



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.

Background

This document has been developed in line with national guidance:

- Scottish Government - The Administration of Medication in Schools (2001)
- THC & NHS - The Administration of medicines in School Policy & Guidance (2012)
- Care Inspectorate - Management of Medication in Day Care of Children and Child-minding services (HCR-0514-087).

This guidance will support services to have appropriate safeguards in place.

Policies & Procedures

Providers need to consider:

Record Keeping:

- o Consent
- o Administration
- o Return of medication
- Administration of:
 - o prescribed medication (e.g. antibiotics)
 - o non-prescription medication (e.g. Calpol)
 - o controlled medication (e.g. Ritalin)
 - o emergency medication (e.g. inhalers and Epipen)
 - o 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:

- o 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'.

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

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

- o the child's name
- o written instructions provided by parents or doctor
- o prescribed dose
- o dose frequency
- o expiry date
- o 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 non-prescribed medicine should be labelled on receipt from the parent/carers 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 Scotland, 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 25oC. 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 child 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 2oC - 8oC. 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.

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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.

Compiled November 2020

Signed: K.Laird

Dated: 19.11.20

Signed: _____

Dated: _____

Signed: _____

Dated: _____

November 2020



APPENDIX 1- CHILD HEALTH PLAN

HEALTH CARE PLAN FOR A CHILD WITH MEDICAL NEEDS

DATE: _____

Name of Child: _____

Date of Birth: _____

Diagnosis: _____

School/Setting: *Glenurquhart Primary* Class: *Gaelic Nursery*

Contact Information

Family/Emergency Contact 1

Name

Phone No (Home):

Mobile:

Work:

Relationship:

Family/Emergency Contact 2

Name

Phone No (Home):

Mobile:

Work:

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 sign and symptoms.

Condition(s) requiring medication			
Symptoms Display Please be specific and clear			
Causative Factors e.g. exercise leads to breathlessness			
Treatment			
Medication	Dosage	Method	Times
Emergency Situation			
Actions to be taken in emergency			



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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 nursery 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:

Child's name: _____

Signed (Parent/Carer): _____

Print Name: _____ Date: _____

Signed (on behalf of the school): _____

Print Name: _____

Designation: _____ Date: _____

Signed (Health Care Professional): _____

Print Name: _____

Designation: _____ Date: _____

Review Date: _____

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**APPENDIX 2 – RECORD OF MEDICATION ADMINISTERED TO INDIVIDUAL CHILDREN**

Child's Name		Method of administration	
Name of medication		Strength	
Name of School	<i>Glenurquhart Primary</i>	Class	<i>Gaelic Nursery</i>

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 details (see label.)

Date	Dose	Time	Check date of dispensing/expiry	Comments e.g. medication refused/dropped etc. Condition e.g. seizure, any reaction	Signature of member of staff	Stock Balance

Reason for returning to parent:

Balance received by (print name)		Signature		Date	
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N.B. This record to be retained for a minimum of *five years* after leaving school in *child file*.

Head Teacher: Kerrie Laird, Glenurquhart Primary School, St. Drostans, Drumnadrochit IV63 6UT

Tel: (01456) 450458 E-Mail: glenurquhart.primary@highland.gov.uk

Website: <http://www.glenurquhartprimary.org.uk/>

**APPENDIX 3: REQUEST FOR SCHOOL TO ADMINISTER MEDICATION****School:** Glenurquhart Primary (Gaelic Nursery) **Head Teacher:** Mrs Kerrie Laird

The school will not give your child medicine unless you complete and sign this form, and school staff agree to administer the medication.

Details of child:

Surname:		Forename(s):	
Address:			
Date of birth:		Gender:	
		Class:	
Condition or illness:			

Medication 1: *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 medicine*
- *Dose*
- *Frequency of administration*
- *Date of dispensing and expiry date*

Name/type of medication:			
How long will your child take this medication?			
Quantity:			
Date of first dose:	Please note first doses MUST have been given by parent/carer unless agreed by medical practitioner for emergency medication such as an 'epipen.'		
Full directions for use: dosage/ oral, injection, tube/ timing/ special precautions/ side effects			
Self administration:	Yes		No
Please complete Child Self-Administration form Appendix 5 if you want your child to self-administer. Agreement must be made with the nursery about storage of any such medication.			



Procedures to follow in an emergency:

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Contact 1

Name:	
Emergency phone no:	
Relationship to child:	

Contact 2

Name:	
Emergency phone no:	
Relationship to child:	

I understand that I must deliver the medicine personally (to agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

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

Please note: This should be in written form.

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

Signed (parent): _____ Date: _____

Signed (staff): _____ Date: _____



APPENDIX 4 – SERVICE ADMINISTRATION OF CONTROLLED DRUGS

RECORD OF DETAILS OF CONTROLLED DRUGS ADMINISTERED TO INDIVIDUAL CHILDREN

Child's Name		Method of administration	
Name of medication		Strength	
Name of School	<i>Glenurquhart Primary</i>	Class/Service	<i>Gaelic Nursery</i>

N.B. Check date of dispensing is within three months and medication has not expired (if this date is noted.)

If in doubt please contact dispensing source for further advice (see label.)

Quantity Received:				Signature (Staff):		Date:	
Date	Dose	Times	Date of dispensing	Comments e.g. medication refused	Signature of member of staff 1	Signature of member of staff 2	Stock Balance
Returned to Parent/Carer – Reason for Return						Quantity Returned:	
Signed (Staff)			Signed (Parent)			Date:	

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NB This record to be retained for a minimum of *five* years after child leaving service.



APPENDIX 5 - FOR PUPIL 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.

This form must be completed by parents/guardians

School: Glenurquhart Gaelic Nursery

Class:

Pupil's name		Date of birth:	
Address			
Condition or illness			
Name of prescribed medication (dose, times of administration)			
Procedures to be followed in an emergency			

Contact information

Name	
Emergency telephone no	
Relationship to pupil	

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

Signed		Date	
Relationship to pupil			

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