



## Administration of Medication Policy

<b>Responsible Officer</b>	Managers
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## **Purpose**

Underpinned by the Health & Social Care Standards, this policy aims to ensure that children, young people and parents feel safe, secure and comfortable within our services in relation to Administration of Medication. At Indigo we place the individual child's health, well-being and safety at the very core of our service.

## **Responsibilities**

1. The organisation is open, collaborative and responsive to the health and wellbeing needs of our children and young people.
2. The Indigo Group will ensure that every child or young person has an individual care plan that is updated termly as a minimum (see care plan procedure).
3. To ensure that all children and young people receive the appropriate medical care when required.

## **Roles**

1. The **role of the parent** is to:
  - a) Provide staff with appropriate information and updates regarding your child's health and wellbeing.
  - b) Inform staff if their child has shown any symptoms of being unwell or if they are recovering from a period of illness.
  - c) Support the Indigo Group's commitment to ensuring children and young people's health and wellbeing.
  - d) Work collaboratively with staff and outside agencies to support their child's health and wellbeing.
  - e) Inform staff if any medication has been administered before the child arrived in the service.
  - f) If the child/ young person receives a prescription, provide staff with prescribed medication (label must be attached to bottle)
  - g) Ensure that any medication brought to the service has been prescribed within the last six months.
2. The **role of the child/ young person** is to:
  - a) Co-operate with staff during periods of administration of medication.
  - b) Take into account their growing responsibilities in relation to their own health and wellbeing.
3. The **role of the practitioner** is to:
  - a. Ensure that all children and young people receive the appropriate medical care when required.
  - b. Ensure that guidelines in relation to the storage of medication are adhered to.
  - c. Not administer the first dosage of any medication.
  - d. Not discard any medication, it must be returned to the parent/ carer for them to do so.
  - e. Ensure the medication has been prescribed and it is within its 'use by' date.
  - f. Ensure that any medication brought into the service has been prescribed within the last six months.

- g. Check all labelling to confirm that it has the child's name, Date of Birth and address and that the label confirms the information provided by the parent/carer (e.g. dosage and frequency) is accurate. The label must be attached to the bottle and clearly visible.
- h. Ensure that parent/carer completes an administration of medication consent form ensuring that the most recent dose given by the parent is recorded. (see appendix 1)
- i. Take a photo of the administration of medication consent form and upload to the notes section on the child's Family profile.
- j. To adhere to infection control policy.
- k. Ensure a member of staff is present to witness the administration of the medication.
- l. Wear protective clothing when appropriate.
- m. Offer the child a drink and reassurance when administering medication.
- n. Edit the note section on the child's Family profile when the course of medicine has been completed, uploading the signed section the administration of medication consent form.
- o. Ensure that any child/ young person who has a long term (no known end date), has a completed a 'Health Care Plan for Child with Medical Needs' (See Appendix 2).
- p. If a child/ young person has a support plan in place from medical professionals e.g. seizure plan, asthma plan, diabetes care plan, this should be attached to the Health Care plan.

4. The **role of the manager** is to:

- a. Ensure that national guidance in relation to health and well-being is shared, implemented and followed.
- b. Provide staff and service users with the knowledge of the procedures in place for the safe administration of medication.
- c. Raise awareness of the importance of the recording and authorisation of administering medication.
- d. To ensure the health and safety of both children and staff when administering medication.
- e. Regularly review, monitor assess the storage of medication and supporting documents.
- f. Should anything compromise the child or young person's health and wellbeing, the manager should take the appropriate action that meets the needs of the child or young person and their best interests.
- g. Where additional support is required the manager will contact the appropriate agencies to ensure the correct support and advice is provided and regular communication is maintained.
- h. Ensure appropriate training is provided where there is a particular health need e.g. diabetes, epilepsy
- i. If a child or young person has a pre-existing medical need at the time of enrolment, ensure all plans are in place prior to the child or young person's start date.

## **Additional Safety Information and Guidance**

1. See appendix 3 for administering medication protocols
2. Staff must not administer any medication that is not in the original packaging, past the expiry date or if staff are unsure what the medication is and what it is for.
3. If a child refuses or spits out their medication, the staff member has the responsibility to contact the parent and update them accordingly. Staff members are not permitted to re-administer medication, at the risk of exceeding the stated dose.
4. In the event of a child wrongly receiving medication or a child receives a dosage of medication which exceeds the stated amount; it would be the duty of a member of senior staff or management to contact the child's parent/carer immediately. This would be to gain permission to attend hospital with their child. If the parent or carer is unavailable, 2 members of staff would accompany the child to hospital immediately.
5. It is not a compulsory part of the staff team's role to administer medication, and we therefore respect the agreement and decisions made by any individual team member to refrain from this. There will however, always be a trained member of staff available to administer medication on a daily basis. (Staff member will have a minimum SVQ3 qualification).

### **Errors in Administration**

1. Any error related to any child/young person's administration of medicine should be reported immediately to the line manager.
2. Any error in the administration of medicine should also be reported to the parent/carer immediately by phone.
3. See appendix 4 on how to deal with possible errors in administration of medicine

### **Self-Medicating Children**

In the event that a child is required to self-medicate (i.e. inhaler/ epipen), staff must adhere to the wishes of the child and his/her family. All staff must be aware of this and have a duty of care to ensure that the safety of this child and all additional children within the service are catered for.

Staff must have knowledge of the routine of this child and ensure that the medication is stored appropriately. It is the responsibility of the management team to implement a care plan for this individual child.

Staff must witness the child administering medication and this should be recorded on the signed consent form.

### **Medication management during trips/outings**

Agreement should be made between the service and the parents prior to the trip. A record will be made about how medication will be stored and administered. A note will be added to the child's file and relevant outings form.

### **Storage of medication**

All medication should be stored in a locked drawer, cabinet, box or fridge which is out of reach of the children. The storage area must be within an area which is below 25 degrees c.

Each individual child's medication should be separated and stored in an individual container (e.g plastic container with lid or sealed zip bags). These containers must be labelled with the following details: child's name, date of birth and the medication enclosed and the date received.

If the medication requires storage in a fridge, the medication should be stored in a zip lock bag (labelled as above).

All spoons, syringes, spacers for inhalers etc. are provided by parents and stored in zip lock bag with medication. Medication should not be administered with any spoons/ utensils that are not measurable.

A photo of the Administration of Medication Consent Form should be uploaded to the notes section of the child's profile on Famly. An additional copy of the Administration of Medication Consent Form should be kept in the zip lock bag with the child's medicine until the use of the medicine is complete. When the remaining medicine or empty bottle/ canister is returned to the parent, the notes section of the child's profile on Famly should be edited to include a photo of the completed signed copy of the Administration of Medication form. The original should then be shredded.

In the event that sharps are used to administer medication, these must be discarded in a sharps box and then stored in a locked cabinet. When the sharps box becomes full, the sharps box should be returned to the parent for appropriate disposal.

### **Seizures**

Should a child or young person have a seizure, procedures identified in the Seizure Management Plan require to be followed, which requires each staff member to undertake a number of actions.

1. Determine that a seizure has commenced.
2. If the child/ young person does not have a Seizure Management Plan in place, phone 999 immediately and follow the advice of the call handler.
3. Note the time that the seizure commenced to ensure seizure can be timed.
4. Follow the processes detailed in the child's Seizure Management Plan.

### **Application of non-prescribed creams**

Parents/carers are required to complete an application of non-prescribed cream form if their child/young person requires application of cream while in service (see appendix 5). Team members should ensure that all sections are completed accurately and are signed by parent/carer and team member.

Application of non-prescribed cream forms should be reviewed and updated termly (see dates on record) or when the cream runs out.

Applications of cream should be recorded on Famly.

Nappy creams should be stored within individual children's nappy boxes with a cream sticker applied, all other creams should be stored in the service's medicine cupboard with a cream sticker applied too.

**Additional Reading/Associated Documents**

NHS 24 – 111 Open 24hrs a day.

**Relates to:**

Care standards: 3:1, 3:2, 3:6, 3:7, 6:1, and 6:3.

SSSC: 1:2, 1:3, 2:2, 3:1, 4:3.

**Legislation**

UN Convention & Rights of the Child

GIRFEC

The Regulation of Care (Scotland) Act 2001

Appendix 1

**Administration of Medication Consent Form - Parent**

I .....consent for .....to be administered the following medication by staff at the Indigo Group.

Name of child	DOB	Name of medication and date prescribed	Dosage to be administered
Reason for medication:		Does child self-medicate    Yes    No If yes, please describe	
Duration of medication:		First dosage given on/at:	Last dosage given on/at:
Date medicine opened:		Shelf life:	
Clearly state situations or signs of behaviour which would indicate the above child requires administration of their as and when medication:			

Date:

Parent signature:

Staff signature:

## Record of Administration of Medication

Child's name –

Child's DOB –

### Staff checklist

Checked expiry date	
Checked dispensed date	
Confirmed dosage and frequency	
Ensured first dosage administered	
Staff signature	

Date	Time last dosage given	Time dosage to be administered	Staff Signature	Witness Signature	Parent's Signature	Comments



**Appendix 2**

**Health Care Plan for Child with Medical Needs**

Child Name..... Date of birth.....

Diagnosis.....

Base.....

**Contact Information**

Family Emergency Contact 1

Name.....

Phone No: Home..... Work.....

Mobile.....

Relationship.....

Family Emergency Contact 2

Name.....

Phone No: Home..... Work.....

Mobile.....

Relationship.....

Medical Practitioners Contacts

GP Name..... Practice.....

Phone No.....

Paediatrician/Consult..... Clinic/Hospital.....

Phone No.....

Plan Prepared by:

Name.....Date.....

Designation.....

Describe condition and give details of child's symptoms/signs/treatment. Please provide as much detail as possible particularly where this is not emergency medication responding to signs and symptoms.

Conditions requiring medication			
Symptoms displayed  Please be clear and specific			
Causative Factors (e.g physical exercise leads to breathlessness)			
Treatment			
Medication	Dosage	Method	Times
Emergency Situation			
Action to be taken in emergency			

Member of staff trained to administer medication for this child (State if different for off-site activities)

Name	Designation

**I agree that the medicines stated may be administered to my child in accordance with this plan. I agree to provide the service with all medicines required in appropriately labelled original containers. I agree that the medical information contained in this form may be shared with individuals involved in the care of**

Child Name
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Parent signature
Print Name: _____
Date: _____

Signature (on behalf of Indigo)
Print Name
Designation _____
Date: _____

Signed (Health Care Professional – if applicable)
Print Name
Designation

### Appendix 3

<p><b>Protocols in Administering Paracetamol/Ibuprofen</b> (this process will be followed for each child and relates to short term conditions such as teething or viral infections)</p>
<p>Any paracetamol or ibuprofen must be prescribed and must have been prescribed within the last six months.</p>
<p>Check the administration of medication consent form has been completed fully and accurately before the parent leaves the service.</p>
<p>Add the medication and consent form to a zip lock bag with the following details:</p> <ul style="list-style-type: none"><li>• Child's Name</li><li>• Child's Date of Birth</li><li>• Name of Medication</li><li>• Date Medication Received</li></ul> <p>Store the zip lock bag including the consent form and measuring spoon/syringe in your locked medicine cabinet.</p> <p>Take a photo of the Administration of Medication consent form and upload to the notes section of the child's profile on Famly.</p> <p>Ensure that you pass on to your team members that the child requires medication and give details of timings, etc.</p>
<p><b>In giving medication, practitioners will work in pairs to enable cross-checking, with one identified as being a 'medicine giver' and the other being a 'checker and counter-signer'.</b></p>
<p>Wash hands</p> <p>Check the child's identity matches the name on the prescribed medication and the child's medication form</p> <p>Check the medicine is being given at the correct time as stated on the form</p> <p>Check with your staff team that the medicine has not already been given to the child</p> <p>Check the medicine is in its original packaging and/or container</p> <p>Check the medicine has a clear and legible pharmacist instruction</p> <p>Check the medicine has not expired and that the medicine was prescribed within the last six months</p> <p>Measure the prescribed amount of medicine using the measuring spoon/syringe that the parent has provided</p> <p>Explain the procedure to the child as appropriate</p> <p>Check that the medicine has been swallowed as appropriate (i.e. it has not been spat out or discarded)</p> <p>Check there are no immediate adverse effects</p> <p>Ensure the child is clean and comfortable after giving medicine</p> <p>Record, date and sign form after medicine has been given (including witness)</p> <p>Return medicine to zip lock bag along with medicine form and store in medicine cabinet.</p> <p>Return the medicine to the parent/carer at the end of the day – medicine must not be stored in the service overnight. This process can be repeated daily in line with the number of days stated on the prescribed label. The parent will be required to sign daily giving permission for the medication to be administered.</p>

**Protocols in Administering Antibiotics** (this process will be followed for each child and relates to conditions such as tonsillitis, ear infections, etc)

Any antibiotics must be prescribed and must have been prescribed for the current condition – check that the date prescribed corresponds with the number of days course.

Check the administration of medication consent form has been completed fully and accurately before the parent leaves the service. Ensure that consideration is given to lunch/snack times if medication has to be administered before or after food.

Add the medication and consent form to a zip lock bag with the following details:

- Child's Name
- Child's Date of Birth
- Name of Medication
- Date Medication Received

Store the zip lock bag including the consent form and measuring spoon/syringe in the relevant fridge. Take a photo of the Administration of Medication consent form and upload to the notes section of the child's profile on Famly.

Ensure that you pass on to your team members that the child requires medication and give details of timings, etc.

**In giving medication, practitioners will work in pairs to enable cross-checking, with one identified as being a 'medicine giver' and the other being a 'checker and counter-signer'.**

Wash hands

Check the child's identity matches the name on the prescribed medication and the child's medication form

Check the medicine is being given at the correct time as stated on the form

Check with your staff team that the medicine has not already been given to the child

Check the medicine is in its original packaging and/or container

Check the medicine has a clear and legible pharmacist instruction

Check the medicine has not expired.

Measure the prescribed amount of medicine using the measuring spoon/syringe that the parent has provided

Explain the procedure to the child as appropriate

Check that the medicine has been swallowed as appropriate (i.e. it has not been spat out or discarded)

Check there are no immediate adverse effects

Ensure the child is clean and comfortable after giving medicine

Record, date and sign form after medicine has been given (including witness)

Return medicine to zip lock bag along with medicine form and store in the fridge.

Return the medicine to the parent/carer at the end of the day – medicine must not be stored in the service overnight. This process can be repeated daily in line with the number of days stated on the prescribed label. The parent will be required to sign daily giving permission for the medication to be administered.

**Protocols in Administering Antihistamine, Paracetamol** (this process will be followed for each child and relates to conditions requiring medication to be stored in the premises for example, history of febrile convulsions or allergies)

Any medication must be prescribed and must have been prescribed for the condition mentioned in the health care plan. The medication should have been prescribed within 6 months and checked termly.

In these instances, a Health Care Plan should be completed fully and accurately before the parent leaves the service. Team member should ensure that page 2 of the Health Care Plan is completed in great detail.

Add the medication and consent form to a zip lock bag with the following details:

- Child's Name
- Child's Date of Birth
- Name of Medication
- Date Medication Received

Store the zip lock bag including the consent form and measuring spoon/syringe in the medicine cabinet. Take a photo of the Health Care Plan and upload to the notes section of the child's profile on Family. Ensure that you pass on to your team members that the child now has a Health Care Plan and ask them to familiarise themselves with the plan. The child's personal care plan should also be updated with this information.

**In giving medication, practitioners will work in pairs to enable cross-checking, with one identified as being a 'medicine giver' and the other being a 'checker and counter-signer'.**

Wash hands

Check the child's identity matches the name on the prescribed medication and the child's Health Care Plan

Check with your staff team that the medicine has not already been given to the child

Check the medicine is in its original packaging and/or container

Check the medicine has a clear and legible pharmacist instruction

Check the medicine has not expired.

Measure the prescribed amount of medicine using the measuring spoon/syringe that the parent has provided

Explain the procedure to the child as appropriate

Check that the medicine has been swallowed as appropriate (i.e. it has not been spat out or discarded)

Check there are no immediate adverse effects and monitor to check if the medication has the desired effect. If not, contact the parent to collect the child or call 999 in an emergency situation.

Ensure the child is clean and comfortable after giving medicine

Record, date and sign form after medicine has been given (including witness)

Return medicine to zip lock bag along with medicine form and store in the medicine cabinet.

Contact the parent immediately after administering the medication to inform them and to advise if they are required to collect their child.

The medication can remain in the service and we will check with the family termly if it may still be required. If the medicine runs out or expires, the parent will also be informed.

**Protocols in Administering an Inhaler** (this process will be followed for each child and relates to conditions such as Asthma)

Any Inhalers must be prescribed and must have been prescribed for the condition mentioned in the health care plan. The Inhaler should be checked termly.

In this instance, a Health Care Plan should be completed fully and accurately before the parent leaves the service. Team member should ensure that page 2 of the Health Care Plan is completed in great detail.

Add the medication and consent form to a zip lock bag with the following details:

- Child's Name
- Child's Date of Birth
- Name of Medication
- Date Medication Received

Store the zip lock bag including the consent form and spacer in the medicine cabinet.

Take a photo of the Health Care Plan and upload to the notes section of the child's profile on Famly.

Ensure that you pass on to your team members that the child now has a Health Care Plan and ask them to familiarise themselves with the plan. The child's personal care plan should also be updated with this information.

**In giving medication, practitioners will work in pairs to enable cross-checking, with one identified as being a 'medicine giver' and the other being a 'checker and counter-signer'.**

Wash hands

Check the child's identity matches the name on the prescribed medication and the child's Health Care Plan

Check with your staff team that the medicine has not already been given to the child

Check the medicine is in its original packaging and/or container

Check the medicine has a clear and legible pharmacist instruction

Check the medicine has not expired.

Follow the Guidance on the amount of puffs required

Explain the procedure to the child as appropriate

Follow the guidance on administering an inhaler

Check there are no immediate adverse effects and monitor to check if the inhaler has the desired effect.

If not, contact the parent to collect the child or call 999 in an emergency situation.

Ensure the child is clean and comfortable after giving medicine

Record, date and sign form after inhaler has been given (including witness)

Return inhaler to zip lock bag along with Health Care Plan and store in the medicine cabinet.

The inhaler can remain in the service and we will check with the family termly if it may still be required.

If the inhaler runs out or expires, the parent will also be informed.

**Protocols in Administering Antibiotics** (this process will be followed for each child and relates to conditions such as tonsillitis, ear infections, etc)

Any antibiotics must be prescribed and must have been prescribed for the current condition – check that the date prescribed corresponds with the number of days course.

Check the administration of medication consent form has been completed fully and accurately before the parent leaves the service. Ensure that consideration is given to lunch/snack times if medication has to be administered before or after food.

Add the medication and consent form to a zip lock bag with the following details:

- Child's Name
- Child's Date of Birth
- Name of Medication
- Date Medication Received

Store the zip lock bag including the consent form and measuring spoon/syringe in the relevant fridge. Take a photo of the Administration of Medication consent form and upload to the notes section of the child's profile on Famly.

Ensure that you pass on to your team members that the child requires medication and give details of timings, etc.

**In giving medication, practitioners will work in pairs to enable cross-checking, with one identified as being a 'medicine giver' and the other being a 'checker and counter-signer'.**

Wash hands

Check the child's identity matches the name on the prescribed medication and the child's medication form

Check the medicine is being given at the correct time as stated on the form

Check with your staff team that the medicine has not already been given to the child

Check the medicine is in its original packaging and/or container

Check the medicine has a clear and legible pharmacist instruction

Check the medicine has not expired.

Measure the prescribed amount of medicine using the measuring spoon/syringe that the parent has provided

Explain the procedure to the child as appropriate

Check that the medicine has been swallowed as appropriate (i.e. it has not been spat out or discarded)

Check there are no immediate adverse effects

Ensure the child is clean and comfortable after giving medicine

Record, date and sign form after medicine has been given (including witness)

Return medicine to zip lock bag along with medicine form and store in the fridge.

Return the medicine to the parent/carer at the end of the day – medicine must not be stored in the service overnight. This process can be repeated daily in line with the number of days stated on the prescribed label. The parent will be required to sign daily giving permission for the medication to be administered.



**Protocols in Administering Epipens** (this process will be followed for each child and relates to conditions requiring an Epipen such as severe allergies)

Any Epipens must be prescribed and must have been prescribed for the condition mentioned in the health care plan. The medication should be checked termly.

In this instance, a Health Care Plan should be completed fully and accurately before the parent leaves the service. Team member should ensure that page 2 of the Health Care Plan is completed in great detail.

Add the medication and consent form to a zip lock bag with the following details:

- Child's Name
- Child's Date of Birth
- Name of Medication
- Date Medication Received

Store the zip lock bag including the Health Care Plan in the medicine cabinet.

Take a photo of the Health Care Plan and upload to the notes section of the child's profile on Famly. Ensure that you pass on to your team members that the child now has a Health Care Plan and ask them to familiarise themselves with the plan. The child's personal care plan should also be updated with this information.

**In giving medication, practitioners will work in pairs to enable cross-checking, with one identified as being a 'medicine giver' and the other being a 'checker and counter-signer'.**

Wash hands

Check the child's identity matches the name on the Epipen and the child's Health Care Plan

Check the Epipen is in its original packaging and/or container

Check the Epipen has a clear and legible pharmacist instruction

Check the Epipen has not expired.

Explain the procedure to the child as appropriate

Epipen should be administered according to instructions in the zip lock bag. Training will also be provided.

Check there are no immediate adverse effects and monitor to check if the Epipen has the desired effect. If not, call 999 and contact the parent.

Ensure the child is clean and comfortable after giving medicine

Record, date and sign form after medicine has been given (including witness)

Replace the lid on the Epipen and return to the parent to allow them to discard.

Contact the parent immediately after administering the Epipen to inform them and to advise that they must collect their child.

The Epipen must be replaced when the child returns to the service. The child should not be in the service without having one.

**Protocols in applying non prescribed cream** this process will be followed for each child and relates to conditions requiring cream to be applied such as Eczema, nappy rash, etc.

Creams should be only be used for the purpose described on the consent form. The form should be checked and updated termly.

In this instance, an application of non prescribed cream form should be completed fully and accurately before the parent leaves the service.

Label the cream with the child's name and the date opened. The cream should be stored in the nappy box if appropriate or in the medicine cabinet.  
Take a photo of the non prescribed cream form and upload to the notes section of the child's profile on Famly.  
Store the non prescribed cream form in the medication folder.  
Ensure that you pass on to your team members that the child now has a non prescribed cream. The child's personal care plan should also be updated with this information.

Wash hands

Check the child's identity matches the name on the label of the cream.

Check the cream is in its original packaging and/or container

Check the cream has not expired.

Follow the application guidance – for example thin layer, etc.

Explain the procedure to the child as appropriate

Wear PPE as appropriate.

Check there are no immediate adverse effects

Update Famly when cream has been applied

Return cream to the appropriate storage space

The cream can remain in the service and we will check with the family termly if it is still required. If the cream runs out or expires, the parent will also be informed.

**Protocols for the disposal of sharps** (this process will be followed for each child and relates to conditions such as Diabetes)

Any sharps must be prescribed and must have been prescribed for the condition mentioned in the health care plan.

Use a sharps bin to dispose of used needles or sharps. A sharps bin is a specially designed box with a lid that the parent can get on prescription.

Keep sharps bin in the locked box provided, inaccessible to children, so there is no risk to other people and is out of sight and reach of the children.

Sharps bins is for the disposal of medical supplies such as:

Needles

Syringes

Lancets used with finger pricking devices

Put supplies into the sharps bin immediately after using them and do not try to take them out again. Only fill the bin to where it says 'Do not fill above this line'

Used needles must not be bent or broken before disposal, never try to recap a needle

Do not use any other containers to dispose of sharps

Do not place in rubbish bins

Needles can cause injuries, used needles can carry blood-borne viruses that may be passed on to other people

Once the sharps bin is full this should be returned to the parent for disposal

**What should you do if you or another child injures themselves with a used sharp?**

If you pierce or puncture your skin with a used sharp, follow the first aid advice immediately:

- encourage the wound to bleed, ideally by holding it under running water
- wash the wound using running water and plenty of soap
- do not scrub the wound while you're washing it
- do not suck the wound
- dry the wound and cover it with a waterproof plaster or dressing

You should also seek urgent medical advice as you may need treatment to reduce the risk of getting an infection

## Appendix 4

### Protocols for errors in administration of medicine

PROBLEM	PROTOCOL
<b>Medicine has expired</b>	<p><b>MEDICINE SHOULD NOT BE GIVEN</b></p> <ul style="list-style-type: none"> <li>▪ Inform line manager</li> <li>▪ Record the incident on the child's medicine form</li> <li>▪ Contact the parent to inform them of the situation</li> </ul>
<b>Medicine incorrectly labelled</b>	<p><b>MEDICINE SHOULD NOT BE GIVEN</b></p> <ul style="list-style-type: none"> <li>▪ Inform line manager</li> <li>▪ Record the incident on the child's medicine form</li> <li>▪ Contact the parent to inform them of the situation</li> </ul>
<b>Child has vomited medicine, or has only partially taken the dose</b>	<p><b>DO NOT GIVE CHILD REMAINING MEDICINE</b></p> <ul style="list-style-type: none"> <li>▪ Inform line manager</li> <li>▪ Record the incident on the child's medicine form</li> <li>▪ Contact the parent to inform them of the situation</li> </ul>
<b>Medicine has not been given</b>	<p><b>IF ANY OF THE MENTIONED INDICATE MEDICAL INTERVENTION IS REQUIRED – SEEK MEDICAL ADVICE IMMEDIATELY VIA - NHS 24 (phone 111) – the child's GP – 999</b></p> <p><b>If medical attention is not required:</b></p> <ul style="list-style-type: none"> <li>▪ Inform line manager of the error and ask all practitioners to monitor the child for any adverse reactions</li> <li>▪ Record the incident on an accident form</li> <li>▪ If the child's health deteriorates - <b>SEEK MEDICAL ATTENTION IMMEDIATELY VIA - NHS 24 (phone 111) - GP – 999</b></li> <li>▪ Line manager will contact parent to inform them of the situation</li> </ul>
<b>Medication has been given at the wrong time</b>	
<b>It is thought that a wrong dosage has been given</b>	
<b>Medicine given by wrong route</b>	
<b>Wrong medication given</b>	
<b>Child suffers possible adverse reaction</b>	<p><b>SEEK MEDICAL ADVICE IMMEDIATELY VIA - NHS 24 (phone 111) - GP - 999</b></p> <ul style="list-style-type: none"> <li>▪ Inform line manager</li> <li>▪ Monitor the child closely</li> <li>▪ Record the incident</li> <li>▪ Staff member working with the child or line manager will telephone the parent to inform them of the situation</li> </ul>

**Appendix 5**

**Application of Non-Prescribed Cream – Parental Request Form**

I .....consent for .....to have the following cream applied by staff at the Indigo Group.

<b>Name of child</b>	<b>DOB</b>	<b>Name of cream</b>	<b>Area to be applied to and any specific application instructions:</b>
<b>Reason for cream:</b>		<b>When should the cream be applied:</b>	
<b>Does child self-medicate</b> Yes No <b>If yes, please describe</b>		<b>Shelf Life/Expiry Date:</b>	
<b>Clearly state situations or signs of behaviour which would indicate the above child should have their cream applied out with the times stated above:</b>			

**I can confirm that my child has already received at least one application of this cream to ensure there is no adverse reaction to it.**

**I confirm that my child requires the above non-prescribed medicine and that a non-medically qualified person can administer it.**

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Permission Log

Date	Name of Cream	Parent/Carer Signature	Cream returned to parent - Yes/No Team member initials	Comments

**Please Note: This form should be checked by the parent and updated termly as follows or when the cream runs out/is replaced:**

**January**

**April**

**August**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Replaces</b>	<b>Comment</b>
1	Aug 17	Ashley Turner	N/A	
2	June 2018	Steph Grant	v.1	Slight amendment
3	May 2021	Steph Grant	v.2	N
4	March 2022	Debby Larkin	v.3	updated non-prescribed cream
5	December 2022	Debby Larkin	v.4	addition of medical plans, seizures and protocols
6	April 2023	Laura Cusack	v.5	Addition

