Administration of Medication Policy

Rationale

We believe that children with long-term medical needs have the same rights of admission to the provision as other children. We will work with staff, parents, child and relevant healthcare professionals to enable this to happen whilst ensuring the safety of staff and children and recognising that there may be circumstances in which this is unable to occur e.g., with complex medical procedures.

Aim

To enable children with long–term and emergency medical needs to access the provision.
To minimise the need to administer medicines for short–term medical needs.
To be clear on the responsibilities of parents, management and staff to provide a safe and robust procedure for staff to follow.

Policy

Prescription Medicines

Medicines will only be administered when it is essential: that is where it would be detrimental to a child's health if the medicine were not administered during the provision's hours. Medicines must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions of administration. Staff will not accept medication that has been taken out of the container or make changes to dosages or times on parental instruction.

Non – Prescription Medicines

We will generally not administer non-prescription medicines to children.
Parent/carers will need to discuss individual circumstances with the senior worker.
We will never administer non-prescription medication that contains aspirin.

Short–Term Medical Needs

Many children may need to take medicines for a short period of time, for example finishing a course of medicines such as antibiotics or applying a lotion. We will generally not administer medicines for short–term needs and parent/carers should do this outside of the provisions opening times. If this is unable to happen, the parent/carers need to discuss the issue in advance with the Manager and their decision will be final.

Long–Term Medical Needs

Some children may have long–term medical needs and may require medicines on a long–term basis to keep them well, for example children with well–controlled epilepsy or cystic fibrosis. It is important to have sufficient information about the medical condition of any child with long–term medical needs. Parents will need to meet with the child's key worker in advance and discuss the issues involved. The senior worker will follow the Long-Term needs and Emergency Medication Procedure. We will aim to meet the need dependent on staff training, supervision needs, staff confidence and insurance cover.

Emergency Medical Needs
Some children may require medicines in particular circumstances, Examples of emergency medication are Buccal Midazolam for epilepsy, inhalers for severe asthma and Epipen for severe allergic responses. Parents will need to meet with the Manager and discuss the issues involved. We will aim to meet the need dependent on staff training, supervision needs, staff confidence and insurance cover. A Medication Care Plan will be completed. The child's key worker will follow the Long–term needs and Emergency Medication Procedure. For children with allergies, an Allergy Care Plan may be completed:
https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/

Registration
If the parent identifies on the registration form that the child has a medical need, the administrator will ask for further and more detailed information on the medication consent form and follow the procedure relating to emergency medication as necessary. The administrator will share this information with the Manager and the child's key worker. Parents are responsible for informing the scheme of any changes in medication. Little Foxes Forest School will seek advice from our insurers and registration body before agreeing we are able to administer certain types of medication.

Training
Training in administering medication is recommended as good practice. The format this takes is up to the Manager of the setting: attending an external course is best practice but regardless the Manager will ensure that there is a robust medication procedure, that the procedure is shared with and understood by the staff team.

Staff may need further training before administering certain types of medication e.g. inhalers, epipen, buccal midazolam. Training could be in the form of relevant books, videos and/or accessing external training.
Staff will be made aware of the symptoms and treatments for allergies and anaphylaxis.This should include the differences between allergies and intolerances.

External training from a qualified health professional must be accessed for staff before undertaking any complex or intrusive procedures or ones which require technical or medical knowledge.

Storage
All medicines must be stored in their original packaging. General medicines will be stored in the first aid backpack which will be out of reach for children but easily accessible by staff.

If the medicine is a controlled drug (eg Ritalin) then it needs to be stored in a locked, non-portable cupboard or box at LFHQ. It will not be possible to administer or transport such medicines into the forest for safety reasons. Parents will be informed of this.

Some medicines need to be refrigerated. These can be kept securely in a fridge at LFHQ and need to be where children are unable to access the area. It will only be

possible to administer such medicines at the beginning or the end of the nursery hours when we are based at LFHQ and parents are informed of this. If doses are required during sessions, this must be requested by parents and arranged with the manager prior to or at the start of the session. The manager will use their discretion based on the need for the medicine and wellbeing of the child. Parents will be informed that medicines requiring refrigeration can be taken into the woods and stored securely in an insulated bag with a cool pack, with the temperature monitored. If this is agreed, parents are to take responsibility.

Emergency medication needs to be easily accessible and not locked away.

If a child is identified as being able to self-administer, they may carry their own medication (eg. asthma inhaler, but not pills) as agreed with the setting, child and parents.

Disposal of medication
Old/expired medication will be given back to the parent/ carer. This will be recorded.

Outings
It is recommended that one staff member has primary responsibility for managing the medication on an outing. Medication on an outing will be carried by the member of staff, or child if this is normal practice. The accessibility of medication, particularly for use in an emergency, will be considered. A copy of the Medical Consent and Administration Form, (and Medication Care Plan as appropriate) will be taken and the Administration of Medication Procedure will be followed as normal.

Recording
The parent will complete a consent form detailing the medication or complete a Medication Care Plan as necessary. The administrator is responsible for checking these forms are completed prior to the child attending the provision. The administrator will keep a full record of medicines administered in the child's file and there is a care plan carried at all times with long term/ongoing medical needs. Upon receiving medication carried by the setting for the purpose of long-term medical needs a record will be kept (name of child, name of medication, date received, expiry date, medication leaflet).

Short term medication forms are carried in the registers and care completed by parents and manager prior to or at the start of sessions, noting; name of child, method of administration (eg oral), time and frequency of administration, medication, side effects, expiry date, dosage, date, time. The child's key worker no will take responsibility for administering and recording, with the manager to witness where possible.

A child will not be able to attend the provision if the relevant forms are not completed. The manager will retain a record of any training accessed by individual or all staff members.

Control of Substances Hazardous to Health (COSHH)
To abide by COSHH regulations, we will ensure that we have an information leaflet for any medications that are on the premises and that we have read and understood the pertinent information contained in it. If the information leaflet does not come with

the medication itself, then we will access one from a reputable online source or via the GP. This is a legal requirement if we employ over 5 staff in the setting and good working practice if we have less than 5.

Administration
There is no legal duty for staff to administer medication, staff may volunteer or it may be part of their contract of employment.

The session Manager and the staff will follow the setting's administration of medication procedure. The manager/staff member will administer medication in a tactful and sensitive manner. Staff will not administer medication if the consent form and Medication Care Plan, as necessary, are incomplete or if they feel unclear about the procedure. Staff will only administer medication in line with the GP's or prescribing specialist's direction on the prescription label; parent's/carers are not able to amend or change this advice and staff will direct them back to the GP if any changes are requested.

When checking the expiry date on the medication, staff will ensure that the expiry date on the box matches the expiry date on the medication if appropriate. If the medication has a shelf life after opening e.g. to be used 2 weeks after opening, then staff will base this on the dispensing date for the medication.

A staff member who is a witness to administering medication needs to observe all parts of the process from first checking the medication through to the administration and recording.

If the staff member or child drops the medication i.e. a tablet, then this will not be administered. A new tablet will be administered and the spoiled medication will be stored for the remainder of the day and then returned to the parent. This will be reported to the Manager and recorded.

If a child refuses to take their medication, staff will explain why the medication is important for them and what needs to happen if they do not take it. If the child still refuses, then staff need to inform the parent's/ carers, ask advice from NHS Advice or the prescribing GP or specialist if necessary and record on the administration record form that the child has declined the medication and the time.

Mistakes
If a staff member has made a mistake in administering medication, this needs to be reported to a senior member of staff immediately. Staff will then inform parents/ carers, call NHS Advice, contact the prescribing GP/specialist or go to the local A&E as appropriate. Mistakes will be recorded on the Administration of medicines record and an Incident Form as appropriate. The Manager will look into how it happened and what can be done to prevent it from happening again. The Manager for the setting also needs to be informed. Ofsted or RIDDOR may also need to be contacted.

Queries or concerns
If a staff member is concerned about a medication or a dose level, then the staff member will not administer the medication. Concerns or queries will be passed onto a senior staff member and then discussed with the parent/ carers or/ and the GP or

pharmacist as appropriate. Mistakes can be made on labels for example and it is better to check in advance than administer a medication incorrectly. All queries and concerns will be noted.

Confidentiality
All records relating to the medical needs of a child and the administration of medication will be stored confidentially within the setting. Information will be shared with the staff and school as necessary.

Law and recommended practice
We recognise that we do not have a legal responsibility to administer medication. We recognise we have a responsibility under the Equalities Act 2010 to not treat a child less favourably because of their medical needs.

'Supporting Pupils at School with Medical Conditions' is statutory guidance from October 2014. It applies to schools only but is the closest relevant guidance for out of school and early years settings; this document should be used to benchmark good practice. https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

'Managing Medicines in Schools and Early Years Settings' – this is now old guidance but can be used as an additional good practice guide.

Responsibilities

Management
- To ensure a safe and clear policy and procedure is in place.
- To liaise with their insurers, follow any recommendations and ensure that if staff follow procedures that they will be covered if there is a complaint.
- To arrange who should administer medicines within the provision either on a voluntary basis or as part of a contract of employment.
- To provide appropriate training for staff
- To assess the risks to the health and safety of staff and others and to put measures in place to manage any identified risks.
- To support the administrator in fulfilling their responsibilities.
- To make the final decision about whether a child is able to access the provision.

Parents/carers
- To provide information about their child's medical condition and work jointly and openly with us to reach an agreement on the provision's role in supporting their child's need.
- To discuss with the prescriber whether dose time can be altered so it is outside the hours of the provision.
- To provide medication in original, labelled containers.
- To complete a consent form and individual care plan as appropriate.
- To obtain details from GP or prescribing specialist as requested.
- To inform staff of any changes to medication.
- To ensure the medication is in date and replace any medication if not.

Administrator

- To liaise openly with parents, staff and management.
- Ensure all parents and staff are aware of the policy and procedure.
- Ensure staff and themselves put policy into practice and follow documented procedures.
- To be aware of any side effects of the medication.
- To feedback any concerns to parent/carers and the registered person.

Staff

- To work to the documented procedure if they have agreed to administer medication.
- To discuss any concerns with the Manager and decline to give medication if staff are unsure of any procedures, dosages or instructions.

Monitoring

We will monitor and evaluate this policy on an ongoing basis and will review the policy annually as a minimum.