

## **Kids Academy Out of School Club**

### **Management and Administration of Medication**

Kids Academy Out of School club will store and administer medication to the children in our care, where possible medication should be administered at home. Staff will have read and understood this policy and refer to it where necessary.

It is important that all staff (including relief or agency staff) know which children require medication, where the medication is stored and how to access it.

Kids Academy will not keep stocks of medication for communal use, just in case a child displays symptoms of a minor ailment or allergy.

#### **Consent to Treatment**

Consent to administer medication can only be given by a person with parental responsibility for the child (please refer to the additional information at the end of this policy).

Parents must complete a Permission to Administer Medication Form, including instructions for administering the medication. The form must be handed to staff along with the medication.

The staff member must check that the information on dosage is the same as the information on the medication labelling. Where possible staff should read and retain the information leaflet supplied with the medication.

Consent to administer each medication should be time limited depending on the condition each medication is to treat.

- Seven days when a course of antibiotics or treatment of an eye infection with eye drops is for seven days.
- Emergency medication, until 2 weeks before the medication's expiry date (like inhaler's or epi-pen) to make sure that there is enough time to get a new supply.

All consents will be reviewed at the start of each term, to check that the medication is still required, is in date and that the dose has not changed.

If the medication is to be used as 'when required' e.g. antihistamine, permission form should be completed as above. Staff must contact the parent, prior to administering the medication and check that the child has not already received a dose that day. The dose administered will be recorded and witnessed on a Medication Administered form, which must be signed by the parent on collection.

## **Record Keeping**

We keep an accurate, up to date record of any medication stored on the premises for the use of children who attend Kids Academy. This includes medicines received and returned. Keep an accurate, up to date record of all medicines which staff have administered to a child. The medicines record should include:

- Name of the medicine as stated on the dispensing/product label
- Include the strength of the medication as appropriate e.g. 500mg, 5mg, 10ml
- Form of the medicine e.g. capsule, tablet, liquid.
- Dosage instructions, e.g. one tablet to be taken 3 times a day
- Date of record e.g. date medicine received or given
- Time of administration
- Signature and name of the person making the record
- Signature and name of person witnessing the administration of the medication
- If dosage is not given e.g. child refuses, this should also be recorded, including the reason why.

## **Storing Medication**

All medicine received should be recorded on a 'Medicine on Premise' form. For emergency medication this form is located in the allergies folder.

Medication should always be supplied in its original container and box, clearly labelled with the child's name.

Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date should be returned to the parents.

When medicines are supplied to us, staff must check;

- the dispensed and expiry dates.
- The medication is in its original packaging
- That the medication is for a current condition (something prescribed for a condition six months ago might not be appropriate now)
- If a medicine, not dispensed recently, staff should question, is it still appropriate for use e.g. liquid antibiotics usually only have a seven to ten day shelf life and eye drops should be discarded 28 days after opening)

Medicine must be stored appropriately according to the written instructions on the medicine i.e. in the fridge.

Most medicine should be stored in a locked cupboard which is out of reach of children in an area which is below 25°C.

If the medicine is to be stored in the fridge, it should be placed in our locked container before putting it in the fridge and be kept at a temperature of between 2-8oC.

Kids Academy will not store or administer controlled drugs such as methylphenidate (Ritalin).

Medication should not be carried by children. Parents should supply the medication directly to staff members along with consent. If the medicine is to be passed to or collected from the school, a staff member will do this.

During outings a trained staff member will carry the medication, clearly labelled with the child's name and date of birth, along with the relevant forms.

### **Staff Medication**

Medication taken to club by members of staff must not be taken into the community rooms.

Staff medication should be labelled with the staff members name, recorded on the medication on premises form and stored in a locked kitchen cupboard, which is out of children's reach.

### **Administering Medication**

Kids Academy staff will not give the first dose of a new medicine to a child. Parents should have already given at least one dose to ensure that the child does not have an adverse reaction to the medication.

Staff will:

- Check that the written consent has been received.
- Ask another member of staff to witness that the correct medicine and dosage is given
- When the medicine is given, the member of staff must record all relevant details on the record of medication form, this should be signed by the staff member and the witness
- If a child refuses to take the medication: Ensure that a member of staff they have a strong bond with administers the medicine. Talk to the child and offer reassurance constantly. Never force a child to take medication. Contact parents immediately if the child will not take the medicine.
- If a child spits out medication: Do not try to give the child a second dose. Note how much the child swallowed (if any). Detail on medication form as per usual procedures, date/time etc. Contact parents to inform them.
- If a child receives another child's medication or too much medication: The staff member involved should immediately advise their supervisor or manager. Both

sets of parents should be informed immediately and a senior member of staff should contact NHS 24 to access the up to date treatment advice for the relevant medication. Shona Grant the Manager should be contacted and an incident form completed and relevant bodies advised when necessary.

- General creams an administration of medicine form is not required unless the cream has been prescribed by a GP. The instruction should be recorded in the child's care plan.
- Medicine spoons and oral syringes should be cleaned after use and stored with the child's medication. Adaptors for inhalers like 'spacers' should be cleaned as described in the product information. The care service might have to obtain this information from the parent/carer as some devices have special cleaning instructions which, if not carried out, can have a detrimental effect on the way that they work.
- Such additional information should be kept in the child's folder
- Medicine should only be administered and witnessed by suitable members of staff, i.e. staff members who has completed relevant training. It is important that all staff who are permitted to give medication know which children require medication, where the medication is stored and how to access it.
- Medicine should be returned to the parents at the end of the session as appropriate.
- Parents should be shown the details of the medication given to their child and a signature should be obtained from the parent acknowledging that they have seen the medication details.

### **Treatment of Minor Ailments, Cuts, Bruises, Burns and Stings**

Please refer to our Illness, Accident and Incident Policy.

### **Management of medication on outings**

Staff should be making sure they take all medications for children who are in on outings in case they need this when we are out. It should be in a bag carried and supervised by a staff member at all times. If a child needs the medication when out

a staff member will assess how to safely administer it and take the child to a safe area to administer the medicine.

### **Emergency Life Saving Medication**

Emergency medication must be easily accessible so will be stored up high, out of children's reach in the community room in an unlocked box labelled with the child's name and date of birth, a risk assessment will be completed regarding this.

Children with life threatening medication requirements will not be allowed to attend Kids Academy Out of School Club without their required lifesaving medication being available to them in the setting.

A risk assessment and protocol for these children will already be in place as part of the admission process and this is updated regularly (min every term) throughout the attendance of the child.

Steps will be taken by staff to ensure that there is always an appropriate supply of emergency medication, including ensuring sufficient time is allowed before expiration or full usage of medication to communicate with parents and carers and re-stock the supply. These steps include completing weekly medication checks, reviewing care plans and also reporting any spillages and breakages.

In the case that an emergency medication has not been replaced, expires, or is damaged/spilled/ deemed unusable. A detailed risk assessment will be created to evaluate whether or not an appropriate protocol is feasible in order to continue to care for and support the child within the setting. The risk assessment needs to include whether or not there is time to seek medical attention without medication.

If the risk is high the child will not be allowed to stay at the Kids Academy setting until the appropriate medication is within the building and available to the child.

A responsible person must be trained in administering medication, and available at the same times as attendance of child in order for child to attend club.

Where staff are on holiday or sick and a responsible person is not available, parents will be asked to keep child at home until a suitable arrangement can be made to ensure the safety of the child.

Staff will undertake any associated training relevant to administering medication e.g. diabetic pump.

### **Fever Management**

A fever is a high temperature. As a general rule, in children, a temperature of over 37.5°C is a fever.

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. 10 If the 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 fever who are otherwise well. 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:

- keep them cool - by undressing them to their underwear (you can cover them with a cool, lightweight sheet)
- keep them in a cool room - 18°C (65°F) is about right (open a window if needed).

Urgent medical advice should be sought if the child is:

- under three months of age and has a temperature of 38°C or above
- between three and six months of age and has a temperature of 39°C or above
- over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

Febrile seizures (fits) can occur in children when they have a fever (a temperature of 38°C/101°F or above) that occurs as a result of an infection or inflammation. They normally occur in children aged between six months and five years, with most cases

happening between six months and three 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. Febrile seizures can be very frightening for parents, but they look much worse than they actually are. They cause no serious damage to the child, and the risks of long-term complications are extremely low. In the UK, there have never been any deaths due to febrile seizures. Antipyretic agents such as paracetamol or ibuprofen do not prevent febrile seizures and should not be used specifically for this purpose

### **Staff Training**

Staff will complete the course 'Safer Medication in Care Settings', prior to administering medication.

Staff will also complete, PDA in Health and Social Care: Administration of Medicine at SCQF level 7, as soon as possible, when this course becomes available.

### **Useful resources**

Community pharmacists and NHS 24 [www.nhs24.com](http://www.nhs24.com) are useful sources of information about medicines. The BNF for Children (British National Formulary) can be accessed at [www.bnf.org](http://www.bnf.org) (registration required).

National Care Standards

The National Care Standards - Early education and childcare up to the age of 16  
<http://www.nationalcarestandards.org/213.html>

## **Additional Information to Consider**

Paracetamol is the most commonly used drug to treat children. There are currently about 100 products containing paracetamol available on the market. It is licensed to treat mild to moderate pain and fever (pyrexia). There are many brands of children's paracetamol including Calpol and Disprol.

In June 2011, new dosage guidelines were issued for children's liquid paracetamol. The new, age-specific guidance stipulates exact doses of liquid paracetamol medicines that should be given to children instead of the ranged doses previously used. The guidelines also introduced seven narrower age bands 2-3 covering children from three months to 12 years.

A YouGov survey in 2012 <http://tinyurl.com/k5rcdzj> commissioned by Royal Pharmaceutical Society showed that 75% of parents did not know which children's medicines, out of those most commonly used, contained paracetamol. This means that they may be unintentionally giving their child simultaneous doses of paracetamol. The risk of accidental overdose is even higher in a busy world where a child is commonly looked after by more than one person and in different settings and carers may be unaware that a dose has already been given. Taking paracetamol at the recommended dose and frequency is safe, however evidence shows that only small increases of just an extra dose a day over the course of three days can potentially cause liver damage.

The survey results also revealed that parents were confused about which ailments paracetamol was actually an effective treatment for. Although they would mostly consider using paracetamol remedies correctly for teething pains and fever and stomach pains, a fifth of parents would use the same products to treat ailments which paracetamol has no proven effects on, for example cough and sleeping difficulties. In recent years, warnings have been issued about the use of some cough remedies, aspirin and codeine for children.

## **Consent**

Parental responsibility lies with:

- the biological mother (unless removed by court order)



- the biological father (provided he was married to the child's mother at the time of conception, or birth, or the father has acquired parental responsibility via a court order or parental responsibility agreement, or the parents have subsequently married (unless removed by court order))
- the Family Law (Scotland) Act 2006, which came into force on 4 May 2006, confers parental responsibility and parental rights on unmarried fathers where the father is registered as the child's father. However, it only applies to unmarried fathers who are registered as the father after 4 May 2006.
- the child's legally appointed guardian
- a person to whom the court has awarded a residence order relating to the child
- a local authority designated in a care order for the child (but not where the child is being accommodated or in voluntary care)
- any person or organisation holding an emergency protection order for a child.

It cannot be assumed that foster parents, step parents or grandparents automatically have parental responsibility. A person with parental responsibility may however arrange for some of their responsibility to be discharged by others either routinely or on a temporary basis. This means that when care services are given consent they might not know if the person actually has parental responsibility. Care services can ask the relationship of the person who signs the consent form and check that they have the authority to consent. It can also be helpful to ask for the person's address and record this information in the child's care record, particularly if the permission is not from someone who lives at the same address as the child. If the service cannot verify the authority this should also be noted in the care record.