care inspectorate

Management of medication in daycare of children and childminding services

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HAPPY TO TRANSLATE

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Introduction

Many children will at some time need to take medication while attending day care or childminding services. For many, this will be short-term, perhaps finishing a course of prescribed or non-prescribed medication. Other children may have medical conditions such as asthma that require regular medication which they might need to take while they are at the care service. Some children have conditions which require emergency treatment, for example, severe allergic conditions or fits (seizures).

This guidance supersedes the Care Inspectorate's document 'The Management of Medication in Daycare and Childminding Services' (publication code HCR-0412-061).

Services for children and young people up to the age of 16 years include:

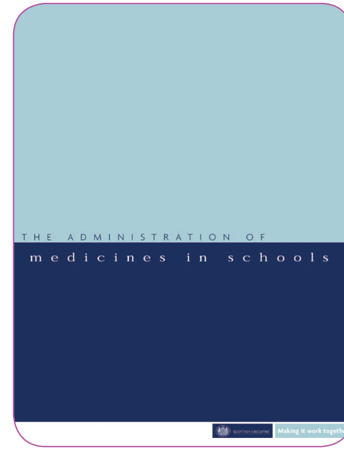
- nurseries
- crèches
- childminders
- after school clubs and
- playgroups.

This guidance signposts to good practice principles of medicines management. It provides information on what needs to be in policies and procedures for:

- storage and administration of medication
- consent to treatment
- record keeping
- management of fever
- minor ailments
- staff training.

Background

In 2001 the Scottish Government published 'The Administration of Medicines in Schools'. It provides useful background information, and templates for consent forms and other records.



In recent years, there have been changes to dosage instructions for some common children's medication. There has also been an expansion of independent prescribing. For example, some nurses, opticians and pharmacists can now prescribe. There are new community pharmacy services including the Minor Ailments Service.

One of the most common issues which comes up during childcare service inspections and enquires to the Care Inspectorate is the administration of non-prescribed paracetamol and ibuprofen.

Key practice point
Childcare service providers should not purchase and keep stocks of medicines for communal use just in case a child displays symptoms of a minor ailment or allergy. Such medicines would include paracetamol, ibuprofen and chlorphenamine.

The service must make sure that parents and carers provide written consent for their child to be given medicine for a minor ailment or allergy. Parents should supply the medication to be used. (Ref: National Care Standards - Early education and childcare up to the age of 16.)

Staff should obtain time-limited consent for its use, administer the medicine as directed and keep appropriate records as they would with any other medicine.

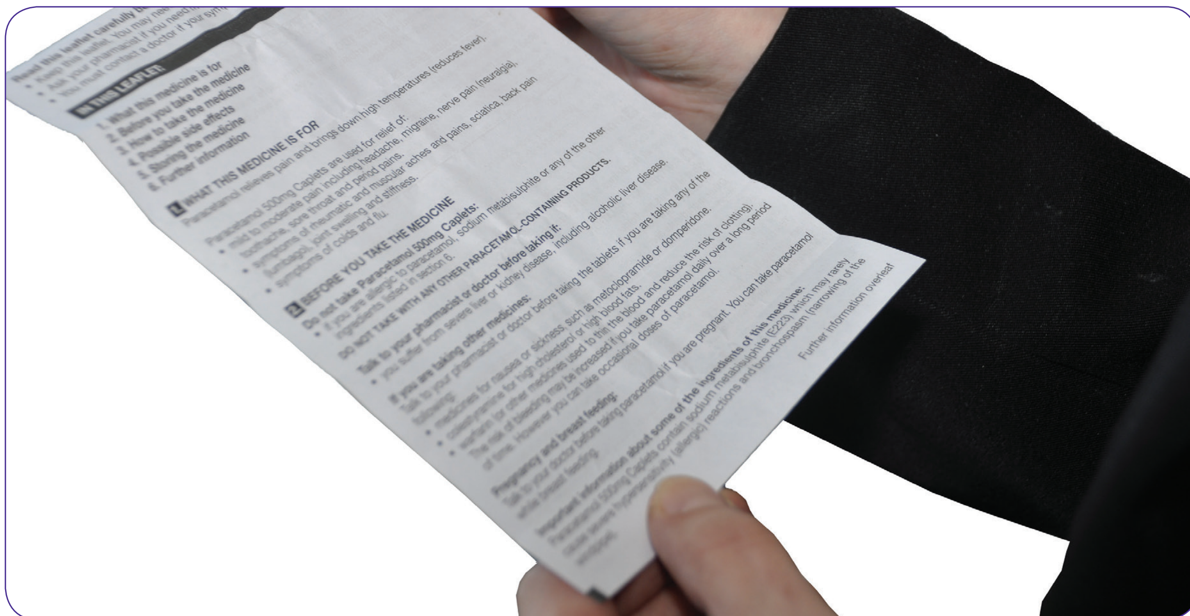
Administering medicines to children should always be at the parent's request for a specific illness or incident. Parents should not be asked to give general permission for childcare services to administer at any other time.

Paracetamol is the most commonly used drug to treat children. There are currently about 100 products containing paracetamol available on the market. It is licensed to treat mild to moderate pain and fever (pyrexia). There are many brands of children's paracetamol including Calpol and Disprol.

In June 2011, new dosage guidelines were issued for children's liquid paracetamol. The new, age-specific guidance stipulates exact doses of liquid paracetamol medicines that should be given to children instead of the ranged doses previously used. The guidelines also introduced seven narrower age bands

covering children from three months to 12 years. This is a significant change and it is essential that all existing policies and practices reflect these changes.

A YouGov survey in 2012 **http://tinyurl.com/k5rcdzj** commissioned by Royal Pharmaceutical Society showed that 75% of parents did not know which children's medicines, out of those most commonly used, contained paracetamol. This means that they may be unintentionally giving their child simultaneous doses of paracetamol. The risk of accidental overdose is even higher in a busy world where a child is commonly looked after by more than one person and in different settings and carers may be unaware that a dose has already been given. Taking paracetamol at the recommended dose and frequency is safe, however evidence shows that only small increases of just an extra dose a day over the course of three days can potentially cause liver damage.



The survey results also revealed that parents were confused about which ailments paracetamol was actually an effective treatment for. Although they would mostly consider using paracetamol remedies correctly for teething pains and fever and stomach pains, a fifth of parents would use the same products to treat ailments which paracetamol has no proven effects on, for example cough and sleeping difficulties.

In recent years, warnings have been issued about the use of some cough remedies, aspirin and codeine for children.

Policies and procedures

The care service provider needs to consider:

- whether their staff will administer medication or not (for example, a service which only operates for a couple of hours might decide not to administer medication)
- how they will obtain and record consent
- treatment of minor ailments and cuts, bruises, burns and stings
- children carrying and taking medication themselves
- fever management – a temperature of more than 37.5^{o}C

- medication management during trips and outings
- whether they will store medication overnight
- whether their staff will administer emergency medication like inhalers and injectable adrenaline (Epipen, Anapen, Jext)
- sun protection
- training and qualifications required for staff who manage medicines
- controlled drugs like methylphenidate (Ritilin)
- safe storage of medication
- record keeping.

The service should have policies and procedures to cover all legal requirements and best practice relating to medicines management. The Handling Medicines in Social Care which was published in 2007 by the then Royal Pharmaceutical Society of Great Britain (RPSGB) gives useful guidance
www.hub.careinspectorate.com/media/120947/rps-handling-medicines-socialcare-guidance.pdf

There is a particularly good section in the RPSGB document in Chapter 4 – 'The medicines toolkit' about how to administer medicines.

Some general principles detailed below apply to all medication. Service providers should consider these when they develop policies and procedures.

Care service staff should not give the first dose of a new medicine to a child. Parents should have already given at least one dose to ensure that the child does not have an adverse reaction to the medication. When a child is given a new medication, parents should watch closely for allergy or sensitivity symptoms. This good practice point would obviously not include emergency medication such as an adrenaline pen where the risk of not giving it could outweigh any adverse reaction.

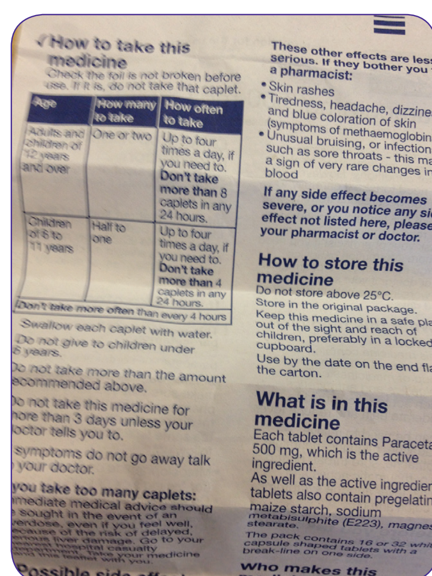
Adverse reactions to medication may include allergic reactions involving a child's immune system, individual sensitivities to a drug, or side effects of the drug itself.

Medication sensitivities can be very similar to the symptoms of a medication allergy. Unlike medication allergies, sensitivities often occur upon first exposure to a medication.

Where possible, staff should always read and retain the information leaflet which is supplied when a medicine is dispensed by a dispensing doctor, at a pharmacy or bought over the counter.

Do not administer medication if you do not know what it is or what it is for. It could be dangerous to give medication to treat a condition which the child does not have.

Medication should always be supplied to the service in its original container and box clearly labelled with the child's name.


How to take this medicine
Check the foil is not broken before use. If it is, do not take that caplet.

Age	How many to take	How often to take
Adults and children of 12 years and over	One or two	Up to four times a day, if you need to. **Don't take more than 8 caplets in any 24 hours.**
Children of 6 to 11 years	Half to one	Up to four times a day, if you need to. **Don't take more than 4 caplets in any 24 hours.**
Don't take more often than every 4 hours		

Swallow each caplet with water.
Do not give to children under 6 years.
Do not take more than the amount recommended above.
Do not take this medicine for more than 3 days unless your doctor tells you to.
If symptoms do not go away talk to your doctor.
If you take too many caplets: Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage. Go to your nearest hospital casualty department. Take your medicine and this leaflet with you.

Possible side effects

These other effects are less serious. If they bother you t a pharmacist:
- Skin rashes
- Tiredness, headache, dizzines and blue coloration of skin (symptoms of methaemoglobina
- Unusual bruising, or infections such as sore throats - this ma a sign of very rare changes in blood

If any side effect becomes severe, or you notice any sid effect not listed here, please your pharmacist or doctor.

How to store this medicine
Do not store above 25°C.
Store in the original package.
Keep this medicine in a safe pla out of the sight and reach of children, preferably in a locked cupboard.
Use by the date on the end fla the carton.

What is in this medicine
Each tablet contains Paraceta 500 mg, which is the active ingredient.
As well as the active ingredien tablets also contain pregelatini maize starch, sodium metabisulphite (E223), magnes stearate.
The pack contains 16 or 32 whit capsule shaped tablets with a break-line on one side.

Who makes this medicine

Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers.

When medicines are supplied to the service for staff to administer to a child there should be a system in place to check:

- the dispensed and expiry dates
- that the medication is for a current condition (something prescribed for a condition six months ago might not be appropriate now)
- if a medicine, not dispensed recently, is still appropriate for use (for example liquid antibiotics usually only have a seven to ten day shelf life and eye drops should be discarded 28 days after opening).

There should be a procedure detailing what to do if too much medication is given or given to the wrong child.

Staff should know what to do if the child spits out or refuses the medication. Parents should always be told if this happens.

Storing medication

Most medication should be stored in a locked cupboard or locked container which is out of reach of children in an area that is below $25^{o}C$.

Some medication will need to be stored in a fridge. In larger care services it might be appropriate to have a dedicated medicines refrigerator. This should be lockable and be kept at a temperature between $2^{o}C$ - $8^{o}C$. The temperature should be checked each day using a maximum and minimum thermometer. Record both the maximum and minimum temperature. In a small service where it is uncommon for medication to require refrigerated storage, it can be kept in a plastic labelled container in a domestic fridge.

The medication's packaging and accompanying patient information leaflet will include instructions about how to store the medicine.

Each individual child's medication should be kept separate and stored in an individual container clearly labelled with the child's name and date of birth. This also applies to medication which needs to be kept in a refrigerator.

Medicine spoons and oral syringes should be cleaned after use and stored with the child's medication. Adaptors for inhalers like 'spacers' should be cleaned as described in the product information. The care service might have to obtain this information from the parent/carer as some devices have special cleaning instructions which, if not carried out, can have a detrimental effect on the way that they work. Such additional information should be kept in the child's care records.

If the care service has to store Schedule 2 Controlled Drugs like Methylphenidate (Ritalin, Concerta) then these should be kept in a locked receptacle which can only be opened by authorised people.

It may not be appropriate to keep emergency medicines like inhalers or adrenaline injections in a locked cupboard as these need to be readily available and accessible to staff.

It is important that all staff (including relief or agency workers) know which children require medication, where the medication is stored, and how to access it.

Consent to treatment

Consent to administer each medication should be time limited depending on the condition each medication is to treat, for example:

- seven days when a course of antibiotics or treatment of an infection with eye drops is for seven days
- until two weeks before an emergency medication's expiry date (like a salbutamol inhaler or adrenaline pen) to make sure there is a reminder and enough time to get a new supply.

It is good practice to review all consent at least every three months or at the start of a new term to check that the medication is still required, is in date and that the dose has not changed.

In Scotland, a child aged 16 or over does not need parental consent for medical treatment or interventions unless there is a reason to believe that they lack capacity. Children under 16 can also consent to medical treatment if they understand what is being proposed. It is up to a doctor to decide whether the child has the maturity and intelligence to fully understand the nature of the treatment, the options, the risks involved and the benefits. Very young children, and those who are not

considered to be capable of making their own decisions, cannot either give or withhold consent. Those with parental responsibility need to make the decision on their behalf.

Written parental consent is needed from parents that expect care staff to administer medicines to their child. There needs to be system to inform the parent when and why medication has been administered in the care service. This can be done verbally or by text or e-mail.

Some services have a policy where they contact the parent by phone, text or email to get consent before they administer medicine. This is appropriate when the service is keeping 'when required' medication supplied by the parent.

If medication has to be given on a 'when required' basis, it is important that care staff ask if any medication has been given to the child prior to arriving at the service. Similarly it would be good practice to inform the parent of any such medicine given to the child by the service. This could be done by phone, text or email at the time, or verbally when the child is picked up.

Parental responsibility

Parental responsibility lies with:

- the biological mother (unless removed by court order)
- the biological father (provided he was married to the child's mother at the time of conception, or birth, or the father has acquired parental responsibility via a court order or parental responsibility agreement, or the parents have subsequently married (unless removed by court order))
- the Family Law (Scotland) Act 2006, which came into force on 4 May 2006, confers parental responsibility and parental rights on unmarried fathers where the father is registered as the child's father. However, it only applies to unmarried fathers who are registered as the father after 4 May 2006.
- the child's legally appointed guardian
- a person to whom the court has awarded a residence order relating to the child
- a local authority designated in a care order for the child (but not where the child is being accommodated or in voluntary care)
- any person or organisation holding an emergency protection order for a child.

It cannot be assumed that foster parents, step parents or grandparents automatically have parental responsibility. A person with parental responsibility may however arrange for some of their responsibility to be discharged by others either routinely or on a temporary basis. This means that when care services are given consent they might not know if the person actually has parental responsibility. Care services can ask the relationship of the person who signs the consent form and check that they have the authority to consent. It can also be helpful to ask for the person's address and record this information in the child's care record, particularly if the permission is not from someone who lives at the same address as the child. If the service cannot verify the authority this should also be noted in the care record.

Record keeping

Keep an accurate, up to date record of any medication stored on the premises for the use of children who attend the service. This includes medicines received, returned or disposed of.

Keep an accurate, up to date record of all medicines the care service administers to a child while they are in the care of the service.

The medicines record should include:

- name of the medicine as stated on the dispensing/product label
- strength of the medicine as appropriate, for example 500mg or 5mg/10ml
- form of the medicine, for example capsule, tablet, liquid
- quantity of medicine, for example quantity received, quantity given
- dosage instructions, for example one tablet to be taken three times a day
- date of record, for example date medicine received or given
- time of administration
- signature and name of the person making the record
- reasons why a regular medicine is not given as prescribed, for example child refused the medicine, medicine was not available.

Services need to record adequate information for children with complex medication regimes (for example diabetes, epilepsy/fitting, and severe asthma). Each medication and the condition it is prescribed to treat should be recorded in the child's care record.

If medication has to be given on a 'when required' basis, it is important that care staff know the symptoms it has been prescribed for and that these are recorded in the child's care record. Care staff must record the reasons for administering it, for example high temperature, wheezing, eyes running, itchy, sneezing and so on.

There is no legal requirement for children's care services to keep additional controlled drug records, however some services may want to do this as good practice.

Staff training

The Professional Development Award (PDA) in Health and Social Care: Administration of Medicine at SCQF level 7 is a qualification which has been designed to meet the requirements of social service workers who are in a job role where they assist or administer medication to individuals.

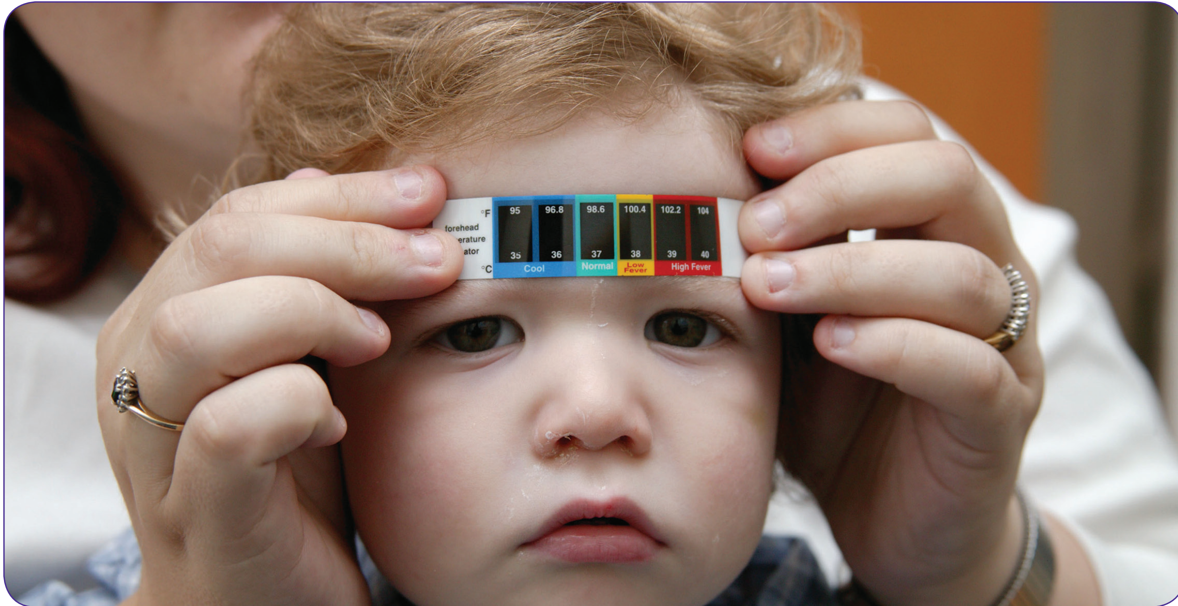
The PDA is also designed to provide Continuing Professional Development (CPD) for employees who are currently in a role where they administer medicine.

This qualification is available through colleges and training providers.
http://www.sqa.org.uk/sqa/47029.html

Fever management

NHS Inform has an article about childhood fever on its website which includes the following information:
http://www.nhsinform.co.uk/health-library/articles/f/feverchildren/introduction

A fever is a high temperature. As a general rule, in children, a temperature of over 37.5°C is a fever.



Most fevers are caused by infections or other illnesses. A fever helps the body to fight infections by stimulating the immune system (the body's natural defence against infection and illness).

By increasing the body's temperature, a fever makes it more difficult for the bacteria and viruses that cause infections to survive. Traditional conditions that can cause fevers include:

- flu
- ear infections
- roseola (a virus that causes a temperature and rash)
- tonsillitis
- kidney or urinary infections
- common childhood illnesses, such as measles, mumps, chickenpox and whooping cough.

A child's temperature can also be raised during teething (when the teeth start to develop), following vaccinations or if they overheat due to too much bedding or clothing.

If the child seems to be well, other than having a high temperature - for example, if they are playing and attentive it is less likely that they are seriously ill, Antipyretic (temperature reducing - like paracetamol or ibuprofen) agents should not routinely be used with the sole aim of reducing body temperature in children with fever who are otherwise well.

If a child has a fever, it's important to keep them well hydrated by giving them plenty of cool water to drink. Even if the child isn't thirsty, try to get them to drink little and often to keep their fluid levels up.

To help reduce the child's temperature you can also:

- keep them cool - by undressing them to their underwear (you can cover them with a cool, lightweight sheet)
- keep them in a cool room - 18°C (65°F) is about right (open a window if needed).

Urgent medical advice should be sought if the child is:

- under three months of age and has a temperature of 38°C or above
- between three and six months of age and has a temperature of 39°C or above
- over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

Febrile seizures (fits) can occur in children when they have a fever (a temperature of 38°C/101°F or above) that occurs as a result of an infection or inflammation. They normally occur in children aged between six months and five years, with most cases happening between six months and three years.

Although not a common condition, febrile seizures are not particularly rare either. It is estimated that 2-5% of all children will have a least one febrile seizure. Febrile seizures can be very frightening for parents, but they look much worse than they actually are. They cause no serious damage to the child, and the risks of long-term complications are extremely low. In the UK, there have never been any deaths due to febrile seizures.

Antipyretic agents such as paracetamol or ibuprofen do not prevent febrile seizures and should not be used specifically for this purpose
http://guidance.nice.org.uk/CG160

Useful resources

Community pharmacists and NHS 24 **www.nhs24.com** are useful sources of information about medicines. The BNF for Children (British National Formulary) can be accessed at **www.bnf.org** (registration required).

National Care Standards

The National Care Standards - Early education and childcare up to the age of 16
http://www.nationalcarestandards.org/213.html

Headquarters
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.com
Care Inspectorate Enquiries: 0845 600 9527

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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