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	POLICY - Medication			

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1. PURPOSE

FossoPLAY has a legal responsibility to ensure the health, safety and welfare at work of our service users and staff, whether paid or voluntary.

2. SCOPE

Many children will at some time need to take medication in during their time in the nursery. For many this will be short-term, perhaps finishing a course of medication, while others will have chronic or long term health conditions which will require ongoing medication. In some cases children may have medical conditions which require emergency medication to be administered e.g. for sever allergies (anaphylaxis) or epilepsy.

This policy and associated procedures offer parents and carers guidance on how staff within the nursery will handle medications.

An individual health care plan will underpin the care of children with health care needs in the nursery. This will help staff to identify the necessary safety measures to support pupils with such needs and ensure that they and others are not put at risk. It will also help to identify ongoing training needs of staff in relation to common medical conditions. Plans must be tailored to individual children.

Parents and carers have prime responsibility for their child's health and should provide the nursery staff with all necessary information about their child's medical condition. Parents should give details in conjunction with their child's GP or paediatrician, as appropriate.

The nursery manager will seek parents' agreement before passing on information about their child's health to other staff, however if any specific information is pertinent to effectively support the medical needs of a child it may be necessary to share this with the child key worker and wider management team within the nursery. Clear communication and information sharing is important if staff and parents are to ensure the best care for a child.

Some nursery staff may be meeting the health care needs of children as part of their duties. For the majority of staff however there is no legal duty that requires them to administer medication; this is a voluntary role. All staff who provide support for children with health care needs, or who volunteer to administer medication, need support from FossoPLAY management, the local health service professionals and parents, access to information and appropriate training.

3. RESPONSIBILITIES

Operational Arrangements

Parent / Carer Responsibilities

- It is the parents' responsibility to notify the nursery staff when medication is to be administered to the child while attending the setting. This notification should include the reason for the medication and must be confirmed in writing by completion of the "*Parental Request for Administration of Medications*" form. (NB: This form must be checked every 3 months, whenever additional or new medications are required or medications are stopped. If there is no change, then this too must be notified accordingly)
- In passing on this information parents / carers are agreeing that the information may be shared with the nursery staff who be responsible for administering the medication and for the day to day care of their child.
- The nursery Manager will complete the "*Administration of Medication Form*" and the parent/ carer will responsible for checking it for accuracy. The parent / carer and GP will then sign and date it. (NB: This form must be checked and or completed at the start of each term or when ever additional or new medications are required or medications are stopped. If there is no change, then this too must be notified accordingly)
- It is the parents' responsibility to supply correctly labeled medications (pharmacy labels must be on the bottle / boxes)
- It is the parents' responsibility to notify the nursery staff when a medication is no longer required. This notification must be 'signed off' by the parent / carer on the "*Administration of Medication Form*".
- It is the parents' responsibility to dispose of any out of date / no longer required medications.

FossoPLAY Nursery Responsibilities

The manager (or nominated staff member) will:

- Ensure that parents/ carers have knowledge and understanding of the Medications Policy in particular the system in place for providing the nursery with information and instructions.
- Assist parents / carers to complete all documentation correctly as required.
- Supply parents / carers with blank *Parental Request for Administration of Medications*" forms as required.
- Ensure that all forms and documentation are completed correctly. This includes sections of the *Administration of Medication Form* that requires a member of staff's signature, once medication has been checked.
- Ensure all completed documentation corresponds to medication supplied and the pharmacy labels.
- Provide sufficient and appropriate information/ training to nursery Staff regarding the

child's medication requirements, while respecting the confidentiality of the child.

- Take appropriate action if discrepancies occur – see section on '*Dealing with Discrepancies*'
- Will inform parents / carers when a new supply of medication is required.
- Send home medication that is no longer required or out of date for disposal.
- Send home all medication at the end of each term or end of summer school holidays, or on request by the parent / carer.
- Ensure staff have training appropriate to the administration of medication, in particular the use of epipens, how to use inhalers, inject insulin via a pen etc.
- Carry out daily audit checks on medications stored. This check will be recorded.

4. PROCESS / PROCEDURE / GUIDELINES

Receipt and Verification of Medications

Children attending the nursery can require a variety of medication prescribed by their GP or Consultant. It is the responsibility of the nursery Manager (or nominated staff member) to verify the medication we are asked to administer is correct. The Manager (or nominated staff member) is responsible for ensuring parents understand the need for this verification which ensures the safety of their child.

The manager (or nominated staff member) will be responsible for checking, in conjunction with the parent/carer, the *Parental Request for Administration of Medications*” and the *Administration of Medication Form* against the actual medications the parent / carer has provided to the nursery NOTE: The information leaflet should accompany the medication and staff should always read the information leaflet.

The name and quantity of each medication will be recorded and the completed sheet signed by the manager (or nominated staff member) and the parent / carer.

All information must be clearly written, typed or computer generated and be indelible. It should always clearly identify the child for whom the medication is intended and the expiry date for each item.

When a child is due to leave the nursery or when the children's medication no longer to be taken, the medicines must be counted and recorded by the manager (or nominated staff member) before being returned to the family and any discrepancies investigated.

When transcribing prescription information from the *Parental Request for Administration of Medications* to the *Administration of Medication Form*, it is important to state doses in a consistent way, e.g if a *Parental Request for Administration of Medications* sheet states doses in milligrams, then so must the

Administration of Medication Form. Likewise, if it is stated in millilitres then it must be recorded in the same way.

The following information **MUST** be available and transcribed onto the *Administration of Medication Form*:

Name and date of birth of child
Name of drug and strength (generic or brand name)
Drug dose and frequency (checked with parent and pharmacy label)
Instruction / Route
Known drug allergies
Parents / carers Emergency Contact Details

Nursery staff will NOT administer medications if they do not know what it is or what it is for.

Storage of Medication

Medication shall be stored in a locked cupboard or locked container which is out of reach of children in an area that is below 25oC.

Each individual child's medication should be separated and stored in an individual container e.g. a plastic container or tray, and succoured within a locked cabinet or fridge (if required).

If the medication requires storage in a fridge, it should be stored in a plastic type box with a lid clearly labeled with the child's name.

All spoons, syringes, spacers for inhalers etc will be labeled and cleaned appropriately

There will be no communal stock – Calpol, tubes of Savlon etc.

Administration of medications (including over doses/ child refusing or spitting out etc / self medication)

Nursery staff will NOT administer any medication without being given appropriate information about the child his/her medical needs and / or appropriate training in the administration of such medication.

When administering medication nursery staff will check:

1. the child's name
2. written instructions given by parents/ carers ("*Parental Request for Administration of Medications*" form)
3. the prescribed dose/ frequency of dose (*Administration of Medication Form*)
4. instruction/ route of administration (*Administration of Medication Form*)
5. the expiry date of the medication(s)
6. any additional leaflets or cautionary labels

Where ever possible and practical the dosage and administration should be witnessed by a second member of staff.

Nursery staff will record details of any medications administered on the *Medication Recording Sheet*

If the medication has to be given on a 'when required' basis, nursery staff will record in the child's file the judgement made as to why the medication has been administered for example; the 'child was wheezing' etc.

If a child refuses to take medication, nursery staff will NOT force them to do so. The club staff will inform the child's parents/ carers as a matter of urgency, if the child is below the age of legal capacity. If necessary the club staff will call the emergency services for an ambulance.

If a child spits the medicine out, nursery staff will NOT re-administer the medication. Club staff will notify the parents / carers as a matter of urgency, if the child is below the age of legal capacity. If necessary the club staff will call the emergency services for an ambulance.

Although it should not happen if procedures are followed correctly, if it is discovered that there has been an overdose of medication during the administration, or a child has received the wrong medication nursery staff will notify the parents / carers as a matter of urgency and seek further medical advice. If necessary, the club staff will call the emergency services for an ambulance.

It is considered good practice to allow children to self administer their own medications, assuming they are able to do so. If they are able to take their own medicines, nursery staff will supervise. e.g. a child with his/ her own inhaler.

Nursery staff will generally NOT administer over the counter medicines unless the parents complete the "*Parental Request for Administration of Medications*" form and give details to staff of when the child last received a dose.

Dealing with Discrepancies

When a medication is requested to be given at the nursery, it cannot be administered without a completed consent form.

If there is a discrepancy between the parental consent form and pharmacy label, then the nursery staff will contact the parents / carers concerned as a matter of urgency and seek further medical advice as may be required, prior to administration.

Any such discrepancies must be recorded in full, including any actions taken.

5. REFERENCES

Care Commission Health Guidance – The Management of Medication in Day Care and Childminding Services – August 2008

NHS Fife – Community Health Partnerships – Code of Practice Administration of Medicines in Fife Schools and Child Development Centres – Draft 5 October 2008

Scottish Executive – The Administration of Medicines in Schools – 2001

NMC – Guidelines for Administration of Medicines – 2002

BNF Medicines for Children – Advice and Guidance – 2008

Guide to Illnesses and Medication in Childcare - 2006

6. MONITORING AND EVALUATION

The policy and associated procedures will be subject to ongoing monitoring, review and update, with a formal review annually.

REVISION HISTORY

Date:

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Changed by: