
- To make the final decision about whether a child is able to access the provision.

### **Parents/carers**

- To provide information about their child's medical condition and work jointly and openly with us to reach an agreement on the provision's role in supporting their child's needs.
- To discuss with the prescriber whether dose time can be altered so it is outside the hours of the provision.
- To provide medication in original, labelled containers.
- To complete a consent form and individual care plan as appropriate.
- To obtain details from GP or prescribing specialist as requested.
- To inform staff of any changes to medication.
- To ensure the medication is in date and replace any medication if not.

### **Senior Worker**

- To liaise openly with parents, staff and management.
- Ensure all parents and staff are aware of the policy and procedure.
- Ensure staff and they put policy into practice and follow documented procedures.
- To be aware of any side effects of the medication.
- To feedback any concerns to parent/carers and the registered person.

### **Staff**

- To work to the documented procedure if they have agreed to administer medication.
- To discuss any concerns with the senior worker and decline to give medication if staff are unsure of any procedures, dosages or instructions.

### **Monitoring**

We will monitor and evaluate this policy ongoing and will review the policy annually as a minimum.

**Date agreed: July 2017**

**Review date: July 2018**

**Signed by: Janet Taylor and Jenny Brough**

**Signature:**

**Role of signatory: Directors and Managers of Provision**