

# NETHER GREEN JUNIOR AFTER SCHOOL CLUB

## Administration of medicines policy

### Policy Statement:

Nether Green Junior After School Club will agree to administer medication as part of maintaining the children's health and well-being or when they are recovering from an illness.

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 medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect, as well as to give time for the medication to take effect. To ensure the child takes the medicine, parent consent forms will be completed, the medicines are to be stored correctly and that records are kept according to procedures.

### Procedures

Children taking prescribed medication must be well enough to attend the setting.

Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. They must have that child's full name on.

Staff will be aware of the children who require medicines. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Parents give prior written permission for the administration of medication. The staff must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- full name of child and date of birth;
- name of medication and strength;
- who prescribed it;
- dosage to be given in the setting;
- how the medication should be stored and expiry date;
- any possible side effects that may be expected should be noted; and
- signature, printed name of parent and date.
- Children may self-administer some medicines such as their inhaler for asthma. Staff to administer all tablets and epi pens.
- IN THE EVENT A CHILD IS TAKEN TO HOSPITAL, THE CHILD'S FULL REGISTRATION AND MEDICAL DETAILS WILL GO WITH THEM.

*Medication forms can be found on the NGJASC website and are now attached with the printed registration packs*

### Recording

The administration is recorded accurately each time it is given and is signed by staff. Parents sign the medical record to acknowledge the administration of a medicine. The medication record records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method; and is co-signed by a senior with current first aid; and is verified by a parent signature/responsible adult at the end of the day.

### Training

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and/or guidance from a competent source will be sought before commitment to such administration is accepted. Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

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## Storage

The storage of medicines is the overall responsibility of the manager who will ensure that arrangements are in place to store medicines safely.

Seniors are responsible for all medication being stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a locked tin.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child and they are administering the dose stated on the medicine. Where possible, a senior first aider will administer. *If medicine such as inhalers, are not clearly labelled with dose, experienced staff will use their own knowledge as to question an amount stated by a parent if it seems too high – information can be sought from the NHS website or from a doctor. It is the deputy's responsibility to make sure all this information is agreed/paperwork signed before a child attends a session.*

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

For some conditions, medication may be kept in the setting. Senior staff check that any medication held to administer for an, as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

**MEDICINES ARE STORED WITHIN THE LOCKED AREA OF THE TIDY (admin) CUPBOARD OR IN THE LOCKED BOX IN THE FRIDGE. Door to storage room is unlocked when children are on site for quick access.**

## Disposal

It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.

'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.

|  |                           |                 |
|--|---------------------------|-----------------|
| This policy was adopted at a meeting of      | NGJASC                    | name of setting |
| Held on                                      | <del>June</del> Sept 2021 | (date)          |
| Date to be reviewed                          | June 2022                 | (date)          |
| Signed on behalf of the management committee |                           |                 |
| Name of signatory                            | Tammy Nelson              |                 |
| Role of signatory (e.g. chair/owner)         | Manager                   |                 |

**NETHER GREEN JUNIOR  
AFTER SCHOOL CLUB**

**Medicine Form**

**Name of Child:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Any possible side effects?** .....  
.....

**Prescribed by:** \_\_\_\_\_ **When Prescribed:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time to be taken:** \_\_\_\_\_

**Last dosage given at:** \_\_\_\_\_ am/pm **Date:** \_\_\_/\_\_\_/\_\_\_

**Permission given: By Phone/ In writing** **By:** \_\_\_\_\_ **Sign** \_\_\_\_\_

(Please attach letter of permission to this form if needed)

**Record of Medicine administration:** Bottom of sheet must be signed when sheet is full to monitor medicine usage.

| <b>Date</b> | <b>Time</b> | <b>Dosage</b> | <b>First Aider<br/>Signature</b> | <b>Senior Witness<br/>Counter Signature</b> | <b>Parents Signature<br/>(daily signing)</b> |
|-------------|-------------|---------------|----------------------------------|---|--|
|             |             |               |                                  |   |  |
|             |             |               |                                  |   |  |
|             |             |               |                                  |   |  |
|             |             |               |                                  |   |  |
|             |             |               |                                  |   |  |

**Parent's/Guardians Name:** \_\_\_\_\_

**Signature (end of sheet):** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_