



# Medication Policy

The United Nations Convention on the Rights of the Child (UNCRC)1989:  
*Article24: (Health and health services): Children have the right... to the best health possible and to medical care and information*



This policy has been devised following guidance from the Care Inspectorate 2014 “Management of medication in Daycare of children and childminding services” document.

<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

Throughout the policy the term **parents** will be used to include all main caregivers.

When starting Strathburn ELC it is the parent’s responsibility to share any relevant health information with the setting. This allows for a partnership between the parent and setting to agree how best to support the child’s medical needs in advance of starting.

For children with more serious long term health issues, the Health Visitor and/or the School Nurse, and any other relevant Health professionals, i.e the Allergy Nurse will be involved in drawing up an agreed care plan with the staff and the parent to include any symptoms, treatment, type of medication and administration of it. Risk assessments will be put in place if required.

If relevant training is required, staff will participate in training that is made available. A record of any staff training will be kept and training will be refreshed when needed.

## HSSC

*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*

*1.19 My care and support meets my needs and is right for me*

Strathburn ELC will only administer medication for ongoing serious medical conditions such as diabetes, allergies, epilepsy and asthmas. For minor and short term conditions such as courses of antibiotics, treatments for colds and temperatures parents will have to medicate their children before and after the session. Strathburn Nursery will not administer paracetamol or ibuprofen, unless identified in a specific care plan, as even a small overdose of these medicines can be potentially harmful to a child’s liver. These should be administered at home.

If a child is unwell and infectious that child should not attend the session, and if staff deem the child to be too unwell to be at the setting parents/carers will be contacted and asked to take the child home. If a child has had vomiting or diarrhoea that child must stay away from the setting for 48 hours after the last bout of sickness.



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If a child becomes unwell during a session staff will follow the following procedures:

- \* For minor discomfort the staff will reassure the child and if the child is comforted by the staff member and can continue to complete the session happily, then the staff member will record in the incidents folder and notify the parent/carer at the end of the session, the parent will sign to confirm they have been informed. Minor cuts, bruises, burns and stings will be treated by first aiders, treatment will be recorded in the first aid book and parents will be informed at the end of the session. Parents will be asked to sign and will receive a copy of the first aid report.
- \* If the child is unwell, in pain and cannot be comforted, staff will contact the child's list of emergency contacts and the parent/carer will be asked to collect the unwell child from the setting.
- \* If the child becomes suddenly very ill, or sustains a serious injury in the setting, the staff will administer first aid immediately, call for further staff to assist, contact emergency services immediately using own mobile if required, then contact parents. If a pupil is taken to hospital by ambulance, they should be accompanied by a member of staff who should remain until a child's parent arrives.

Sun-cream is encouraged to be applied at home before the start of all sessions. Parents/carers should always have children appropriately protected and prepared for the weather conditions before the start of session. Due to the extended hours sunscreen may need to be re-applied by staff during the session. Parents must give signed permission for staff to use the sunscreen the setting has in stock or alternatively supply their own sunscreen. If parents are supplying their own sunscreen it must be handed into a member of staff where it will be stored securely. If staff reapply sunscreen they will note this down with their initials and parents will be informed on collection.

If medication is to be administered staff will ensure parents have completed a medical plan template and follow the guidance in the medical procedure.

## Administering Medication

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

2.23 If I need help with medication, I am able to have as much control as possible

- \* Staff will never administer the first ever dose of a medication, this must always be tried at home so parents/carers can monitor for any adverse or allergic reactions.
- \* Staff must never administer medication which is not in its original packaging with clear labels identifying the medication and instructions of dosages.



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- \* The child's medication will be stored in a clear plastic box, with a photo of the child on the box, the child's name and date of birth clearly visible on the outside of the box, the original packaging and instructions for administration method and dosage visible.
- \* The medication must have a clearly visible expiry date.
- \* Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date, will be returned to the parents/carers.
- \* Parents must fill in and sign the "Aberdeenshire Permission to Administer Medication" form, and discuss the procedures needed with staff, including what time staff should administer, the dosage and the length of time the medication is required for.
- \* The staff must fill in the medication administration form correctly every time a dosage is given, and sign off the medication and return to parents when the course of treatment is over or when the medication has expired.
- \* Staff will notify parents if medication needs replaced, it is then the parent's responsibility to replace the medication. If lack of medication can result in serious illness, then the child will not be able to safely return to sessions until we have the relevant replacement medication. This is particularly relevant for inhalers, anti-histamines, insulin and epi-pens.
- \* If staff think that too much medication has been administered or medication has been administered to the wrong child then they must ask the child to spit out where relevant, record the extra dose on the record of medication sheet, and notify parents/carers immediately.
- \* If a child spits out or refuses medication, this must be recorded in the record of medication form, and parents/carers must be notified immediately if it is for a serious condition or at the end of the session for less serious conditions.
- \* Any medication required by pupils eg. Inhalers, will be carried by staff when participating in activities outside the setting including visits to the gym in the main building.



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- \* The setting will aim to review consent of all medicine with parents every three months or where there is a change to check if the medication is still required, is in date and the dose has not changed. Any changes will be updated in care plans and discussed with health professionals if required.
- \* If medication is to be given on a 'when required' basis a specific care plan will be in place and parents will be contacted to give consent and check when the child was last given medication before the setting administers the medication needed.
- \* Care Inspectorate to be notified in the case of an adverse event involving a schedule 2,3,4,5, controlled drug within 24hours.

## Storage and recording of Medication

- \* Medication will be stored in each child's named box, with their date of birth and a photo attached, in the locked cupboard in the setting.
- \* Medication that needs to stored in a fridge will be kept in the fridge in a plastic labelled container at a temperature between 2°C and 5°C. Fridge temperatures are checked daily to ensure this.
- \* The medication packaging and accompanying patient information leaflet should be stored with the medication.
- \* Where relevant medicine spoons and oral syringes should be cleaned after use and stored with the child's medication. Adaptors should be cleaned as described in the product information.
- \* Staff should check over all the medication every three months, record the check, and return excess, out of date and no longer required medication to parents. Parents should also be informed if medication supplies are running low at this time.



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## Record of medication should include:

- \* Name of the medicine as stated on the dispensing/product label.
- \* Strength of the medication, for example 500mg or 5mg/10ml.
- \* Form of the medication, 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 or 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.

# Nursery Medication Policy

## Monitoring of this Policy

It will be the responsibility of the Early Years Senior Practitioner to ensure that all staff, including new or temporary staff, are familiar with this policy and to monitor that it is being implemented.

It will be the responsibility of the Early Years Lead Practitioner to ensure medication checks have been recorded and monitor any changes to care plans and storage of medication.

If the Early Years Lead Practitioner is absent then the Early Year Senior will be responsible for this.

Parents should be made aware of this policy through the school website and the enrolment procedure.

## Appendices used to support the creation of this policy

Aberdeenshire Council, 2016, " Supporting Children and Young People with Health Care Needs and Managing Medicines in Educational Establishments" <http://asn-aberdeenshire.org/wp-content/uploads/2017/08/Supporting-Children-ManagingMedicines-Educational-Establishments.pdf>

SCWIS, 2011, "The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations" <http://www.legislation.gov.uk/ssi/2011/210/made>

Care Inspectorate 2012: Amended April 2015, "Records that all registered care services (except childminding) must keep and guidance on notification reporting" <https://hub.careinspectorate.com/media/380222/notifying-the-care-inspectorate-ci-.pdf>

**February 2021**

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