

MEDICATION POLICY

Purpose of this Policy

Medication may be required to be administered to children whilst attending an Early Childhood Centre. This may be over a short term to treat a specific condition (such as finishing a course of antibiotics), long term (for example to treat conditions such as asthma), or in an emergency (for example to treat conditions such as epilepsy). This policy gives guidance on the administration of medication, storage and record keeping.

Who is Responsible?

1. Only authorised members of staff will be allowed to administer medication and accurate records of any medication administered must be kept (see points 24 and 25 for more information).
2. It is the overall responsibility of the Senior Management Team (SMT) to ensure that there is written parental/carer consent to administer medication to children during the session.
3. It is the responsibility of the receiving staff member to ensure that parents/carers fully complete any medication forms (HCP 2) prior to any medication being accepted, administered and a signature is obtained giving authorisation.
4. The medication administration form (HCP3) must be signed again by the parent or carer when they are collecting their child from the ECC. If the parent or carer does not collect the child then a telephone call should be made to share this information with them. The person collecting the child must also be informed of the dosage and time the medication was administered. Telephone call and information shared should be recorded within the parental signature box on HCP3.
5. It is the responsibility of the SMT to ensure all staff have completed the Learn Pro module for allergy awareness.

How will this policy be implemented?

6. Prior to a child starting at the centre, information about their health/ medical needs must be gathered. For complex health needs a Team with the Family (TWF) meeting should be arranged. For moderate health needs that do not require multi agency planning, the healthcare planning template (HCP1) can be used to support planning. Depending on the condition/ illness, a healthcare plan may not always be required, for example for medication to

treat conjunctivitis. Risk assessments should be created for children with asthma. Children with severe allergies may have an allergy action plan.

7. The SMT must ensure all staff are kept well informed of children's allergy information and medical needs. The SMT are also responsible for ensuring risk assessments, PEEPs and emergency protocols are in place for children where needed and shared with all relevant staff. These plans should be reviewed at a minimum every 6 months.
8. Staff members will not administer the first dose of medication to any child. Parents/carers should have given their child at least one dose to ensure they do not have an adverse reaction to the medication. When a child is given a new medication, parents/carers will be encouraged to watch their child closely for allergy or sensitivity symptoms. Parent/carers will be asked to sign to confirm that they have given the first dose of the medication (HCP2 (iii)).
9. 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.
10. Where members of staff are required to administer medication to a child, whether short term or long term, the parent/carer must first complete and sign a medicine administration form giving full consent (HCP2). A new form should be completed where there is a change in circumstances. Forms should be audited termly (HCP4) to ensure there are no changes to a child's medical needs, dosage or strength of the medication.
11. Consent to administer medication will 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.
12. For minor ailments, parental written consent will be required with the reason for administration clearly recorded. This request must be for a specific illness. Parents/carers are not permitted to give general permission for medicine to be administered at any other time. Staff must obtain time-limited consent for its use, administer the medication as directed and keep appropriate records as they would with any other medicine.
13. For minor injuries, such as cuts, bruises or stings, appropriate first aid treatment should be given and recorded on the First Aid Treatment Log Sheet. This can be found on Glow within the Health and Safety tile:
https://glowscotland.sharepoint.com/:w:/s/EastAyrshire/eaearlyyears/eccmain21/ecchealthandsafetymain2020/EcprJJ6flxHvOVO3XbQ-S4BUJ3w6I_t5yGB7IQrKm6Qnw
14. Staff can only administer medication for the length of time stated on the bottle/container, staff will not administer medication beyond this time-scale.
15. All emergency medications accepted must have a minimum of a three-month span before expiry.

16. The medicine administration record (HCP3) will detail the name of the member of staff who has administered the medication.
17. Before medicine is administered, the designated member of staff should check the medication permission form for any changes.
18. The medicine administration record should be completed each time the child receives their medication, this form must be completed and signed by the staff administering the medication and countersigned by a witness, then the parent or carer when they collect their child. See point 4 if someone other than parent/carers will be collecting the child.

Administering Medication

19. Medication must not be administered by staff unless there is clear, explicit written consent given by parents/carers.
20. Only medication provided in the original container will be administered. Staff should be aware of the recommended dosage as per the prescription/information label which is supplied when a medicine is dispensed and this should be stored with the medication.
21. All medication and associated 'devices' such as spacers, must be clearly labelled with the child's name.
22. For some medical needs children will require an emergency protocol, risk assessment and/or a personal emergency evacuation plan (PEEP). This should be considered on an individual basis.
23. If in doubt about any of the procedures in relation to medication staff should check with the SMT before taking further action.
24. Only qualified practitioners and senior management should be involved in the administration of medication.
25. There should always be **two** members of staff present at the time of administering any medicines to witness and sign appropriate records (HCP3). Where possible this should include a member of the senior management team.
26. Staff should complete and sign record sheets each time they give medication to a child (HCP3).
27. At no time should the medication record be completed in pencil, it must always be in pen.

28. Parents/carers should sign their names and not print them.
29. Parent/carer signatures must be clearly visible on the medication form.
30. On the consent form, the reason **why** the medication is required must be clear.
31. For children with medication to be administered within the service, staff must confirm with parents/carers whether any medication has been administered prior to the child arriving at the centre that day. This must be recorded on the record of medication (HCP3). If this information is not shared at drop off, then contact must be made with the parent to check prior to administering any medication.
32. Where possible staff should read the medication manufacturer information leaflet.
33. Medication must be stored appropriately in sealed containers in the fridge or cupboard with the child's name and date of birth. Photographs should also be used for long term medication.
34. Medication should **never** be left in children's bags.

Controlled Medication: (e.g. Ritalin)

35. Schedule 2 Controlled Drugs like Ritalin, must be stored in a locked receptacle within a locked cupboard which can only be opened by authorised staff.
36. 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. The SMT need to ensure a record of this is kept.

Emergency Medication (e.g. inhalers and adrenaline pen)

37. As stated in point 9, 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.
38. In some cases, it may be appropriate for emergency medication not to be stored in a locked cupboard depending on ease of access. In these circumstances, a risk assessment must be completed.
39. All staff should know where to obtain keys to the medicine cabinet, ensuring easy access in an emergency.

40. Where medication is required in an emergency, a protocol setting out the step-by-step procedure for staff to follow should be easily accessible.
41. Emergency medication and inhalers should be taken on fire evacuations.
42. Generally, staff should not take children to hospital by car; however, there may be circumstances where it is agreed with the school or centre, emergency services and parents/carers that this is the best course of action. In such circumstances and wherever possible the member of staff should be accompanied by another adult, use an appropriate car seat and have public liability vehicle insurance and valid MOT.

Barrier creams, specialised hand wash and ointments

43. Sometimes children will require a barrier cream, specific hand wash, hand cream or ointment to treat a skin condition or prevent skin irritation. Consent must be sought from parents/carers for the product/s to be used. Staff can then agree with parents/carers that administration will not require to be recorded. Staff should note this on the consent form and ask parents/carers to sign to confirm agreement. These products should still be reviewed termly, with audits recorded.

Sun protection

44. We acknowledge the importance of sun protection and want staff and children to enjoy the sun safely. All staff should refer to the ECC sun protection policy for further information.
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Fever management

45. A fever is a high temperature. As a general rule, in children, a temperature of over 37.5°C is a fever.
46. 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.

47. If the child seems to be well, other than having a high temperature - for example, if they are playing and attentive it is less likely that they are seriously ill, Antipyretic (temperature reducing – like paracetamol or ibuprofen) agents should not routinely be used with the sole aim of reducing body temperature in children with a fever who are otherwise well.
48. 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.
49. To help reduce the child's temperature you can also help your child stay at a comfortable temperature by covering them with a lightweight sheet or by opening a window. However, they should still be appropriately dressed for their surroundings and sponging the child with cool water isn't recommended to reduce a fever.
50. Urgent medical advice should be sought if the child is; under three months of age and has a temperature of 38°C or over 3 months of age and has a temperature of 39°C or above.
51. Febrile seizures (fits) can occur in children when they have a fever 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.
52. Antipyretic agents such as paracetamol or ibuprofen do not prevent febrile seizures and should not be used specifically for this purpose, unless directed by a medical professional.

Medication management during trips and outings

53. Consent for children to participate in outings will always be sought from parents/carers. Medication should be taken with children during any trips or outings. Medication will be signed in and out of the centre and recorded within the Record of Medication Taken out with the Centre (HCP6) for any

specific trip. The outing lead must ensure all medication is returned to the original storage place as soon as possible on return from any outing.

Refusal / too much given/ ineffective medication

54. No child should ever be forced to take medication. If a child refuses parents/carers should be contacted. If parents/carers cannot be contacted then staff should seek urgent advice from the appropriate Health practitioner (if required).
55. If medicine was given to an incorrect child or too much medication was given immediate medical advice from a medical professional should be sought and parent/carers contacted. Appropriate notification / investigation procedures must then be followed.
56. If medication is ineffective (symptoms do not improve or worsen) within the time and dosage guidelines given on the medication information leaflet/ parental consent form, medical advice must be sought and the child's parent/carer informed immediately.

Storage of medication

57. No medication will be stored at the establishment unless it is essential to do so, normally all medication will be returned to parents each day, unless prior consent has been given for long term medication (e.g. inhalers, anti-histamine).
58. 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 adrenaline pens, may need to be readily available and in these circumstances must not be locked away and a risk assessment completed. Barrier creams and individual hand wash/creams may also be required to be stored separately. Staff should ensure these are easily accessible, labelled appropriately and out the reach of children.
59. The medication packaging and accompanying patient information leaflet will include instructions about how to store the medicine. These should be adhered to and stored with the medication.
60. Medication for each child must be kept in individual sealed containers (including devices such as spacers). These will be labelled with the child's name and date of birth. Long term medication should also be labelled with a photograph of the child.

61. 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.
62. Some medication will need to be stored in a fridge. This must be out of reach of children. The medication will be kept at a temperature between 2oC - 8oC in a sealed container, clearly labelled with the child's name and DOB. The fridge temperature should be checked each day using a maximum and minimum thermometer. Both the maximum and minimum temperature must be recorded.
63. Medicines to be stored in the fridge will be stored in a sealed container, clearly marked with the child's name and date of birth. Other medication will be stored in a locked cabinet.

Disposal of Medicines

64. Staff should not dispose of any medication. Expired medication or that which is no longer required for treatment should be returned to the parent/carer for transfer to a community pharmacist for safe disposal. Where this is not possible, the SMT should dispose of the medication by contacting the community pharmacy. Parents/carers must sign to say they have received the medication back from the centre (HCP 5).

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Parental Responsibility

65. Parents/carers MUST give written consent for all administration of medication (HCP2).
66. Parents/carers must be made aware that it is their responsibility to ensure that medicines are "in date".
67. Parents/carers are responsible for ensuring that there is sufficient medication to be administered as required.
68. Parents/carers must give explicit written information when medication is required as symptom relief for minor ailments and about the circumstances/signs/symptoms of the need for administration.
69. Parents/carers must always give the first dose of any medication to ensure they do not have an adverse reaction to the medication. When a child is

given a new medication, parents/carers will be encouraged to watch their child closely for allergy or sensitivity symptoms. Parent/Carers will be asked to sign to confirm that they have given the first dose of the medication (HCP2 (iii)).

70. Parents/ carers must inform ECC staff of any changes to medication or dosage requirements.

Staff Training

71. It is the responsibility of the SMT to ensure that all staff know and understand the administration of medication policy and procedures.

72. The policy and procedures must be updated in response to changes in best practice guidance.

73. Staff asked to administer medication should ask for clarification from SMT, if they are unclear.

74. Where required staff will attend training to understand their roles and responsibilities in relation to administration of medication.

75. Staff required to administer 'life saving' treatments (such as an adrenaline pen) will only do so having had training/guidance from a health practitioner in relation to the individual child's health needs.

76. General awareness raising of common conditions should be offered to ensure all staff have a basic understanding of these, can recognise symptoms and seek appropriate support.

77. The PDA Administration of Medication course is an option that could be considered to provide additional CPL in relation to medication.

78. The Learn Pro module for allergy awareness should be completed by all staff.

Staff Medication

79. Staff's own prescribed medication should be stored in a locked cupboard out of the reach of children. The SMT must ensure appropriate action plans are in place where required and copies of plans must be easily accessible and shared with key staff. A copy must also be stored in the medication cupboard.

80. Staff may at times have short term medication such as paracetamol in their own personal bags. Staff must ensure that bags containing medication are kept in a locked cabinet, drawer or room out of the reach of children. Under

no circumstances should staff take their own medication out to the playroom floor, even after children have left for the day. This has the potential to cause serious harm to a child.

Auditing Medication

81. A member of the SMT will carry out quarterly audits of the ECC's medication arrangements to ensure compliance with the policy. They will ensure that parents are advised when dates are due to expire to enable repeat prescriptions to be ordered and collected where necessary.
82. The member of SMT carrying out the audit, will also check that the medication held is still required for a current condition and that there are no changes to the medication and/or dosage. A record of the audit should be held within the ECC and where necessary will identify remedial actions (HCP4).
83. All medication records should be easily accessible for appropriate personnel.
84. The SMT will monitor all medication brought in and out of the ECC.
85. Medication should be returned home daily if for short term use. Staff must record medication coming in and out of the Centre on HCP7.
86. A record of all medication stored on the premises will be kept (HCP5).

Management of Children's Allergies

87. The SMT have overall responsibility for health and safety within the establishment. They must ensure that any allergy or intolerance information is passed to the Catering Manager and staff team as soon as it becomes available and before the child attends the ECC if possible. This will ensure the appropriate control measures and communication arrangements are in place. Children must only receive foods/drinks which are deemed safe for them by parents/carers.
88. Emergency protocols should be in place for children with severe allergies, to support staff in the event of an allergic reaction.
89. The SMT should ensure processes in place are compliant with the council's allergy policy.

[HealthandSafety Allergy-Awareness](#)
[Food-Allergy-and-Intolerance-Standard](#)

This medication policy is based on;

Care Inspectorate - Management of Medication in Day Care of Children and Childminding services (HCR-0514-087). This guidance supports services to have appropriate safeguards in place.

Health & Social Care Standards (Scottish Government, 2017)

1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

1.24 Any treatment or intervention that I experience is safe and effective.

A quality framework for the daycare of children, childminding and school-aged childcare (Care Inspectorate, Feb 2022)

'Where children require medication, this is delivered in a safe and sensitive manner. Staff support children's understanding of their need to take medication ensuring increased confidence and independence in the management of their condition' p.12.

Supporting Children and Young People with healthcare needs in education (NHS Ayrshire and Arran and East, North and South Ayrshire, April 2020)

Policy created: July 2022

Policy last reviewed: 16 July 2024