



# **Dunoon ELC**

# **Administration of**

# **Medication Policy**

**This policy was adopted at a meeting of:**

***Dunoon Primary Early Learning and Childcare***

August 2023

Signed: *Rachael Bryant*

Designation: Principal Teacher

## Statement of Purpose



The UN Convention on the Rights of the Child

Article 24 Every child has the right to the best possible health

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. 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.

## Procedures for Administration of Medication

Dunoon ELC 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. If children attend the 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. Parents will administer the first dose of a course of medication and any adverse reactions to the medication will be noted. Dunoon ELC staff 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.

- Children's medicines will be stored in their original containers in a high up cupboard; they will be clearly labelled and inaccessible to the 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 (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:
  - full name of child and date of birth
  - name of medication and strength
  - if child has had medication prior to nursery Y/N. If yes, what time and dosage amount
  - dosage to be given in the nursery
  - signature, printed name of parent and date.
  - verification by parent at the end of the session.

No medication may be given without these details being provided.

*Management of medication in day care of children and childminding services:*  
<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

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 with the Doctor. If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box is a copy of the consent form signed by the parent. This procedure complies with the safeguarding of information sharing, including General Data Protection Regulations (GDPR) procedures.

If the child spits out or vomits the medicine, no further dose should be given, and the parent should be informed.

### **Reducing risk**

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

- The consent forms are checked and complete with the parent and colleague at the initial stage.
- When the prescribed medication is being administered, it is rechecked with a colleague, this includes the dispensed and expiry dates.
- Reviews ensure that the medication is for a current condition (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).
- Good practice is to 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.

### **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 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 occasion 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 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 the non-routine situations will be dependent on the context.

### **Storage of medicines**

All medication is stored safely in a high up 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

For some conditions, medication may be kept in the nursery. 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/once the course of medication has been completed 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.

### **Care plan**

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

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.

### **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. Inside the box, with the medication, is a copy of the consent form/medication form with the details as given above, which the parent signs on return to the setting. On no account may medicine be decanted into other containers or packets or envelopes. The original pharmacy labelled medication should be within the box.

### **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 Dunoon ELC 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 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 etc. 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. 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 Head Teacher will ensure that all Dunoon ELC 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 to administer medication should be time limited depending on the condition.

### **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 by the key worker 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.

### **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**

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

### **Monitoring of this Policy**

It will be the responsibility of the Head Teacher 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**

Dunoon 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 – Sun Awareness and Protection

### **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**

Management of medication in daycare of children and childminding services

<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

### **Find out more:**

Community pharmacists and NHS 24

[www.nhs24.com](http://www.nhs24.com)

Fever Management

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

**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, appropriately labelled should be obtained from the pharmacist.
- Medicine should be clearly labelled with 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,

Rachael Bryant  
Principal Teacher (Acting)

**Request for School to Administer Medication Form Given With This**

School Record of Details of Medication/Administered to Individual Pupils

**Appendix 2**

School:		Head Teacher	
Pupil's Name		Method of Administration	
Name of Medication		Strength	

N.B. Check date of dispensing is within three months and medication not expired (if this date is noted). If in doubt, please contact dispensing source for further advice.

Date	Time	Type and dosage of medicine	Time last given by parent/carer	Dosage accepted? (medication refused/dropped, etc) 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
Reason for returning to parent:							
Balance received	Print				Signature		Date





### 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 at least 30mins before the children go outside. For children who attend the setting on a part time basis the setting should encourage parents to apply the cream at home. If the cream has to be applied by the setting a consent form should be signed by the parent allowing the setting to do so. Parents should provide sun screen for the setting to use. Staff should record when the cream was applied to ensure correct procedures in relation to the application of the sun screen are being followed.

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** but higher factors are preferable 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 and in screened areas 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.