

Administration of Medication

We regard the health, safety and security of children in our care as a matter of paramount priority. For this reason we will only administer medication under the specific direction and written instruction of the parent or carer. We will only administer medication which has been prescribed unless stated otherwise within this policy.

Section 1 Administration of Medication procedures

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The Medical Consent Form

The medical consent form **must be completed before** any medication is administered.

The Medical Consent Form must be completed and signed by the parent / carer giving authority and specific instructions on how the medication should be administered. The instructions must agree with information stated on the medication.

Designated staff

All areas within the service will have designated members of staff to carry out and check all administration of medication

Section 1 Administration of Medication procedures

Safe Procedures for completing the medication consent form

- Check who the medication is being prescribed for and record the child's name and date of birth.
- Identify the medicine correctly, it must be clearly labelled. Record what is being prescribed - name of medication as stated on the dispensing/product label and its strength.
- Record the date that medicine is received as well as the dispensed date and expiry date.
- Check why the medication is being prescribed (what is being treated). Medication should only be used for the current condition. Do not administer medication if you do not know what it is or what it is for.
- Record how much medication to give- the dosage. Check dosage with the parent and against the label. We will only administer what is on the label. If a parent ask to give 2 x 5mls but the leaflet suggests maximum of 1 x 5ml dose we will only follow the label
- The date from which the treatment is to commence and the likely anticipated duration for the treatment.
- Record when the parent last gave the medication. Do not give the first dose of a new medicine to a child. Parents should have already given at least one dose to ensure there is no adverse reaction.
- Record the times to be administered and any specific instructions. Some medicines are given at specific times, for example before, with or after food. The absence/presence of food in the stomach can affect how the medicine works and may cause unwanted effects. Ensure dose timings are precise. Some illness can only be controlled with very precise dose timings.

Administering the Medication

The following procedural steps must be followed and recorded;

- the date of administration
- the time of administration
- signature by the person administering the medicine who is trained to do so
- The above must be crosschecked and signed by a second member of staff.
- Identify the child correctly. Second staff member to confirm identity of child and record on form
- The parent/guardian must sign the Medical Consent Form at the end of each day to confirm the medication has been administered correctly and that it has been returned.
- Staff must always record reasons why a regular medicine is not given as prescribed, for example child refused the medicine / medicine was not available.

Safe Practice

- Follow written procedures carefully, where possible staff should always read the information leaflet.
- Medicines prescribed and dispensed for one child should not, under any circumstances, be given to another or used for a purpose other than what it has been prescribed for.
- Some medicines such as antibiotics and eye drops have a specific shelf life. If a medicine has not been dispensed recently it may not be appropriate to use - eg. liquid antibiotics usually only have a 7 to 10 day shelf-life, eye drops should be discarded 28 days after opening etc.
- Always use the medicine spoon, measure or oral syringe that the pharmacist has provided — do not guess or use any spoon or allow the child to drink from the bottle.
- If appropriate the child should be offered a drink with the medication
- Dosage timings should be written on consent forms and noted on playroom white boards.
- **Be discreet** - some children do not mind being given eye drops or using an inhaler in public, however some may prefer to do these things in private.

When Required Instructions for all medications

- If prescribed medication has to be given on a **“when required”** basis, It is important that the parent lists **specific** symptoms e.g. teething- look out for raised temperature , child has high temperature and is prone to convulsions, asthma – look out for wheeziness, Hay fever - look out for eyes running or itchy, etc.
- The staff will record which symptom was present after administering the medication.
- It is important that staff ask if any medication has been given to the child prior to arriving at the service. If in any doubt, the staff trained to give medication will contact the parent by phone to get consent before they administer medicine on a when required basis.
- Before administration the staff trained to give medication will conduct a final check and confirm that the instructions on the medication label accords with the information provided by the parent/carer.
- The parent will be informed of any medication given to the child by the service when the child is collected and asked to sign the consent form when they have received this information.

Concerns over Instructions

- If staff have concerns over medicine instructions given by the parent e.g. the label states a maximum of 1 x 5ml dose at any time but the parents ask you to give double or the patient information leaflet suggests it is not suitable for the reason the parents have asked you to give it for. This should always be queried by staff with the parents or be checked with a pharmacist or NHS Direct/NHS 24.
- We will not give medication where the leaflet or health advice suggests it is not suitable for the reason the parent wants to give it.

What to do if the child spits out or refuses medication.

Under no circumstances will we force any child to take medication should they spit this out or refuse this. Parents and carers will be contacted immediately should this arise to make further arrangements.

Where this happens staff should record on the medical consent form what has happened. This should also include the date and time and the signature of the staff member as well as when the parents were informed.

Complex medication regimes

For children with complex medication regimes (for example diabetes, epilepsy/fitting, and severe asthma) we will complete a health care plan. The appropriate health professional will be involved in drawing up an individual plan and will meet with the staff team to deliver training or pass on any relevant information before any medication is administered.

Errors in the prescribing, dispensing or administration of medicines

Errors can occur in the prescribing, dispensing or administration of medicines. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.

Examples of administration errors are:

- Wrong dose is given, too much, too little
- Medication is not given
- Medication is given to the wrong child.

Where this happens staff should report the incidents to the Nursery Manager and record all details on an incident form. All incidents will be investigated to decide whether further training to an individual is required or whether existing procedures need reviewed.

Any action taken following this will be recorded by the Manager on the incident report. Any serious incidents will be reported to the care Inspectorate.

Should too much medication be administered to a child or accidentally given to the wrong child the senior / Manger will contact NHS 24 or the children's GP for further advice and follow instructions accordingly. The first aider will monitor the situation, should any reaction become apparent immediately call 999 for an ambulance.

Storage of Medication

- All medication should be stored in clear individual plastic boxes with lids and clearly labelled with the child's name and date of birth.
- Medication will be stored in a designated clearly labelled locked cupboard in an area that is below 25°C.
- Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'. You need to know which medicines need to be kept cool. Prescription labels or the Patient Information Leaflet that is supplied with a medicine will state whether the medicines needs to be kept in a fridge. Where children can access the fridge a lock will be required.
- The temperature of the refrigerator should be monitored daily and recorded. A maximum/minimum thermometer is recommended for this. If the temperature is outside the normal range — usually between 2 and 8 degrees Celsius, it is important to identify the fault quickly, otherwise medicines may be wasted. Move medication to another fridge where this may happen and notify the staff.
- All medication must be signed in and out. The Senior Early Years Worker will carry out a monthly check of medication. I.e. records of medication brought in from home, medication administered and medication sent home. This should be recorded and stored within the medication cupboard within the area.
- Medical consent forms are kept within the medication storage cupboard on a clip board for confidential use.
- All spoons, syringes, spacers for inhalers etc are labelled and cleaned appropriately and stored with the child's medication
- Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers. This should be kept stored within the medical cupboard and clearly labelled until the parent collects this. The storage of medication form and medical consent forms should be completed accordingly when medication is returned to the parent / carer.
- Emergency medicines like inhalers or adrenaline injections are stored within the designated medical cupboards within playrooms and can be accessed quickly in an emergency. It is important that all staff know which children require medication, where the medication is stored, and how to access it in the event of an emergency.
- No communal stock will be kept in the Nursery— Calpol, tubes of Savlon etc

Disposing of time-expired or surplus medication

Expired or surplus medication will be returned to the parent or carer. Where the child has left the service and the parents has not returned for the medication then the area senior or manager will hand the medication to the nearest pharmacy.

Children Self-medication

Parents of Children carrying medication should alert staff who will keep this stored in the medical cupboard when the child attends. If older children self-medicate staff should be aware of this and supervise where necessary and note this down. They should ensure that the parent or carer collecting the child has been notified of what has been taken, the time and how much has been taken.

Medication management during trips and outings

Staff should follow this policy when administering medication out with the service. A risk assessment completed before children and staff leave the service will highlight if any child requires medication to be taken along. The consent form should be taken along with the medication which should be stored in the first aid bag and carried by an adult at all times. The completion of the medical consent form should be carried out as normal and shared with the parent on return.

Staff Medication

In extreme circumstances where staff members require emergency medication such as Inhalers, Epi-pens, Insulin etc. they will follow the exact procedures stated within this policy. Information and consent should still be recorded and medication should be stored in the locked medical cupboard.

Section 2 Medication Guidance & Information

Non Prescribed Medication

We will also administer non prescribed medication such as teething powders and gels, colic treatments and creams. Written permission however from parents is also required for all non-prescribed medication.

Paracetamol / Ibuprofen

Paracetamol is the most commonly used medication to treat mild to moderate pains and fever in children. In June 2011, new dosage guidelines were issued for children's liquid paracetamol. The new, age-specific guidance stipulates exact doses of liquid paracetamol medicines that should be given to children instead of the ranged doses previously used.

The guidelines also introduced seven narrower age bands covering children from three months to 12 years. This is a significant change and it is essential that all staff, parents and carers carefully read all labels clearly and follow the dosage provided.

Taking paracetamol at the recommended dose and frequency is safe; however evidence shows that only small increases of just an extra dose a day over the course of three days can potentially cause liver damage.

- We will only administer prescribed paracetamol and ibuprofen under the written direction of the parent where the reason to administer is clear and specific.
- These cannot be given to the child for longer than the recommended 3 consecutive days without a medical note to state why.
- Only where children have more complex health needs will paracetamol / Ibuprofen be held long term and administered in lines with their health care plan on a when required basis. This is authorised by healthcare professionals involved with the child.
- If prescribed paracetamol has to be given on a "**when required**" basis to reduce a child's temperature, It is important that the parent lists **specific** symptoms of why this is required and when the child last had the medication. Parents should note that we will follow the advice for fever management below to see if temperatures can be reduced without the need of medication before administering this.
- Liquid paracetamol and ibuprofen can have a long shelf life and can be used until the expiry date unless stated otherwise on the medicine label. Please note these medications need to be **prescribed** before we will administer them. We will also carry out a regular reviews of medications being administered. As part of this review we will involve parents and carers and if necessary seek further medical advice from public health.

Fever Management

A fever is a high temperature. As a general rule, in children, a temperature of over 37.5°C is a fever. Most fevers are caused by infections or other illnesses. A fever helps the body to fight infections by stimulating the immune system (the body's natural defence against infection and illness).

By increasing the body's temperature, a fever makes it more difficult for the bacteria and viruses that cause infections to survive. Traditional conditions that can cause fevers include:

- Flu
- Ear infections
- Roseola (a virus that causes a temperature and rash)
- Tonsillitis
- Kidney or urinary infections
- Common childhood illnesses, such as measles, mumps, chickenpox and whooping cough

A child's temperature can also be raised during teething (when the teeth start to develop), following vaccinations or if they overheat due to too much bedding or clothing. If the child has a high temperature but appears to be well and active, other than having a high temperature, Antipyretic

(temperature reducing – like paracetamol or ibuprofen) agents should **not be** routinely be used with the sole aim of reducing body temperature in children with fever who are otherwise well.

If a child has a fever, it's important to keep them well hydrated by giving them plenty of cool water to drink. Even if the child isn't thirsty, try to get them to drink little and often to keep their fluid levels up. To help reduce the child's temperature you can also:

- Keep them cool - by undressing them to their underwear (light clothing at nursery) you can cover them with a cool, lightweight sheet.
- Keep them in a cool room 18°C (65°F) is about right (open a window / door if needed).

Urgent medical advice should be sought if the child is:

- Under three months of age and has a temperature of 38°C or above
- Between three and six months of age and has a temperature of 39°C or above
- Over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

Febrile seizures

These can occur in children when they have a fever (a temperature of 38°C/101°F or above) that occurs as a result of an infection or inflammation. They normally occur in children aged between six months and five years, with most cases happening between six months and three years.

Although not a common condition, febrile seizures are not particularly rare either. It is estimated that 2-5% of all children will have a least one febrile seizure.

Febrile seizures can be very frightening for parents and staff, but they look much worse than they actually are. They cause no serious damage to the child and the risks of long-term complications are extremely low. In the UK, there have never been any deaths due to febrile seizures. Antipyretic agents such as paracetamol or ibuprofen do not prevent febrile seizures and should not be used specifically for this purpose.

Covert Medication

- 'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink.
- Covert medication is sometimes necessary and justified and will only be administered under strict guidance from parents or health professionals and as part of a Health Care Plan.

Infection control

When applying any medication staff must follow our Infection control policy and procedures.

- Staff should always wash hands before and after the administration of any medication.
- If you are applying medicines to the skin it is really important to use gloves both for your own protection and also to prevent cross-infection. Some medicines are directly absorbed through the skin. If you do not protect yourself, your body will also absorb the medicine.
- As part of the induction process all staff should be made familiar within this policy and related processes by the area Senior

Record Keeping

- We will 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.
- We will keep an accurate, up to date record of all medicines administered to a child while they are in the care of the service.
- The Senior Early year's worker is responsible for overseeing the completion of records.
- All records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record

- It is important to record what you do when you do it. Do not rely on your memory to write information accurately at a later time.
- Records should be clear, anyone should be able to understand exactly what you have administered and when.
- While the Medical Consent Form is in use, it will be stored in the playroom. When the form is no longer current, it will be filed in the child's central record file in a locked cupboard at reception along with all medical letters.
- At the end of each year all medical records will be archived and stored for 15 years

Training

- Only trained staff will administer medication. Training of individuals to administer general medication will be given by the nursery manager in accordance with this policy
- In some circumstances staff may require to have training appropriate to the administration of specific medication e.g. the use of Epipens, how to use inhalers etc. Training will usually be sourced through the child's health visitor who would arrange an appropriate health professional / children community nurse to attend the nursery.
- At this point a health care plan is completed and staff are appropriately trained in the handling and use of medication, and have their competence assessed.
- Senior staff should ensure that staff take the time to revisit this practice every month particularly when the medication has not been required or administered.
- Any changes to emergency medication will be noted in the child's health plan.
- A number of staff are also trained in Paediatric First Aid and first Aid at Work.

Auditing, Reviewing and Monitoring of Medication

Time Limits - Consent to administer each medication should be time limited depending on the condition each medication is to treat, for example:

- Seven days for a course of antibiotics or treatment of an infection with eye drops is for seven days
- Two weeks before an emergency medication's expiry date (like a salbutamol inhaler or adrenaline pen) make sure there is a reminder and enough time to get a new supply.

In the case of prolonged medical treatment a review will be required after every 4 weeks.

- Keyworkers of children with long term medication will be responsible for reviewing this with the parent/carer. This discussion with parents should also be recorded in the child's personal learning plan. The outcome of this review will be recorded on the Medication Review Form. Medication should be returned if necessary after 28 days.
- The Senior Early Years Worker will be responsible for monitoring long term medication. This will be recorded on the monitoring of medical, dietary and allergy requirements form.
- Further spot checks will be carried out by the Nursery Manager to ensure all processes relating to medication are in place and that staff are confident in following these procedures. This will be recorded on the Health and Safety Monitoring book.