

T.A.S.C. ADMINISTRATION AND STORAGE OF MEDICATION POLICY (REVIEWED AUGUST 2013)

Health Guidance

General Principles that apply to all medication whether bought over the counter (non-prescribed) or prescribed (by a GP, dentist, pharmacist etc).

Following guidelines from the Care Inspectorate at T.A.S.C we will not give the first dose of a new medicine to the child. Parents should have already given at least one dose to ensure the child does not have an adverse reaction to the medication e.g. allergic to an antibiotic. We will only accept medication when the information leaflet is accompanying the medication. Staff will always read the information leaflet.

We will not administer medication if not known what it is, or what it is for. If medication has to be given on a 'when required' basis, it is important the provider has recorded the judgement made, as to why the medication has been given e.g. child has high temperature, is wheezing, eyes running or itchy, sneezing etc. These judgements are recorded in the child's personal plan. Dosage will be checked against the label with the parent present.

All medication will be clearly labelled and marked with the identity of the child. Expiry dates and dispensed date checked. Is this medication for the current condition? If a medicine has not been dispensed recently is it still appropriate for use? e.g. liquid antibiotics usually only have a 7 to 10 day shelf-life, eye drops should be discarded 28 days after opening etc. Something prescribed for a condition 6 months ago might not be appropriate now.

- All medication will be in the original container.
- Time or course expired medication will be returned to the parents.
- Permission from parents will be time limited. Every 28 days this will be reviewed

It should never be the case that a child receives too much medication or the medication is given to the wrong child, however in the unlikely event of this happening, medical assistance shall be sought immediately and if required the emergency services called and parents informed.

The procedure on what to do if the child spits out or refuses the medication is that staff should not force them to do so. The staff should inform firstly the line manager, and if the child still refuses the manager will inform the child's parent. If necessary staff will call the emergency services if the refusal to take the medication will cause harm to the child's wellbeing.

Staff may require to have training appropriate to the administration of specific medication e.g. the use of Epi Pens, how to use inhalers, injecting insulin via a pen. T.A.S.C aims that at least 75% of T.A.S.C staff should be trained in first aid and infection control. If children self medicate staff will be made aware of this and supervise if necessary. Consideration will be given to the safety of other children e.g. children who self medicate and carry their own medication will be given privacy under supervision.

There is a daily audit of medication i.e. records of medication brought in from home, medication administered and medication sent home. This will be recorded. Also the time and dose of the medication administered will be recorded, by a designated staff member and signed by both the staff who administered the medication and the staff member who witnessed it. On site there will be a main log of all medications held at any point in time.

Non-prescribed medication

This part of the guidance refers to prescribed medication e.g. bought over the counter in a pharmacy, supermarket etc. This could include, for example, any of the following:

Paracetamol, Calpol

Homeopathic medications

Cough and cold medication

Ibuprofen

Eye drops

Antihistamines (for hayfever, allergies)

Creams

The service should only ask parents to supply and give consent for staff to administer over the counter medicines, when there is a genuine need for the child to have them. T.A.S.C will not allow 'signed up' to have Paracetamol etc. 'just in case'.

The procedure on the administration of these medicines is as follows:

- Permission from parents will be time limited. Every 28 days this will be reviewed

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Storage of Medication

- Medication will be stored in a locked cupboard or locked container which is out of reach of children in an area that is below 25 degrees C.
- Each individual child's medication will be separated and stored in an individual container e.g. a plastic container or tray. Staff will ensure parents hand over all the medication.
- If the medication requires storage in a fridge, the medication will be stored in a plastic type box with a lid. Children will not have access the fridge.
- All spoons, syringes, spacers for inhalers etc are labelled and cleaned appropriately.
- If the medication is returned at the end of the day it should be signed for by the parent/carer
- Medication should be reviewed and returned if necessary after 28 days.

Summary

- Records will be kept of all medicines brought into, administered and transferred out of the service
- Parent consent for medication should be recorded
- There is a clear understanding of what the medicine is for
- The duration of treatment is recorded and reviewed if appropriate
- Criteria for use of a 'when required' medicine is understood and clearly detailed and recorded
- Training will be sought for staff for more complex medicines as and when required
- No communal stock – Calpol, tubes of Savlon etc. will be held on premises
- Medication will be returned to parents at the end of the treatment.
- Medication will be returned at the end of each term unless specifically requested but always at the end of the school year unless the child is using the holiday service.
- Medication should always be returned when a child leaves the service. If the parent/carer does not collect the medication it should be safely disposed of and witnessed by no less than 2 staff members who will sign and date when the medication was disposed of.

Unit managers will be responsible to ensure that the guidelines are followed, and staff are aware of the policy and procedures and follow these. Managers will also be responsible to ensure that all medical consent forms are kept updated, and medication checked and reviewed every 28 days.

Useful Links/Further Reading

The Administration of Medicines in Schools - published by the Scottish Executive provides useful background, format for consent forms, records etc.

www.scotland.gov.uk/library3/education/amis.pdf

St Andrews Ambulance Association can provide guidance relating to content of First Aid boxes, training courses etc.

www.firstaid.org.uk

NHS 24 is a 24-hour telephone health advice and information service (08454 24 24 24)

www.nhs24.com