



MEDICATION POLICY & PROCEDURES

1. Principles:

Only prescribed medication may be administered by trained staff at the Let's Play Project as stated in the Oxfordshire Shared Care Protocol.

2. Policy:

- a. All medicines that are administered at Let's Play must be accompanied by a "Consent for a Care Worker to Administer Prescribed Medication Form" (see Appendix 1) which a parent/guardian and one of the Coordinators or Deputy Coordinator will fill out with the parent. The form includes the name of the medication, strength, dosage, when it is to be given and the expiry date.
- b. A new "Medicine Administration Permission Form" must be completed by the parent/guardian with one of the Coordinators or Deputy Coordinator if there is a change to the dosage or medication and the old form must be kept and archived.

3. Procedures:

The Let's Play Project will only administer medication to a young person if the following criteria are met (once a "Consent for a Care Worker to Administer Prescribed Medication Form" has been completed):

- a. All medication **must be prescribed** and will only be given to the person named on the bottle/box for the dosage stated. All medicines must be in their original containers, clearly labelled, legible, show an expiry date and a dispense date and not tampered with or we will be unable to administer them.
- b. Before administration the staff member will always check with the parents when the last dosage was administered before administering more medication.
- c. The staff member will check the expiry date on the medication before agreeing to administer it but it is the responsibility of the parent to ensure they are passing over medication which is in date.
- d. Medication will then be locked away in the office and will be stored in the medicine cabinet which is clearly labelled, the cabinet will be open during sessions, but children don't have access to the office due to the doubled coded door.

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- e. If medication has gone out of date or is no longer needed which the Let's Play Project have in their possession then it will be given back to the parent/guardian.
- f. Oral medication will only be administered to a young person by the members of staff who have attended the "Medication Awareness" training which covers handling, administration, safety, storage and record keeping within the past year which is conducted by a qualified NHS Community Nurse. By partaking in this training it means the member of staff is competent to administer oral medication.
- g. Medication can only be given via a gastrostomy by members of staff who have also attended the "Medication Awareness" training and who have been signed off by a qualified NHS Community Nurse at the Let's Play Project to give a specific medication to a specific young person.
- h. The names of the staff members who have been signed off by the qualified NHS Community Nurse at the Let's Play Project to give gastrostomy medications is kept in the medicine folder which is located in the kitchen.
- i. Once a Playworker has administered medication to a young person they must fill out the "Medication Administration Record Form" (Appendix 2) as stated in the Oxfordshire Shared Care Protocol. The Playworker must fill out their name, initials, date, time and route the medicine has been administered. If the medication is not given the reason must be stated on the form.
- j. During feedback the Playworker needs to feedback what time the medication was administered to the young person as this may affect future doses during the day.
- k. In the event of a young person needing to have their emergency seizure medication administered as stated in their seizure protocol; a first aider who has been signed off by the qualified NHS Community Nurse at the Let's Play Project must administer the medication as Buccal Midazolam can stop breathing. If their emergency medication needs to be given, the ambulance needs to be called at the time of administration and inform the young person's parents by phone. The time the seizure started needs to be recorded along with the length of the seizure and the time the emergency medication was given so this can be passed onto the paramedics.

Please note: staff are signed off by the qualified NHS Community Nurse for each individual young person's emergency seizure medication as stated in their NHS Seizure Protocol. If parents/guardians have not provided a copy of their young person's NHS Seizure Protocol but have given us their young person's emergency seizure medication then Let's Play staff are not permitted to administer their emergency seizure medication – it will then be passed onto the Paramedics when they arrive.

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- I. If a young person develops a high temperature (over 37.5C) a senior member of staff will assess the situation and contact the parent/guardian to make suitable arrangements. If their temperature reaches 39C or above the parent/guardian will be called to pick up their child with immediate effect and/or urgent medical advice will be sought. The Let's Play Project do not store Calpol for general use.

NOTE:

- Any medication errors must be reported to parents immediately by phone call and to Kay Willis 01865 894866 / 07920252095 and Sam Broadbent 07774 335655 at Oxfordshire County Council within 1 working day.

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Registered Charity No. 1111944

Ref: PP21



Consent for care worker to Administer Prescribed Medication

Medication can only be given when there is a completed and signed form and the service manager has agreed that a trained member of staff can administer the medication

DETAILS OF CHILD

Name _____ Date of Birth _____

Address _____

GP Name _____

Tel No _____ Allergies _____

NAME OF PARENT/GUARDIAN (print) _____

Relationship to Child _____

I will provide my child's medication in its original container/packaging, prescribed medication will have the pharmacists label attached stating the does and times to be administered. I will take responsibility for ensuring that any changes in medication have been authorised by the GP or consultant. I consent to the appropriate trained person giving my child the medications detailed on the form. Any medication which has a short expiry date, once opened, I will write the date opened on the packaging.

NAME/TYPE OF MEDICATION

NAME/TYPE OF MEDICATION

Full directions for use:

Full directions for use:

Dosage and Method: _____

Dosage and Method: _____

Timing: _____

Timing: _____

Side effects: _____

Side effects: _____

Procedures to take in an emergency:

Procedures to take in an emergency:

Parent Signature: _____

Parent Signature: _____

Date: _____

Date: _____

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Appendix 2:



MEDICATION RECORD FOR LET'S PLAY PROJECT 2016

Child's name:	DOB:	Name of school	Allergies:
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Reasons for medication not given: A - Absent O-Ommited NP - Not Provided R - Refused

Medicine	Strength/Dose	Route	Time of Admin	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial

Playworker:
Playworker:
Playworker:
Playworker:

Initial:
Initial:
Initial:
Initial:

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