

## Medication Administration Policy

Malvern Special Families places no compulsion on staff to administer medication. Only those staff who are happy and confident to do so will be asked to give medication to children. This will *usually* be the playleader and/ or deputy at the club. Confident, experienced, and trained playworkers can also administer medication.

When a child's personal care requires medication administering during an MSF club-

- The parent/carer must complete a written request, detailing all appropriate information on the MSF Medication Administration Form. (Appendix 1)
- The parent/carer can update the medication administration form at any time after this if the details of medication change. A copy of the form is kept in the MSF office, and another is kept in the child's file at the club they attend.
- Verbal instructions are not acceptable without an administration form.
- Written instructions that are not on the MSF Medication Administration Form are not acceptable.
- There will be an annual review to all medication forms. Parent/Carers are required to complete a new MSF Medication Administration Form every 12 months even if there is no change to medication or dosage or earlier if evidence is presented that the child's needs have changed.
- The MSF Medication Administration Form will be sent out with the Registration forms at the time of annual renewal.
- Playleaders will monitor the dates of the forms at the clubs and ensure new forms are completed by parent/carers once the form reaches 12 months old.
- Parent/carers must provide all medication in the original packaging. Prescribed medication **must** come in the original pharmacy labelled packaging.
- MSF will only accept medications that are in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Labelling should say the maximum single dose within 24 hours.

### **ADMINISTRATION OF MEDICATION**

1. Staff agreeing to administer medication will have received training appropriate to the tasks they are asked to perform.
2. Facilities will be available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use.
3. Ideally, medication administration should take place in the same room as where the medication is kept. All the necessary paperwork should be assembled and available at the time of administering medication. This will include the written consent and medication administration records. (See appendices 1 and 3)
4. Medication should only be administered to one child at a time.
5. It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo, or some other way of checking identity should be implemented.
6. There is always a second member of staff present to witness the administration of all medication at MSF clubs. The witness member of staff also completes their part of the medication record. (Appendix 3)
7. Before administering medication, the member of staff should check
  - the child's identity
  - that there is written consent from a parent/carer
  - that the medication name and strength and dose instructions on the medication label match the details on the consent form
  - that the name on the medication label is that of the child being given the medication
  - that the medication to be given is in date
  - that the child has not already been given the medication since the last recorded dose.
8. If there are any concerns about giving a medication to a child, then the member of staff must not administer the medication but should check with the parent/carer or a health professional, documenting any action taken.

9. Immediately after administering, or supervising the administration of medication, written records should be completed and signed. (See appendix 3)
10. When a medication cannot be administered in the form in which it is supplied e.g., a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the parent/carer, following advice from a healthcare professional.
11. If a child refuses to take a medication, they should not be forced to do so. Refusal should be documented, and agreed procedures followed. Parent/carers should be informed as soon as possible on the same day. If a refusal could result/results in an emergency, then the club's emergency procedures must be followed.
12. At the end of the day the child's parent/carer must be asked to sign the medication record to acknowledge that the medication has been given at the club.

#### **TRIPS AND OFFSITE ACTIVITIES**

1. Any medication required during a club trip should be carried by the member of staff who would be responsible for administering the medication along with the relevant paperwork (appendix 1 and 3)
2. It is essential to inform all members of staff whose key child may need medication that day and what to do should a medical emergency arise. This information is shared during the staff set up meeting and is recorded on the club session report.

**It is a condition precedent to our liability that the administration of drugs or medicines takes place only under the following conditions: -**

*(MSF reserves the right to refuse responsibility for the administration of medicine, where these conditions are not met. In regard to emergency medication, MSF reserve the right to offer a child's place only where their rescue medication does meet the conditions of our insurance.)*

#### **In all cases:**

1. The (a) parent of each child attending the Group must provide details of any known allergy to medication suffered by the child. Such details to be recorded by you or your employees in the drugs/medicine register and consulted before any emergency administration of drugs or medicines.
2. The drug or medicine must have been prescribed by the child's General Practitioner or consultant or given to the Group by the child's parent, or their General Practitioner or consultant.
3. The drug or medicine must be kept in a secure place with access only by authorised persons.
4. Clear pharmacy labelled packaging, with the child's name, must be attached to the drugs or medicine.
5. A drugs/medicine register must be kept showing:

- the child's name
- type of drug/medicine administered
- date and time administered
- dosage
- name and signature of person administering the drug/medicine
- name and signature of witness
- time of notification to child's parent when an administration of drug or medicine has been given in an emergency
- note of any known allergy to medication suffered by children attending the Group.

6. You must familiarise yourself and comply with all relevant requirements of your statutory registering authority concerning the administration of drugs and medicines.
7. You must have a letter of authorisation from the child's parent containing clear instructions for the administration of non-prescribed drugs or medicines, prescribed oral medication or asthma inhalers.

**b) In cases where occasional, regular, or emergency medication is required** such as EpiPens, hypodermic injections, insulin pumps, tube-administered or stent-administered medication (but not including non-prescribed drugs or medicines, prescribed oral medication or asthma inhalers, which are dealt with under 3 a) above), you must comply with (i) to (vi) above AND IN ADDITION 32 Public and Products Liability Section

8. You must have a letter from the child's parent providing specific consent for you to administer the medication.

9. You must have a letter from the child's General Practitioner or consultant stating:

- what condition the drug or medicine is for with its name
- how and when the drug or medicine is to be given
- what training of personnel is required if any
- any other relevant information.

10. **Training** in the administration of the drug or medicine must be as stipulated by the child's General Practitioner or consultant and, if required, you must provide proof of such training.

c In cases where the **provision of oxygen, tube feeding, cleaning, and changing of tube feeding or tracheostomy/tracheotomy tubes and emptying/changing stoma bags** takes place only under the following conditions:

a) You must have a letter from the child's General Practitioner or consultant stating:

- the child's condition and the health support procedures required
- what training of personnel is required,
- what medical experience is required
- any other relevant information.

b) You must have a letter from the child's parent providing specific consent for Group officials to administer/provide the health support procedures required.

c) You must ensure that any person administering/providing the required health support procedures has the medical experience and training specified by the child's General Practitioner or consultant and, if required, provide proof of such training.

d) You must familiarise yourself and comply with all relevant requirements of your statutory registering authority concerning the administration/provision of the health support procedures.

#### Errors in drug administration

An error is deemed to have been made if one or more of the following circumstances apply:

- a) Giving the wrong drug to the wrong child
- b) Failing to administer a prescribed drug
- c) Administering a drug at the wrong time
- d) Failing to administer all the drugs required at the time
- e) Giving a dose via an incorrect route i.e., eye drops into the ear
- f) Giving a drug in a different form from that specified
- g) Giving the wrong dose of the correct drug i.e., over dosage or under dosage.

Staff have a clear responsibility to report any errors in drug administration in accordance with this policy. In the event of making an error it is far safer to admit it for the health and wellbeing of the child. Support will be given to the member of staff making the error regarding future drug administration.

When a drug administration error occurs, the procedure detailed below must be followed.

1. Notify the child's parent/guardian and GP
2. Observation of the child for any signs and symptoms
3. Drug error form to be completed and the playleader and MSF manager notified.

#### **Staff taking medications/other substances**

If staff are taking medication which may affect their ability to care for children, they should declare it on their health declaration form when accepting a post and seek medical advice. Staff medication on the premises must always be securely stored and out of reach of children.

Staff being unfit to work due to being under the influence of alcohol, drugs or any other substance which may affect their ability to care for children, will be deemed as gross misconduct and disciplinary procedures will be enforced.

#### **Training**

Every time a training need is identified the same nurse/training staff will be used to deliver the training from start to finish. This will provide continuity and understanding of the staff's professional development throughout training.

For example, if a treatment requires 3 separate sessions where the nurse observes the staff administering medication successfully to a child, then the same nurse observes all three administrations, thus fully understanding their competence when signing them off.

The parent/carer of the child may attend any medication training to communicate any differences between what is done at home and what is being taught, these are highlighted at the earliest opportunity.

- Appendix 1

## MEDICATION ADMINISTRATION CONSENT FORM

This is a parental agreement for Malvern Special Families club settings to administer prescribed medicine.  
Club staff cannot administer your child's medicine unless you complete and sign this form.  
Please complete a separate form for each medicine required whilst at our clubs.

<b>Name of child</b>	
<b>Date of birth</b>	
<b>Medical condition or illness</b>	

### MEDICINE

<b>Name / type of medicine</b> (as described on the container)	
<b>Date dispensed</b>	
<b>Expiry date</b>	
<b>Agreed review date</b>	
<b>To be initiated by</b> (name of staff)	
<b>Dosage and method of administration</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Are there any known side effects that the club staff should know about?</b>	
<b>Self-administration?</b> (delete as appropriate)	YES / NO
<b>Procedures for contact in an emergency</b>	

### WHEN SHOULD THE CHILD TAKE THE MEDICINE?

<b>Name of club setting</b>	
<b>Date</b>	
<b>Time</b>	
<b>Under what circumstances?</b>	
<b>When was the last dose taken?</b>	

<b><u>Declaration</u></b>	
<ul style="list-style-type: none"> <li>• I understand that I must deliver the medicine personally to the Playleader at the club.</li> <li>• I accept that this is not a service that the club is obliged to undertake.</li> <li>• I understand that I must notify the club of any changes in writing.</li> </ul>	
<b>Name</b>	<b>Relationship to Child:</b>
<b>Signature:</b>	<b>Date:</b>

## Appendix 2

MALVERN SPECIAL FAMILIES

Drug Error Form

Date

Time

Name of child

Name of staff (1)

Name of staff (2)

Name of drug/ drugs administered

Description of error

Action taken

Any other relevant information

Names of people informed

Parent/Guardian

GP

MSF Co-ordinator

Signed

(Name)

Appendix 3



Name of Child:	Name of Medicine:
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Parent/Carer completes this section		MSF staff complete this section if this medication is administered at MSF Club				Parent/Carer completes this section
Medication handed over to club staff from parent/carer at arrival to club	Date and time of last dose taken by child.**	Date and time of administering	Quantity administered must match prescription on labelled box	Name of Staff administering	Name of 2 <sup>nd</sup> Staff Witness observed administering of medicine	Medication handed back to parent//carer at collection
Date: Time: Parent/Carer signature:	Date: Time:	Date: Time:		Full name:  Signature:	Full name:  Signature:	Date: Time: Parent/ Carer Signature:
Date: Time: Parent/Carer signature:	Date: Time:	Date: Time:		Full name:  Signature:	Full name:  Signature:	Date: Time: Parent/ Carer Signature:
Date: Time: Parent/Carer signature:	Date: Time:	Date: Time:		Full name:  Signature:	Full name:  Signature:	Date: Time: Parent/ Carer Signature:
Date: Time: Parent/Carer signature:	Date: Time:	Date: Time:		Full name:  Signature:	Full name:  Signature:	Date: Time: Parent/ Carer Signature:
Date: Time: Parent/Carer signature:	Date: Time:	Date: Time:		Full name:  Signature:	Full name:  Signature:	Date: Time: Parent/ Carer Signature:

**\*\* Date and time of most recent previous dose.\*\* The parent carer tells you the last time the child has had this medicine administered. E.g. 9am the same morning with breakfast**