East Ayrshire Council
Comhairle Siorrachd Àir an Ear

MEDICATION POLICY

Purpose of this Policy

Many children will at some time need to take medication while attending an Early Childhood Centre (ECC). This medication may include tablets, capsules, liquids, creams, inhalers etc. For some children, this will be a short-term need, perhaps finishing a course of prescribed or non-prescribed medication, while others may have medical conditions, such as asthma, that require regular ongoing medication. A few children may also be prescribed medication for emergency treatment, for example, to manage a severe allergic condition or seizures.

This policy gives clear guidance on how medication should be managed, administered and stored within the ECC and includes reference to records that must be maintained.

Who is Responsible?

1. 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. The SMT must ensure that authorisation comes from the person with parental responsibility for the child.

2. It is the responsibility of the receiving staff member to ensure that parents/carers fully complete any medication consent forms (HCP 2) prior to any medication being accepted, administered and a signature obtained to give authorisation.

3. Only authorised members of staff will ever be permitted to administer medication to children attending the service and accurate records of any medication administered must be kept (HCP3 - see points 24 and 25 for more information).

4. The ECC must verbally inform the person collecting the child on the day when and why any medication has been administered. Information should be recorded on the child's medication administration record (HCP3), including who the information was shared with, and the record should be signed by the person collecting the child. A telephone call should also be made to the person with legal responsibility for the child if they are not the person collecting that day.

5. It is the responsibility of the SMT to ensure that all staff fully understand this policy and 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. Risk assessments must be discussed and agreed with parents/carers and a signature obtained to confirm. Children with severe allergies may have an allergy action plan in place.

7. The SMT must ensure that all staff are kept well informed of children's allergy information and medical needs, including information in relation to where medication is stored. 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. When children present with health conditions, details should also be recorded within the child's personal plan. All plans/risk assessments should be updated in response to any changes and reviewed at a minimum every 6 months.

8. Staff members must never administer the first dose of medication to any child. Parents/carers should have already given at least one dose to ensure the child does not have an adverse reaction to the medication. Parent/carers will be asked to sign on the consent form (HCP2 (iii) to confirm that they have given the first dose of the medication, and no reaction was observed.

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 (see emergency medication section for more information; starts at point 36).

10. Where medication (prescribed and non-prescribed) will need to be administered in the service by staff, medication should be supplied by the parents/carers to the centre in its original purchased/dispensed packaging, including any patient information leaflet supplied with the medication. The parent/carer must then complete and sign the 'administration of medication parental consent form giving full consent (HCP2). A new consent form should be completed where there is a significant change in circumstances. Medication forms should be audited every term (HCP4) to ensure there are no changes.

11. For minor ailments, non-prescribed medication may be purchased over the counter at a pharmacy or supermarket by a parent/carer, and given to the service to administer to the child. Staff must complete the same consent paperwork (HCP2) for non-prescribed medication and ensure the reason for administration is clearly recorded and for a specific illness. 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.

12. 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.

13. Staff can only administer medication for the length of time stated on the prescription label/bottle or container, staff must not administer medication beyond this time-scale. Some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops. When applicable, this is stated in the product information leaflet (PIL).

14. All emergency medications accepted must have a minimum of a three-month span before expiry.

15. The medicine administration record (HCP3) will detail the name of the member of staff who has administered the medication.

16. Before medicine is administered, the designated member of staff should fully check the medication permission form for any changes.

17. The medication 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 signed by the person collecting the child (see point 4 if someone other than parent/carer will be collecting the child).

Administering Medication

18. Medication must not be administered by staff unless there is clear, explicit written consent given by parents/carers. Consent to administer each medication should be obtained in writing on receipt of the medicine. It should be for a mutually agreed time limit, the length of which may be dependent on the condition each medication is to treat. If medication has to be given on a 'when required' basis, staff must know the symptoms it has been prescribed for, these should be recorded clearly in the child's records. Any additional care required after the administration of medication should also be detailed in the child's records/plan.

19. Only medication provided in the original container will be administered. Authorisation will cover the reason for giving the medication, how much is to be given, when and under what conditions. ECCs must never request blanket permission to administer any medication if they deem a child to be unwell.

20. All medication and associated 'devices' such as spacers, must be clearly labelled with the child's name.

21. 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.

22. If in doubt about any of the procedures in relation to medication staff should check with the SMT before taking further action. If there is any confusion or difference between the dosage instruction from the parents/carers and that found on the product/patient information leaflet or dispensing label, the SMT should seek advice from the local pharmacist or GP surgery as soon as possible. Any advice from the pharmacist or GP should be documented.

23. Only qualified practitioners and senior management should be involved in the administration of medication.

24. 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.

25. Staff should complete and sign record sheets each time they give medication to a child (HCP3).

26. At no time should the medication record be completed in pencil, it must always be in pen.

27. Parents/carers should sign their names and not print them.

28. Parent/carer signatures must be clearly visible on the medication forms.

29. On the consent form, the reason **why** the medication is required must be clear.

30. 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/carer to check prior to administering any medication within the service.

31. Where possible staff should read the medication manufacturer information leaflet.

32. 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.

33. Medication should **never** be left in children's bags.

Controlled Medication: (e.g. Ritalin)

34. 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.

35. 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)

36. 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.

37. 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.

38. All staff should know where to obtain keys to the medicine cabinet, ensuring easy access in an emergency.

39. Where medication is required in an emergency, a protocol setting out the step-by-step procedure for staff to follow should be easily accessible.

40. Emergency medication and inhalers should be taken on fire evacuations.

41. 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

42. 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 (HCP2). These products should still be reviewed termly, with audits recorded.

Alterations to Medication

43. Sometimes medicines need to be given in an altered format, for example to ease swallowing difficulties. However, there are certain legal and practical considerations that need to be considered before this happens. For example, altering medication can change how it is absorbed. Services are advised to seek authorisation and advice from the prescriber and local pharmacist respectively if asked to alter (for example, crush, mix with food) a medicine before administration. Any advice sought must be recorded.

Sun protection

44. We acknowledge the importance of sun protection and want staff and children to enjoy the sun safely. Some sunscreen products are regarded as drugs when prescribed for certain conditions. In such instances, the advice for the routine management of medicines should be followed. Beyond that, the general provision of sunscreen products for children is beyond the scope of this guidance and staff should refer to the ECC Sun Protection policy for further information.

Fever management

45. A fever is a high temperature. As a general rule, in children, a temperature of over 38°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 a child has an unexpected fever whilst attending the ECC, parents/carers should be informed as soon as possible.

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. To help reduce the child's temperature you can also help the 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.

49. Urgent medical advice should be sought if the child is; under three months of age and has a temperature of 38°C or under 12 months of age and has a temperature of 39°C or above. Urgent medical advice should also be sought for any child, where staff are concerned that their condition is deteriorating.

50. 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 six 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. If a child is having a febrile convulsion, then staff must seek urgent medical help immediately by calling 999. The staff member dealing with the seizure should also:
    - Alert other staff to the situation (first aider to support asap).
    - Note the time the seizure starts and ends.
    - Protect the child's head with their hands or something soft. **Staff must not move the child or try and hold them in place.**
    - Remove any dangerous objects that are nearby.
    - After the seizure ends, put the child in the recovery position and make sure there is nothing in their mouth or throat that might affect their breathing.
    - Parents/carers should be contacted as soon as it is safe to do so.

51. 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.

52. If a 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.

Medication management during trips and outings

53. A risk assessment must be carried out prior to all outings/trips. As part of this assessment, the arrangement for taking, storing and administering medication during the outing must be considered. This includes appropriate lines of communication and how staff will deal with any emergency situations. Consent for children to participate in outings must always be sought from parents/carers. Medication signed in/out during outings should be recorded

on HCP 6. 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 and further action taken to prevent further incidents.

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, 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 (consider safe storage overnight if not within a locked area). 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 stored out of 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 should 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 after use 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. This will ensure that they continue to work effectively.

62. Some medication will need to be stored in a fridge. This must be out of reach of children. The medication should 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 must 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 2).

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 the child does not have an adverse reaction (see point 8).

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, including alerting staff to any updates.
72. It is the responsibility of the individual staff member to seek clarification if unclear about any aspects of the Medication policy or procedures. Staff must never administer medication if they do not know what it is, what it is used for or how to use it. It could be dangerous to give medication to treat a condition that the child does not have.

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

74. 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.

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

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

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

Staff Medication

78. 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.

79. 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

80. A member of the SMT should carry out quarterly audits (every 12 weeks) of the ECC's medication arrangements to ensure compliance with this policy. The member of SMT completing the checks should then ensure that parents/carers are advised when dates are due to expire to enable repeat prescriptions to be ordered and collected where necessary.

81. The member of SMT carrying out the audit, will also review all consents, 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).

82. All medication records should be easily accessible for appropriate personnel.

83. The SMT will monitor all medication brought in and out of the ECC.

84. Medication should be returned home daily if for short term use. Staff must record medication coming in and out of the centre on HCP7.

85. A record of all medication stored on the premises will be kept (HCP5).

Management of Children's Allergies

86. 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.

87. Emergency protocols should be in place for children with severe allergies, to support staff in the event of an allergic reaction/emergency.

88. The SMT should ensure processes in place are compliant with the council's allergy policy. Staff should have access to:

- Health and Safety Allergy Awareness Safety Standard
- Food Allergy and Intolerance Safety Standard

Management of a Non-Routine Care Situation

89. In a situation where a **child suddenly becomes unwell** and **no** contact can be made with parents/carers, the SMT should contact NHS 24 for advice. Any advice given by NHS 24 or any other healthcare professional in this situation should be recorded by the SMT, providing an audit trail of care and evidence for any subsequent actions taken by ECC staff. This should include informing the parent/carer as soon as practically possible.
90. If you have contacted NHS 24 or any healthcare professional, and the advice given is to administer medication, the Care Inspectorate will view this as a non-routine duty of care situation. As such, your response in this situation should not be viewed against the guidance within this policy for the routine management of medication. If you are advised by NHS 24 or any healthcare professional to source an OTC medicine and give to a child in an acute non-routine situation, then you must document any advice received and any medicine given, including dosage instructions and quantity given. Parents/carers should also be informed of any medication given. **An incident notification should then be submitted to the Care Inspectorate within 24 hours.**

Other guidance considered within this policy includes;

- Care Inspectorate - Management of medication in daycare of children and childminding services, December 2024 and updated in July 2025.
- 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.
    - 4.11 I experience high quality care and support based on relevant evidence, guidance, and best practice.
- A quality improvement framework for early learning and childcare settings, Nurturing Care and Support QI, January 2025.
- Supporting Children and Young People with healthcare needs in education (NHS Ayrshire and Arran and East, North and South Ayrshire, April 2020).
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210, Regulation 4 (1)(a) states that providers 'must make proper provisions for the health, welfare and safety of service users.'