



Administration of Medication Policy

Responsible Officer	Managers
Author	Steph Grant
Date Effective From	1 st August 2017
Date Last Amended	11 th May 2021
Review Date	11 th May 2022

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/ canister).
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 the parent/ carer completes an 'Administration of Medication' consent form, ensuring the last dosage is recorded.
 - 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. To adhere to infection control policy.
 - i. Ensure a member of staff is present to witness the administration of the medication.
 - j. Wear protective clothing when appropriate.
 - k. Offer the child a drink and reassurance when administering medication.
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.

Additional Safety Information and Guidance

1. 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.
2. 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.
3. 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.
4. 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).

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.

This storage space within our establishment is _____
_____.

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 copy of the Medication Consent Form should be stored in the child's file. An additional copy of the Medication Consent Form and a copy of the staff record form should be kept in the container 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 completed copy of the Record of Administration form should be filed in the child's file.

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

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

Parent signature

Print Name:

Date:

Signature (on behalf of Indigo)

Print Name

Designation

Date:

Signed (Health Care Professional – if applicable)

Print Name

Designation

Appendix 2

Administration of Medication Consent Form - Parent

Iconsent forto be administered the following medication by staff at the Indigo Group.

Name of child	DOB	Name of medication	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

Version	Date	Author	Replaces	Comment
1	Aug 17	Ashley Turner	N/A	
2	June 2018	Steph Grant	v.1	Slight amendment
3	May 2021	Steph Grant	v.2	N

Version	Date	Author	Replaces	Comment
1	Aug 17	Ashley Turner	N/A	
2	June 18	Steph Grant	V1	
3	Jan 22	Steph Grant	V2	