



Medication Policy

At Little Staggy's ELC there may be children that will at some time need to take medication while attending our day care. For many, this will be short-term, perhaps finishing a course of prescribed or non-prescribed medication. Other children may have medical conditions such as asthma that require regular medication which they might need to take while they are at the care service. Some children have conditions which require emergency treatment, for example, severe allergic conditions or fits (seizures).

The following information is an adaption from the Care Inspectorate documentation:
management-of-medication-in-daycare-of-children-and-childminding

- **storage and administration of medication**

Medication should always be supplied to the service in its original container and box clearly labelled with the child's name.

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. Some medication will need to be stored in a fridge. In larger care services it might be appropriate to have a dedicated medicines refrigerator. This 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. In a small service where it is uncommon for medication to require refrigerated storage, it can be kept in a plastic labelled container in a domestic fridge. The medication's packaging and accompanying patient information leaflet will include instructions about how to store the medicine.

Practitioners 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. When a child is given a new medication, parents should watch closely for allergy or sensitivity symptoms. This good practice point would obviously not include emergency medication such as an adrenaline pen where the risk of not giving it could outweigh any adverse reaction.

Each individual child's medication should be kept separate and stored in an individual container clearly labelled with the child's name and date of birth. This also applies to medication which needs to be kept in a refrigerator.

If the care service has to store Schedule 2 Controlled Drugs like Methylphenidate (Ritalin, Concerta) then these should be kept in a locked receptacle which can only be opened by authorised people. It may not be appropriate to keep emergency medicines like inhalers or adrenaline injections in a locked cupboard as these need to be readily available and accessible to staff. It is important that all staff (including relief or agency

workers) know which children require medication, where the medication is stored, and how to access it.

When practitioners are required to administer medication they must receive the appropriate consent to treatment from parents. Relevant information must be filled out on an administration of medication form, which should be filled out and signed by the parent.

The practitioner administering the medication must be an experienced, qualified member of the team with another colleague as a witness. Both practitioners must sign and counter sign the administration section. Parents are asked to check and sign this information on collection of their child.

- **Consent to treatment**

It is good practice to review all consent 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.

Written parental consent is needed from parents that expect care staff to administer medicines to their child. There needs to be a system as to when and why medication has to be administered in the care service. This is done when parents' consent to administer medication stating the name of the medication, the reason for the medication, how often it has to be administered and how the medication should be stored. At the end of the Childs session parents must then check and sign the medication record that has been used to record the Childs administration of medication that day

- **Record keeping**

Practitioners MUST keep a record of medication that is stored in the setting. They must keep an accurate, up to date record of any medication stored on the premises for the use of children who attend the service. This includes medicines received, returned or disposed of. Keep an accurate, up to date record of all medicines the care service administers to a child while they are in the care of the service.

The medicines record should include:

- Name of the medicine as stated on the dispensing/product label
- Strength of the medicine as appropriate, for example 500mg or 5mg/10ml, form of the medicine, for example capsule, tablet, liquid
- Quantity of medicine, for example quantity received, quantity given
- Dosage instructions, for example one tablet to be taken three times a day
- Date of record, for example date medicine received or given
- Time of administration
- Signature and name of the person making the record
- reasons why a regular medicine is not given as prescribed, for example child refused the medicine, medicine was not available.