

D.P.S.

Out of School Club

**Managing Medicines
Policy**

MANAGING MEDICINES POLICY

Principle

Dungannon Primary Out of School Club is dedicated to providing the best possible service for parents and their children. We regard the health and safety of children in our care of paramount priority. For this reason we will only administer prescribed medication to children in our care under the specific direction and written instructions from parents/carers.

Prescribed medicines will not be accepted without complete written and signed instructions from the

Policy Statement of Intent

The Out of School Club will ensure effective management systems are in place to support individual children with medical needs and respond to children who need prescribed medication administered. We will only administer prescribed medication once a **Permission to Administer Medication** form has been completed and signed by the parent/carer. Staff at the Club will not administer any medication without such prior written consent.

Procedures

- Staff will not give non-prescribed medicine to a child unless there is specific prior written permission from parent.
- Each item of prescribed medicine must be delivered to the setting, in normal circumstances by the parent, in a secure and labelled container as originally dispensed or purchased. Each item of medication must be clearly labelled with the following information;
 1. Child's name
 2. Name of medication
 3. Dosage
 4. Frequency of administration
 5. Date of dispensing
 6. Storage requirements (if important)
 7. Expiry date

Items of prescribed medication in unlabelled containers will not be accepted.

- All medicines are stored securely in a locked cabinet which is inaccessible to children and in accordance with the manufactures instructions.
- A personal medication record is maintained for each child which will be available for parents to view. Such records are constructed, completed and maintained in such a manner so as to ensure clear audit trail with names, signatures, dates and times and include the following:
 1. Medicines prescribed or requested
 2. Medicines administered
 3. Medicines refused
 4. Medicines returned to parents for disposal.

Medicines are administered as follows:

- Medicines which have been prescribed by a GP or other authorised prescriber are only administered to the child for whom they are prescribed and in accordance with the prescribers instructions
- Staff will not make changes to dosages on parental instructions

Before medicine is administered to a child, the following practices are followed

- The child's personal medication record is consulted to identify the medicine dosage instructions and to confirm when the medicine was last administered.
- The medicine pack is checked to confirm it is labelled with the child's name, dosage instructions and to ensure the expiry date has not passed.
- Medicine doses are prepared immediately prior to their administration from the container in which they are dispensed.
- The correct dose is identified and appropriately administered at the specified times according to the prescribers instructions which should be clearly written on the medication label or product.
- Two members of staff are present, one of which is the designated member of staff (Leader or Deputy Leader)
- When the medicine is administered, the medication record is immediately updated with the details of the dose given, names and signatures of the staff involved and time and date.
- Any refusal of medication by the child is recorded and reported to the parent.
- Parents are informed daily of the medicines that have been administered to their child and asked to sign the record book to acknowledge the entry.
- It is the responsibility of the parent to notify the setting in writing if the child's need for medication has ceased.
- Staff will not dispose of medicines. Date expired medicines or those no longer required will be returned to parents for safe disposal.
- Where necessary, training in specialist techniques for administering medication is provided for named staff by a qualified health professional. The

administration of specialised treatment is carried out in accordance with the written authorisation of the prescribing practitioner.

The arrangements for the administration of medications comply with the terms of any insurance cover.

Links with other policies

Admission Policy

Additional Needs Policy

Consent Policy

Staff Training and Development Policy

Participation Policy

Safeguarding and Child Protection Policy

Monitoring

This policy will be reviewed annually by the management team to ensure it remains fit for purpose.

This policy was adopted by DPS Out of School Club management team.

Signed: D. Thompson

(on behalf of the management team)

Position: Chairperson

Date: 24/10/16

Reviewed on:

Date: July 2017

Signed: D. Thompson

Date: May 2018

Signed: D. Thompson

Date: July 2019

Signed: D. Thompson

July 2020

D. Thompson
D. Thompson
D. Thompson
D. Thompson

Permission to Administer Medication Form

DPS Out of School Club will not administer prescribed medication unless this form has been completed and signed by the parent/carer.

Details of child

Name of Child:	Date of Birth:
Condition or Illness:	

Details of Medication

Name/type of Medication	
How long will your child take this for? Eg 5 day course	
Last time of administration	
Time of next administration	
Dosage	
Storage requirements (if applicable)	
Expiry date	

Additional details:

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Parental Signature:

Date:

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Personal Medication Record

Name of child:	Condition / illness:
Medication and directions for use (storage, dosage and frequency):	Further information (include how long the child will be on this medication):

NOTE: Check Permission to Administer Medication Form Completed satisfactory- Yes / No

Date	Previous dosage time (if given prior)	Check date of dispensing/expiry is valid (tick)	Dosage	Time	Comments eg medication refused,dropped etc. Condition eg any reaction	Staff members present & initials

Medication returned to parent for safe disposal Yes / No Parent signature _____ Date _____

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Signed:

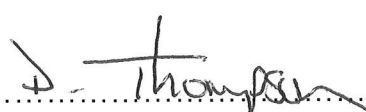
(on behalf of the management team)

Position:

Date:

Reviewed on:

Date: 12/20/20

Signed: 

Date:

Signed:

Date:

Signed: