



Administration of Medicines Policy

Organisation: Kids Adventure Days Ltd

Designated Safeguarding Leads (DSLs): Zara Bouait & Nick Komey

Emergency Contact Number: 07555 539376

Policy Owner: Kids Adventure Days Ltd

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Review Frequency: Annually, or sooner following a medication incident, change in legislation/guidance or significant change to Kids Adventure Days operations

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1. Policy Statement

Kids Adventure Days Ltd is committed to supporting children with medical needs safely and appropriately.

Some children may require medication while attending our provision. We aim to ensure that medication is received, stored, administered and recorded safely while enabling children with medical conditions to participate in Kids Adventure Days activities wherever reasonably possible.

Medication will only be administered where appropriate and in accordance with the arrangements agreed with the child's parent/carer and, where relevant, instructions provided by an appropriate healthcare professional.

The safety and welfare of the child will always be the priority.

2. Scope

This policy applies across Kids Adventure Days provision, including:

- After-school care.
- Extra-curricular clubs.
- Holiday provision.
- Events and children's activities.
- Activities delivered at schools and other venues.
- Off-site activities where Kids Adventure Days is responsible for children.

It applies to staff, volunteers and other authorised individuals involved in supporting children's medical needs.

3. General Principles

Kids Adventure Days will:

- Only administer medication where there is an appropriate reason to do so.
- Obtain appropriate parental/carer consent before administering medication, except where emergency action is required to protect life.
- Follow the instructions supplied with prescribed medication and relevant individual healthcare arrangements.
- Ensure medication is appropriately stored.
- Keep appropriate records of medication administered.
- Ensure relevant staff know about children's medical needs where necessary for their safety.
- Make reasonable arrangements to support children with medical conditions.
- Contact emergency services where a child's condition requires urgent medical assistance.

Where possible and appropriate, medication should be administered at home where this can be done without affecting the child's health or ability to attend.

4. Parental/Carer Responsibilities

Parents/carers are responsible for providing Kids Adventure Days with accurate and current information about their child's medical needs.

Parents/carers must:

- Inform Kids Adventure Days of relevant medical conditions.
- Provide information about allergies.
- Provide information concerning medication the child may require.
- Complete the required medication consent/authorisation information.
- Provide medication in appropriate packaging.
- Ensure medication is in date.
- Ensure prescribed medication carries appropriate dispensing information.
- Provide required equipment such as inhalers or adrenaline auto-injectors.
- Inform Kids Adventure Days promptly of changes to medication, dosage or the child's condition.
- Collect medication when requested or when it is no longer required.

Parents/carers remain responsible for ensuring Kids Adventure Days has sufficient medication for their child where it is required during provision.

5. Medication Consent

Medication will not normally be administered without appropriate parental/carer authorisation.

The medication information provided should include:

- Child's name.
- Name of medication.
- Reason for medication where appropriate.
- Dose.
- Method of administration.
- Timing/frequency.
- Relevant storage instructions.
- Any important side effects or precautions.
- Parent/carer details and authorisation.

Parents/carers should notify Kids Adventure Days of any changes.

Staff should not independently change a prescribed dosage.

6. Prescribed Medication

Prescribed medication will normally only be accepted where it:

- Has been prescribed for the child.
- Is provided in its original dispensing container.
- Has a clear pharmacy/dispensing label where applicable.
- Is in date.
- Has clear instructions for administration.

The label should normally identify:

- Child's name.
- Medication.
- Dosage.
- Relevant administration instructions.

Medication prescribed for one child must never be administered to another child.

Medication must not be transferred into another unlabelled container.

7. Non-Prescription and Over-the-Counter Medication

Kids Adventure Days will not routinely administer non-prescription medication without appropriate parental/carer authorisation and clear instructions.

Where non-prescription medication is accepted, management must be satisfied that:

- There is an appropriate reason for administration.
- Appropriate parental/carer consent has been obtained.
- The medication is suitable for the child.
- It is in its original packaging where applicable.
- It is in date.
- Appropriate dosage instructions are available.

Staff must not exceed the recommended dosage.

Kids Adventure Days reserves the right to decline to administer medication where staff do not have sufficient information, training or confidence that it can be administered safely.

8. Receiving Medication

When medication is handed to Kids Adventure Days, an authorised member of staff should check, where applicable:

- Child's identity.
- Medication name.
- Dosage.
- Expiry date.
- Packaging.
- Prescription/dispensing label.
- Administration instructions.
- Required storage.
- Parental/carers authorisation.

Any discrepancy should be clarified before medication is administered.

Children should not leave medication unattended in bags unless this forms part of an agreed arrangement for medication that the child is authorised to carry.

9. Storage of Medication

Medication will be stored safely and according to the manufacturer's or dispensing instructions.

Medication should:

- Be clearly labelled.
- Remain inaccessible to unauthorised children.
- Be accessible to authorised staff when required.
- Be stored at the correct temperature.
- Remain in its original container where applicable.

Medication requiring refrigeration will be stored appropriately and separately or securely where necessary to prevent unauthorised access.

Medication must not be stored in a way that would prevent rapid access during an emergency.

10. Emergency Medication

Emergency medication may include:

- Adrenaline auto-injectors.
- Reliever inhalers.
- Emergency seizure medication.
- Other medication identified within a child's medical arrangements.

Emergency medication must be readily accessible when required while remaining appropriately controlled.

It must not be locked somewhere that would cause an unsafe delay during an emergency.

Relevant staff must know:

- Which children require emergency medication.
- Where the medication is located.
- What action should be taken during an emergency.

11. Individual Healthcare Plans

Where a child has a medical condition requiring more detailed support, Kids Adventure Days may request or work from an Individual Healthcare Plan or equivalent medical/support information.

This may contain:

- Details of the condition.
- Symptoms or warning signs.
- Medication.
- Emergency procedures.
- Known triggers.
- Actions staff should take.
- Emergency contact information.
- Any reasonable adjustments required.

Kids Adventure Days may liaise with parents/carers, schools and relevant healthcare professionals where appropriate.

12. Staff Authorised to Administer Medication

Medication should only be administered by staff who have been appropriately authorised and who understand the relevant procedure.

Where specialist medication or a specialist medical procedure is required, appropriate training must be obtained where necessary before staff undertake the procedure.

Staff must not undertake a medical procedure that is outside their training or competence.

13. Administration Procedure

Before administering medication, the authorised member of staff should check:

1. The correct child.
2. The correct medication.
3. The correct dose.
4. The correct time.
5. The correct method of administration.
6. The medication is in date.
7. Appropriate authorisation is in place.
8. Any relevant instructions or healthcare plan.

Medication should then be administered according to the agreed instructions.

The administration must be recorded promptly.

14. Second-Person Check

Where staffing arrangements allow, medication administration should be independently checked or witnessed by a second member of staff, particularly where:

- Dosage requires measurement.
- Emergency medication is being administered.
- There is a higher risk of administration error.
- An individual healthcare plan requires it.

The second person should verify relevant details such as the child's identity, medication and dosage.

Where an emergency requires immediate action, obtaining a second witness must not delay necessary treatment or a call to emergency services.

15. Medication Administration Record

Each administration of medication should be recorded.

The record should include:

- Child's name.
- Medication.
- Dose.

- Date.
- Time.
- Method where relevant.
- Name/signature or identification of the member of staff administering it.
- Second staff member/witness where applicable.
- Any relevant comments or reaction.

Parents/carers should be informed of medication administered as appropriate.

16. Refusal to Take Medication

A child will not normally be physically forced to take medication.

If a child refuses medication:

- Staff should remain calm.
- The refusal should be recorded.
- Parents/carers should be informed.
- The child's healthcare plan should be followed where applicable.

Where refusing medication creates an immediate risk to the child's life or health, emergency medical advice or assistance should be sought.

17. Medication Errors

A medication error may include:

- Wrong medication.
- Wrong child.
- Wrong dose.
- Medication given at the wrong time.
- Missed medication.
- Duplicate dose.

Where an error occurs or is suspected:

1. The child's immediate safety must be assessed.
2. Appropriate medical advice must be sought promptly.
3. Emergency services must be contacted where necessary.
4. The DSL/manager must be informed.
5. Parents/carers must be informed.
6. The incident must be accurately recorded.

7. Relevant healthcare instructions must be followed.

The incident should subsequently be reviewed to identify whether procedures need to change.

18. Adverse Reactions

If a child experiences an unexpected or adverse reaction following medication:

- Staff will assess the child's immediate condition.
- Appropriate first aid will be provided.
- Medical advice will be sought.
- 999 will be called where the reaction is serious or potentially life-threatening.
- Parents/carers will be contacted.
- The incident will be recorded.

19. Anaphylaxis

A suspected severe allergic reaction is a medical emergency.

Where a child is suspected of experiencing anaphylaxis:

1. Follow the child's emergency arrangements where available.
2. Administer the child's adrenaline auto-injector where required and where staff are appropriately able to do so.
3. **Call 999 immediately.**
4. Tell the emergency operator that anaphylaxis is suspected.
5. Monitor and reassure the child.
6. Follow emergency-service instructions.
7. Contact the child's parent/carer.
8. Record the incident.

20. Asthma and Inhalers

Children requiring reliever inhalers should have appropriate access to them in accordance with their individual arrangements.

Inhalers must be:

- Clearly identifiable.
- In date.

- Accessible when required.
- Stored appropriately.

Where a child experiences significant breathing difficulty, staff should follow the child's medical arrangements and seek emergency medical assistance where necessary.

21. Adrenaline Auto-Injectors

A child's prescribed adrenaline auto-injector must remain readily accessible during provision.

Relevant staff should know:

- Where it is kept.
- Which child it belongs to.
- What the child's known allergy triggers are where information is available.
- What action is required if anaphylaxis is suspected.

Emergency services must be called following suspected anaphylaxis.

22. Emergency Seizure Medication

Where a child requires prescribed emergency medication for seizures, Kids Adventure Days will only undertake administration where appropriate arrangements and necessary staff training are in place.

The child's individual healthcare plan should clearly specify:

- When medication should be administered.
- Dosage.
- Method.
- When emergency services should be contacted.

23. Self-Administration

Some children may be able to manage certain medication themselves depending on their age, maturity, medical arrangements and the nature of the medication.

Any self-administration arrangement must be agreed appropriately.

Staff should provide suitable supervision where required.

Children must not share medication with others.

24. Off-Site and Outdoor Activities

Children's medication needs must be considered when participating in activities away from the main setting.

Before leaving, staff should ensure where relevant that:

- Required medication is available.
- Emergency medication is taken.
- Relevant medical information is accessible.
- Medication is stored appropriately.
- An authorised person is available where administration may be required.

A child's medical needs should not unnecessarily prevent participation where reasonable arrangements can safely be made.

25. Missing, Lost or Unavailable Medication

Where medication that a child may require cannot be located or is unavailable:

- Staff must assess whether it is safe for the child to remain in the provision.
- Parents/carers should be contacted.
- Appropriate medical advice should be sought where necessary.

Where emergency medication is required and unavailable during an emergency, **999 must be contacted immediately.**

26. Expired Medication

Expired medication must not normally be administered.

Parents/carers will be asked to replace medication before its expiry.

Kids Adventure Days should monitor the expiry dates of medication held within the provision where reasonably practicable.

Expired or unused medication should normally be returned to the parent/carer for appropriate disposal rather than disposed of by Kids Adventure Days.

27. Confidentiality

Medical information is sensitive personal information and will be handled appropriately.

Information will only be shared with staff and professionals who require it to protect or support the child.

Medical information will be stored securely in accordance with Kids Adventure Days' data-protection arrangements.

28. Staff Medication

Staff medication must be stored safely and must not be accessible to children.

Where a member of staff takes medication that may affect their ability to supervise or care for children safely, they should seek appropriate medical advice and inform management where necessary.

29. Training

Staff will receive information or training appropriate to the medical responsibilities they undertake.

This may include training relating to:

- Medication administration.
- Anaphylaxis and adrenaline auto-injectors.
- Asthma.
- Epilepsy.
- Diabetes.
- Other individual medical conditions.

Training needs will be reviewed when children with particular medical needs join the provision.

30. Links With Other Policies

This policy should be read alongside:

- Safeguarding & Child Protection Policy.
- Health & Safety Policy.

- First Aid Arrangements Policy.
- Illness & Infection Control Policy.
- Food Safety & Hygiene Policy.
- Data Protection & Privacy Policy.

31. Emergency Contacts

Emergency Services: 999

NHS: 111

Kids Adventure Days Emergency Contact: 07555 539376

Relevant local authority, school and healthcare contacts will be maintained within appropriate operational records where required.

32. Policy Review

This policy will be reviewed at least annually, or sooner if:

- Relevant legislation or guidance changes.
- A medication error or medical emergency identifies a weakness in procedures.
- Kids Adventure Days begins supporting a child with medical needs requiring new arrangements.
- Kids Adventure Days expands into new settings, services or age groups.
- Staff responsibilities change.
- A school, regulator, healthcare professional, insurer or other relevant organisation recommends changes.

Significant updates will be communicated to relevant staff and incorporated into induction or training where appropriate.