




# Administering Medication Policy

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## Introduction

Children may require medication to be administered at their early learning and childcare setting. Medication may be administered short term to treat a specific condition (such as finishing a course of antibiotics), long term (to treat conditions such as asthma), or in an emergency (to treat conditions such as epilepsy). This document gives guidance on administration, storage and record keeping and is aimed at early learning and childcare providers including nurseries, out of school clubs and other childcare services.

## Policies & Procedures Providers need to consider:

### Record Keeping:

- Consent
- Administration
- Return of medication
- Administration of:
  - prescribed medication (e.g. antibiotics)
  - non-prescription medication (e.g. Calpol)
  - controlled medication (e.g. Ritalin)
  - emergency medication (e.g. inhalers and Epipen)
  - medication management during trips and outings
- Child self-medication
- Storage of medication
- Training required for staff

## Record Keeping

### Consent

Only parents or carers can give written consent to the administration of medication.

Consent to administer medication should be time limited and will be specific to each individual depending on the medical condition, for example:

○ Five days when a course of antibiotics is being finished

Services must review all consents at least every three months or at the start of a new term to check that the medication is still required, is in date and that the dose has not changed. All emergency medications accepted by services must have a minimum of a three month span before expiry. All medications should be returned to the parent at the end of each term.

### Administration

Medication must not be administered by care staff unless there is clear, explicit written consent given by parents/carers.

Only medication provided in the original container with the information leaflet will be administered. Staff should be aware of the recommended dosage as per the information leaflet which is supplied when a medicine is dispensed or bought over the counter and this should be stored with the medication.

All medication and associated 'devices' such as inhalers, must be clearly labelled with the child's name and date of birth and date received by the service. All administration will be recorded clearly and accurately.

Where children have complex medical needs a Health Plan should be developed in conjunction with specialist services supporting the child. See **Appendix 1** for sample 'Child Health Plan'.

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

Staff should complete and sign record sheets each time they give medication to a child.

See **Appendix 2** for sample 'Service Administration of Medication Record'.

This record sheet should include:

Name of medication, Strength (eg 5mg tabs), Route of administration (eg oral syrup)

Dosage, Time, Date, Administering Staff Signature

### **Return of Medication**

Medication should always be returned to parents/carers and signed and dated as received.

### **First Dose**

Care service staff should not give the first dose of a new medicine to a child. Parents should have already given at least one dose to ensure that the child does not have an adverse reaction to the medication. The date of first administration should be recorded along with consent to administer.

**Written Permission** from parents/carers should include:

See **Appendix 3** for sample 'Parent/Carer Permission for Administration of Medication'.

- Name of medication
- Dose
- Method of administration
- Date of first administration by parent
- Time and frequency of administration
- Other or further treatment/side effects

Any member of staff giving medicine to a pupil should check:

○ the pupil's name

- written instructions provided by parents or doctor
- prescribed dose
- dose frequency
- expiry date
- any additional or cautionary labels **Prescribed medication** (e.g. antibiotics)

The procedure for recording and administration should always be followed.

### **Non-prescription medication** (e.g. Calpol)

Care services should not keep stocks of medicines such as Calpol, for communal use. Non-prescribed medication will only be administered for a specific condition or illness. Medication should only be stored for the period for which consent was given. All nonprescribed medicine should be labelled on receipt from the parent/carer with the child's name and date of birth.

### **Controlled medication** (e.g. Ritalin)

In addition to the general administration procedures, the dosage and administration of controlled drugs should be witnessed by a second adult. Both adults should sign when recording this administration.

For lone workers a protocol should be put in place to ensure a robust system of administration and recording is in place, agreed with parents/carers.

The drugs (where this is in tablet form) should also be counted in/out to record not only how many have been administered, but also how many are left.

Schedule 2 Controlled Drugs like Ritalin, must be stored in a locked receptacle within a locked cupboard which can only be opened by authorised people.

See **Appendix 4** for sample 'Service Administration of Controlled Drugs Record'.

### **Emergency medication** (e.g. inhalers and Epipen)

If medication has to be given on a 'when required' basis, it is important that care staff ask if any medication has been given to the child prior to arriving at the service.

Parents should be informed when medication was administered and in what circumstances when the child is collected from the service, or sooner if that is required by parents. The first dose 'rule' does not include emergency medication such as an adrenaline pen where the risk of not giving it could outweigh any adverse reaction. This should be explicit in the consent given.

If the service locks away medication that a child might need in an emergency, all staff should know where to obtain keys to the medicine cabinet.

Where medication is required in an emergency there should be a protocol (in addition to the permissions) setting out the procedure for administration and follow up required. This is likely to come

from a medical professional such as an epilepsy nurse.

### **Medication management during trips and outings**

Agreement should be made between the service and parents/carers before a trip or outing. A record will be made about how medication will be stored and administered. A note of this should be kept in the child's file.

### **Child self-medication**

In England, a child aged 16 or over does not need parental consent for medical treatment unless they lack capacity. Children under 16 can also consent to medical treatment if they understand what is being proposed, it is up to a doctor to decide whether the child can consent in this circumstance.

It could be, for example, that a child self-medicates with an inhaler at an Out of School Club.

Parents must sign to agree that a child can self-medicate. The service must agree how the medication will be stored to ensure the safety of the child needing medication and other service users.

See **Appendix 5** for sample 'Permission for Child to Self-Medicate'.

### **Refusal to take medication**

No child or young person should be forced to take medication. If a child refuses parents/carers should be contacted.

### **Storage of medication**

Most medication should be stored in a locked cupboard or locked container which is out of reach of children in an area that is below 25°C. A few medicines, such as asthma inhalers, may need to be readily available and in this circumstance must not be locked away. The medication's packaging and accompanying patient information leaflet will include instructions about how to store the medicine. These should be stored with the medication.

Services should not store large volumes of medication. Parents/carers should be asked to supply weekly or monthly supplies of the doses to be taken at the service in their original container with the name of the child, the name of the drug, the dosage frequency and expiry date.

Medication for each child should be kept separate (including devices such as inhalers). This can be in a plastic box or zip lock type plastic bag. These should be labelled with the child's name and date of birth and date service received it. Where a pupil needs two or more prescribed medicines, each should be in a separate original container.

Medicine spoons and oral syringes should be cleaned and stored with the child's medication. Devices such as inhaler 'spacers' should be cleaned as directed in the product information and stored with the child's medication.

Some medication will need to be stored in a fridge. The medical fridge should be lockable and be kept at a temperature between 2°C - 8°C. The temperature should be checked each day using a maximum and minimum thermometer. Record both the maximum and minimum temperature. Where a medical fridge is not available medication requiring refrigerated storage can be kept in a clearly labelled airtight container in a domestic fridge.

### **Disposal of Medicines**

Staff should not dispose of medicines. Date expired medicines or those no longer required for treatment should be returned to the parent/carer for transfer to a community pharmacist for safe disposal.

Parent must sign to say they have received the medication back from the service.

Medicines which are in use and in date should be collected by the parent/carer at the end of each term.

### **Parental Responsibility**

Parents/carers **MUST** give written information and permission for all administration of medication.

Parents/carers must be made aware that it is their responsibility to ensure that medicines are “in date”.

Parents/carers are responsible for ensuring that there is sufficient medication to be administered as required.

Parents/carers must give explicit written information when medication is required as symptom relief, about the circumstances/signs/symptoms of the need for administration.

### **Staff Training**

All staff should know and understand the administration of medication policy and procedures.

Staff asked to administer medication should ask for clarification from their line manager/ child's parents, if they are unclear.

Staff administering medication should attend training to understand their roles and responsibilities.

Managers of services should understand the legal requirements and undertake to ensure that best practice guidance is followed by all staff at all times.

Staff required to administer ‘life saving’ treatments (such as an Epipen) should only do so having had ‘specialist’ training from a health practitioner specifically relating to the child.

Staff, in conjunction with their manager, regularly required to administer medication should consider undertaking the PDA Administration of Medication Course.

**APPENDIX 1**

Child Health Plan

**Health Care Plan for a child with Medical Needs**

Date \_\_\_/\_\_\_/\_\_\_

Name of Pupil \_\_\_\_\_ Date of Birth

\_\_\_/\_\_\_/\_\_\_

Diagnosis \_\_\_\_\_

School/Setting \_\_\_\_\_ Class \_\_\_\_\_

**Contact Information****Family/Emergency Contact 1**

Name \_\_\_\_\_

Phone No: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

Mobile No \_\_\_\_\_

Relationship \_\_\_\_\_

**Family/Emergency Contact 2**

Name \_\_\_\_\_

Phone No: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

Mobile No \_\_\_\_\_

Relationship \_\_\_\_\_

**Medical Practitioner Contacts**

G.P. Name \_\_\_\_\_ Practice \_\_\_\_\_

Phone No: (\_\_\_\_\_) \_\_\_\_\_

Pediatrician/Consultant \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Phone No: (\_\_\_\_\_) \_\_\_\_\_

**Plan Prepared By:**

Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Designation \_\_\_\_\_

**Describe condition and give details of child's individual symptoms/signs/treatment** Please give as much detail as possible particularly where this is not emergency medication responding to signs and symptoms.

<b>Condition(s) requiring medication</b>	
<b>Symptoms Displayed</b> Please be specific and clear	

<b>Causative Factors</b> (E.g. exercise leads to breathlessness)			
<b>Treatment</b>			
<b>Medication</b>	<b>Dosage</b>	<b>Method</b>	<b>Times</b>
<b>Emergency Situation</b>			
<b>Actions to be taken in Emergency</b>			

Members of staff trained to administer medication for this child  
(State if different for off-site activities)

Name	Designation

*I agree that the medicines above may be administered to my child in accordance with this plan. I agree to provide the school/service with all medicines required in appropriately labelled original containers. I agree that the medical information contained in this form may be shared with individuals involved in the care and education of:*

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**Pupils Name**

<b>Signed (parent/carer)</b>	
Print Name	Date __/__/__
<b>Signed (on behalf of school)</b>	
Print Name	
DESIGNATION	Date __/__/__
<b>Signed (Health Care Professional)</b>	
Print Name	
DESIGNATION	Date __/__/__

**Review date** \_\_/\_\_/\_\_





### APPENDIX 3

Parental Permission for Administration of Medication

#### **REQUEST FOR EARLY LEARNING AND CHILDCARE SERVICES TO ADMINISTER MEDICATION**

Form for parents/carers to complete if they wish the early learning and/or childcare service to administer medicine

<b>SERVICE</b>		<b>NAME OF MANAGER</b>	
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The service will not give your child medicine unless you complete and sign this form, and service staff agree to administer the medication. **Details of Pupil**

Surname		Forename(s)	
Address:			
Date of Birth		Gender	Class
Condition or Illness			

**Medication:** *Parents must ensure that medication supplied is in date and is properly labelled with a Pharmacy or Dispensed label which states: Child's Name*

*Name of Medication*

*Dose & Frequency*

*Dispensing & Expiry Date*

Name/type of medication	
How long will your child take this medication?	
Quantity/Dose:	
Date of First Dose	Please note first dose MUST have been given my parent/carer unless agreed by medical practitioner for emergency medication such as an 'epipen'
Full directions	Note dosage and method e.g. Oral, Injection, Inhaler or other. Timing when medicine should be given: Special precautions: Side effects: <b>N.B. "As directed" is not acceptable.</b>
Child Self-administration	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please complete Child Self-Administration form **Appendix 5** if you want your child to self-administer. Agreement must be made with the service about storage of any self-administered medication.

**PROCEDURES TO FOLLOW IN AN EMERGENCY**

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**Contact 1**

Name	
Emergency phone no(s)	
Relationship to pupil	

**Contact 2**

Name	
Emergency phone no(s)	
Relationship to pupil	

I understand that I must deliver the medicine personally (to agreed member of staff).

I undertake to inform the agreed member of staff immediately of any changes in the medication and provide an appropriately labelled supply.

**Please Note: Verbal information will not be acted upon.**

Medicines will be replaced/replenished by me as required and I understand and agree that the service is not responsible for ensuring supply of the medication.

<b>Signature(s)</b>		<b>Date</b>	
Relationship to pupil			



**APPENDIX 5**

Parental Permission for Child to Self-Medicare

**PERMISSION FOR CHILD TO CARRY HIS/HER PRESCRIBED MEDICATION** Form for parents to complete if they wish their child to carry and administer his/her own prescribed medication.

<b>Service</b>		<b>Class</b>	
<b>Childs name</b>		Date of birth	
Address			
Condition or illness			
Name of prescribed medication & detail of administration	Medication: Dose: Times/Frequency: Method of administration (e.g. inhaler):		
Details of storage of medication			
Procedures to be followed in an emergency			

**Emergency Contact Information**

Name:	
Emergency phone no	
Relationship to pupil	

I would like the above named pupil to keep his/her prescribed medication on him/her for use and for him/her to self-administer as described above.

<b>Signed</b>		Date	
Relationship to pupil			