**Administration and Storage of Medication Policy**

**Guidance**

**The following guidance refers to all medication whether prescribed or \*\*bought over the counter.**

We have been advised not to give the first dose of a new medicine to a child. Parents must give the first 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 that it is correctly labelled with the child’s name, administration and dosage instructions and the \*accompanying leaflet. Staff will read the information leaflet. \*In some cases, the leaflet may not be available – if staff are concerned they will check on line or contact the pharmacist.

We will not administer medication if we do not know what it is, what it is for or, if it is past its use by date. If medication has to be given on a ‘when required’ basis, it is important the parent /carer has left explicit instructions as to when the medication should be administered, why it should be given and the dosage, e.g. when child has high temperature, is wheezing, eyes running or itchy, sneezing etc. These instructions will be included on the **Medication Authorisation Form**. 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. \*May not be applicable if a repeat prescription.

* All medication will be in the original container or in an appropriate pharmacy container, correctly labelled.
* Time or course expired medication (e.g. any left-over medication from a course of antibiotics for example) will be returned to the parents.
* For long-term medication parental permission and medicine will be reviewed every six months.

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.

In the event of a child refusing to take the medication, staff will not force them to do so. Staff should inform their 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.

**Training**

At Hyndland after school club all staff access First Aid, Infection Control, Allergy Awareness and Epi-pen training. Staff may require appropriate training to administer specific medication, e.g. injecting insulin via a pen. For children who self-medicate, staff will be made aware of this and supervise if necessary. **Self Medication Records** will be kept of when medication was taken, why and dosage, e.g. after exercise an inhaler maybe required. The parent will be made aware and asked to sign that they have been notified. Children who self medicate and carry their own medication will be given privacy under supervision.

**Recording**

We operate a regular audit of medication i.e. records of medication brought in from home, medication administered and medication sent home. 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. Details of all medicines held will be recorded in our **Medicine Log** and updated as and when required.

Before we administer any medicine the parent/carer must complete a **Medication Authorisation Form.** A copy of this will be kept with the medication and a copy attached to the child’s registration form. Details of long term medication will be recorded on the **Registration Form.**

**\*\*Non-prescribed medication**

Examples of non-prescribed medicine (bought over the counter in a pharmacy, supermarket etc) include: e.g. paracetamol, Calpol, Homeopathic medications, cough and cold medication, Ibuprofen, eye drops, antihistamine (for allergies, hay fever) and creams.

**Forms**

**Registration form (or Membership Form):** full details of a child, contacts, pick-up authorisation, doctor’s details, allergies, permissions, medical conditions etc.

**Medicine Log:** Record of all medicines kept at the club including dates received, returned, who it’s for, what it’s for, dosage, period of treatment etc

**Medication Authorisation Form:** Permission for staff to administer medicine, all details of the medicine including, what it’s for and dosage. On the back of this form there will be a **Record** **of Medication Administered** which will show the time and date the medicine was administered, the balance left of the medication and a place for signature. Parents/carers can check this at any time.

**Self Medication Record:** used when a child self-administers their medicine and includes records of why they needed it, dosage and when the parent was informed.

**Storage of Medication**

* Medication will be stored in a container which is out of reach\* of children in an area that is below 25 degrees C. \*At the Club medicine is stored in a kitchen cupboard not accessed by the children.
* Each individual child’s medication will be separated and stored in an individual container
* 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 to 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 (**on the Medication Form**).
* 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.

The manager 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.

http://www.scotland.gov.uk/Publications/2001/09/10006/File-1

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](http://www.nhs24.com)

|  |
| --- |
| **This policy was approved by:** Hyndland After School Club **Date:** August 2014  **This Policy will be reviewed annually.**  **Last reviewed on:** November 2015  **Review due**: November 2016  **Signature:** F Ansdell  **Name:** Fiona Ansdell |