

6.1 Administering medicines



Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to one of our settings, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain the health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a type of medication before, especially a baby/child under two, or it is a course of antibiotics it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting and in the case of antibiotics have been taking them for 48 hours.
- We only usually administer medication when it has been prescribed for a child by a doctor or dentist (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, will only be administered, with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature and danger of convulsion. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. NB We may administer children's paracetamol (un-prescribed) for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. A medication form will be acknowledged by the parent on Family at the phone call.

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication via our app Family. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth
 - the name of medication and strength
 - who prescribed it
 - the dosage and times to be given in the setting
 - the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately on our app Family, each time it is given and is signed by the person administering the medication and a witness. Parents will receive a notification on the Family app in which they will acknowledge the administration of the medicine. The medication record on Family records the:
 - name of the child
 - name and strength of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record.
- Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book to look at the frequency of medication given in the settings. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting is in date and return any out-of-date.

How and where medicines are stored in your setting.

- Medication will be stored in the office or kitchen in a locked medical box

Children who have long term medical conditions and who may require ongoing medication

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, Key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

Needle Stick injuries

A needle stick injury happens when the needle from a syringe used for injection accidentally pricks or cuts the skin.

If the person who has used the needle is carrying a disease or infection there is a risk that the person who has obtained a needle stick injury could get the same infection.

Safe Working Practices This can be divided into 3 stages:

1. Prior to use:

- a) A full risk assessment must be undertaken to identify the risks, who might be harmed and the measures needed to control the risks during planned use and the unexpected discovery of incorrectly or maliciously discarded needles.
- b) Any employee that is required to use or assist in the use of needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training.
- c) Except in extreme emergency situations where there is a risk to life e.g. where there is a risk to life without immediate intervention, before any activity where a member of staff may come into contact with blood, or other body fluids then protective gloves must be worn.
- d) Wear facemasks and eye protection (goggles/safety glasses and mask or a full face visor) where there is a risk of blood / body fluid splashes.
- e) A sharps container must be available that complies with the British Standard (BS7320). (See Appendix 1)
- f) Ensure there are adequate sharps bins of appropriate sizes situated in suitable locations
- g) Place bins at the point of use on a hard even surface
- h) Keep sharps bins out of the way of children and other vulnerable people

2. During use:

- a) Wear appropriate personal protective equipment
- b) Never carry sharps in your hand
- c) Carefully assemble the device to be used
- d) Do not take the device apart unless unavoidable
- e) If unavoidable use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles
- f) Do not re-sheath needles
- g) Use tray to carry sharps devices
- h) Activate temporary closure mechanism on sharps bin between uses
- j) Be especially careful of sharps risks during emergency procedures

3. After Use:

Safe disposal is the responsibility of the member of staff assisting or administering the treatment.

- a) Dispose of sharps directly into a sharps bin at the point of use
- b) Discard disposable needles and syringes as one unit immediately after use
- c) Dispose of sharps bins when $\frac{3}{4}$ full
- d) Dispose of sharps bin securely as clinical waste
- e) Do not put sharps bins in clinical waste bags
- f) Sharps, their associated syringes, tubes, bags etc. and drug vials which are not fully discharged and contain prescription only medicine must be treated as "Special Waste" and must be disposed of in a sharps bin, which must be clearly marked "For Incineration"
- g) Dispose of gloves into waste bag
- h) Wash and dry hands thoroughly

First aid treatment for needlestick injuries Immediate first aid

- Immediately wash the wound liberally with soap and water but without scrubbing.
- Gently encourage free bleeding of puncture wounds but do not suck the wound.
- Dry the area and apply a waterproof dressing.

•Do not use antiseptics and skin washes -there is no evidence of their effectiveness and their effect on local body defences is unknown.

In the event of contamination of skin, eyes or mucous membranes:

•Immediately irrigate the area copiously with water.

•In the case of eye contamination, irrigate with water. Contact lenses wearers should irrigate both before and after removing any lenses

- Cover the wound a dry dressing.
- **Go to Accident and Emergency as soon as possible. Inform A&E as much information as possible about how you were injured.**

Needle stick injuries must be recorded in the incident record.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the name of the medication. The permission form and administration app are all recorded on Famly , including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, We will record the circumstances of the event and hospital instructions as relayed by the parents.
- The administration of the medication will be recorded on the Famly app and the parent will acknowledge it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. IAlong with a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.