

Administering Medication Policy

If a child attending Children's Respite Trust requires prescription medication of any kind, their parent or carer must complete a **Permission to administer medicine** form in advance, which is available on **Famly**. Staff at the Centre will not administer any medication without such prior written consent.

Ideally children/young people should take their medication before arriving at the Centre. If this is not possible, children/young people will be encouraged to take personal responsibility for their medication, if appropriate. If children/young people carry their own medication (e.g. asthma inhalers), staff will offer to keep the medication safe until it is required. Inhalers must be labelled with the child's name.

Children's Respite Trust can only administer medication that has been prescribed by a doctor, dentist, nurse or pharmacist. However, if a medicine contains aspirin we can only administer it if it has been prescribed by a doctor. All medication provided must have the prescription sticker attached which includes the child's name, the date, the type of medicine and the dosage. We will accept Paracetamol and Ibuprofen without a prescription, providing parents/carers have written this on the medication form and given consent.

A designated staff member will be responsible for administering medication or for witnessing self-administration by the child. The designated person will record receipt of the medication on **Famly** and will check that the medication is properly labelled and will ensure that it is stored securely during the session.

Before any medication is given, the designated person will:

- Check that the Centre has received written consent or consent through **Famly**.
- Ask another member of staff to witness that the correct dosage is given.

When the medication has been administered, the designated person must:

- Record all relevant details on the **Famly database**.
- Parent's will receive a notification and to acknowledge the medication.

If a child refuses to take their medication, staff will not force them to do so. The manager and the child's parent or carer will be notified, and the incident recorded on the **Record of Medication Given**.

Certain medications require specialist training before use, e.g. Epi Pens. If a child requires such medication the manager will arrange appropriate training as soon as possible. It may be necessary to absent the child until such training has been undertaken. Where specialist training is required, only appropriately trained staff may administer the medication.

A child's parent or carer must complete a new **Permission to Administer Medication** form that is available of **Famly** if there are any changes to a child's medication (including change of dosage or frequency).

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If a child suffers from a long-term medical condition the Centre may ask the child's parents to provide a medical care plan from their doctor, to clarify exactly what the symptoms and treatment are so that the Centre has a clear statement of the child's medical requirements.

Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (EpiPens, etc.) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

Trained staff are responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.

The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.

The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here. Staff members have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).

Staff speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.

Children's right to privacy and modesty is respected. Another practitioner is usually present during the process.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- Consent from parents/carers allowing members of staff to administer medication, which is available on **Famly**
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse
- a care plan

A record is made on **Famly** each time it is given.

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Oral Medication

Oral medication must be prescribed or have manufacturer's instructions written on them. Staff must be provided with clear written instructions for administering such medication. All risk assessment procedures are adhered to for the correct storage and administration of the medication. The Children's Respite Trust must have the parents' prior written consent. Consent is kept on file.

Physiotherapy

Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist. If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime, then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

Safeguarding/child protection

Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.

If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

This policy was adopted by: Michelle Hulse	Date: 12/01/2026
To be reviewed: January 2027	Signed: 