



## Policy on

# Administration of Medication

### **Rationale and Policy Considerations**

This policy sets out the procedures to ensure that the administration of medication is carried out in a safe way. It also needs to ensure that no child's care is compromised and no child will have to leave the service because medication is refused or delayed.

A clear policy and procedures that are understood and accepted by staff members and parents/guardians provides a sound basis for ensuring that children requiring medication receive proper and appropriate care and can attend the service regularly.

The purpose of this policy is to ensure:

- The provision of a clear, structured procedure for staff members to help deal with any need to administer medication to a child
- That any medications required are administered safely and appropriately to children
- That medications are stored appropriately
- That the appropriate procedure is followed by parents/guardians and by staff members
- That there is thorough documentation and recording of any medication administered

### **Legislation and regulatory requirements**

- Having a clear, written policy and procedure to ensure the safe storage of medication and the safe administration of medication to a child attending the service is a requirement under Regulation 10 of the [Child Care Act 1991 \(Early Years Services\) Regulations 2016](#).

- Parent/guardian consent for the administration of medication is required under Regulation 16 (1) (j) of the [Child Care Act 1991 \(Early Years Services\) Regulations 2016](#).
- Under the [Safety Health and Welfare at Work Acts 2005 and 2010](#) and the [Safety, Health and Welfare at Work \(General Application\) Regulations 2007](#), employers have a duty to ensure the employees' safety, health and welfare at work as far as is reasonably practicable and to carry out risk assessments and provide safety statements

### Definitions/Glossary

<b>Medication (or medicine)</b>	A medication is a substance that is taken into or placed on the body to cure or treat a disease or condition, to relieve symptoms of an illness or to prevent diseases.
<b>Anti-febrile Medication</b>	Medication used to reduce a raised body temperature. The most common anti-febrile medications used are Paracetamol and Ibuprofen.
<b>Health Care Professional</b>	Can include the child's general practitioner (GP), dentist, Public Health Nurse (PHN) or an allied health professional such as a pharmacist.

### Policy Statement

Parents have the prime responsibility for their child's health and should provide the service with information about their child's medical needs including information on medicines their child needs as well as contact information for their child's GP. In general Club Spraoi advises parents/guardians to ensure medicines are administered to children before arrival at the centre and after they have left.

The service Coordinator will discuss and agree with the parents/guardians on what is to be the service's role in relation to meeting the child's medication needs, in accordance with this policy.

The **written** consent of the parent(s)/guardian(s) must be obtained in all cases using only Medication Consent Form (*Appendix A*) The consent form must be completed in full.

Both prescription and non-prescription medicines (such as Paracetamol) can only be administered where specific written consent has been obtained from the child's parent/guardian. Only medications suitable for children will be given to a child. Where a parent requests any other medication, the service will seek written confirmation from a registered medical practitioner.

All medications will be administered by a staff member competent and authorised to do so. All medications will be stored safely away from children's reach and according to manufacturer's instructions including refrigeration if required. All medication received from parents/guardians, administered to children and/or returned to parents/guardians will be fully and accurately recorded (see Appendix B for a Medication Administration Record Form).

In respect of those children who have long-term medical needs such as chronic conditions (e.g. asthma, epilepsy, diabetes, severe allergic reactions), written consent of parents/guardians must be renewed when any change to the administration of the medication is made.

Any child who may require emergency medication will always be in the care of a staff member who has received the required specific training.

Parents remain responsible for ensuring that the service has adequate supplies of the medication their child needs (prescription and non-prescription) and renewing any medication for chronic conditions.

In some cases an **Individual Care Plan** may have been developed and the service ensures that the medication required in the plan is given as detailed. The Individual Care Plan may be drawn up by the relevant health care professional in conjunction with the service if appropriate. Such a plan will include details of any chronic diseases or health issues the child is currently receiving treatment and care for, such as allergies or asthma. The plan documents current medications, medical treatments and other therapeutic interventions and specifies how the service will meet the child's needs.

The service will only accept prescribed medicines that have been provided in the original container marked with the date, name of the dispensing pharmacist, expiry date and clear directions. The service will only administer medications as prescribed and will not change this at the request of parents without a registered medical practitioner's written direction. The service reserves the right to contact a health care professional if authorised staff members are

unsure about administering medication to a child, even if the parent/guardian has requested the medication to be administered.

## **Procedures & Practices**

### **Parents'/Guardians' role and responsibilities**

- The parent/guardian must provide the following details on the child's enrolment to the service:
  - Details of any medical condition
  - Emergency contact numbers
  - GP details – name, address and phone number
  - Written details of any medication required (instructions on dosage and times and written consent for staff to administer the medication – see below for further details)
  - Information on any allergies
  - Special dietary needs
- Parents/guardians must make every possible effort to ensure that the child's medication needs are met before arriving at the service and after returning home.
- Parents/guardians must complete in full the Consent Form for Administration of Medication and provide all of the information the service will need to:
  - safely store medicines
  - administer the necessary medication to their child
  - deal with any issues or incidents arising relating to their child's condition or the administration of the medication
- Medication must be provided by parents/guardians in its original labelled container as dispensed by a pharmacist including the child's full name, prescriber's instructions for administration, clear storage instructions, the date it was dispensed and the expiry date.
- Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration.
- Where a recipient needs two or more prescribed medicines, each should be in its own separate container and clearly labelled as above

- Parents must sign the completed medication administration form to acknowledge notification for each day that medication is required.

### **Staff members' responsibilities**

Parents must be informed of the policy and procedures on the administration of medications in the service.

Where informed consent has been obtained for the administration of medicines from at least one of the child's parents/guardians then the following will apply:

- The child must have received the medication for at least 24 hours prior to it being given in the service.
- All medications will be administered by a staff member competent to do so.  
[Staff members will receive training where required about the purpose, expected response, contra-indications and possible side effects of medications they are expected to administer. They must be made aware of how the medication reacts with food, fluids or other medications, e.g. some medications cannot be given with milk, or when taking another medication. They need to know what adverse reactions are possible and what to do should they occur. Training must also be provided on the proper use of equipment such as inhalers or nebulisers.]
- All medications will be stored safely away from children's reach and according to manufacturer's instructions.
- Staff members can only administer medication to a child that has been prescribed for that particular child.
- A list of those staff members authorized to administer medications is kept with all stored medications and with the Policy on Administration of Medication in the Policies File

### **Administering Medication**

#### **General points of note:**

- Only staff members authorised by the manager to do so, and appropriately trained for the specific medications, are to administer medication.

- **Medication must not be added to the child's food unless the registered prescriber has directed that this is how it should be administered.**
  - The staff members may administer non-prescription medicines (including non-prescription ointments for rashes) according to the written directions but only with prior written informed parental/guardian consent, and supply of the medication.
  - No anti-febrile medications are given without the daily approval and notification of the child's parent/guardian unless not doing so would put the child's health at risk.
  - When a child's body temperature rises beyond a safe limit (38°C or higher<sup>1</sup>) it is important that appropriate measures are taken to reduce the child's temperature. This may include the administration of an anti-febrile medication. Staff members involved must keep records each time they administer medication using the Record of Medication Administration Form – see Appendix B.
  - Prescription ointments for nappy rash are not applied unless for specific treatment purposes and where a health care professional has directed their use for the child on whom they are being used. The ointment must be supplied by the parent.
  - Instructions which state that a prescribed medication may be used whenever needed must be reviewed with the parent at least at the beginning of each term.
  - 'As needed' medications for example an inhaler must be labelled with the child's name and in their original container labelled with the required information (see below for Storage of Medications). Prescription or non-prescription medications are accepted for use only when they are within date.
  - Medication must not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the health care professional.
  - All staff members should follow hygiene procedures for example hand washing and drying.
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## **Before administration of medication**

A second staff member must be present when medications are administered.

- Both staff members must confirm:
  - That appropriate consent has been given
  - That the child's identification is in accordance with the medication to be administered
  - The date and time the medication was last given
  - Recipient's name
  - Prescribed dose
  - Expiry date
  - Written instructions provided by the prescriber on the label/container as dispensed by the pharmacist
  - Any possible side effects
- If there is any doubt about any of the procedures, the authorised member of staff should check with parents/guardians and/or a health professional before taking further action.
- It must be checked that the medicine has previously been administered without adverse effect to the child and that parents have confirmed this is the case – a note to this effect should be recorded in the written parental agreement for the setting to administer medicine.

## **On administration of medication**

Both staff members must confirm:

- The correct medication
- Medication is given to the correct child.
- The medication is given at the correct time and date.
- The correct dose is given.
- The correct route of administration.
- Appropriate equipment is used to administer the medication dose – for liquids the correct measuring tool provided with the medication.

- The dignity and privacy of the child is ensured as appropriate – for example when medication is required to be administered by a route other than the oral route.

### **After administration of medication**

- Observe child for any possible side effects.
- Where appropriate observe their response to medication – for example where an anti-febrile agent is administered.
- Medication returned to appropriate storage.
- Appropriate management or disposal of any equipment used in administration.

### **Accidents and Incidents Involving Medications**

- Where a child refuses to take the medication prescribed for them, they must not be forced to do so but parents/guardians must be informed as a matter of urgency. If the child not taking the medication leads to an emergency situation, the emergency services and the parents must be called.
- Failure to administer medication at the time prescribed as requested by a health care professional or parent/guardian should be noted on the Medication Administration Form (Appendix B) with a written explanation of why the medication was not given.
- If a child is mistakenly given another child's medication, a doctor must be called immediately and the advice given must be followed. The parents of the child who mistakenly received the medication must be called as soon as possible.
- The poisons information line number, GP, Pharmacist and other emergency numbers must be readily available at all times.

### **Dealing with Emergencies**

- Where medication is administered in the case of an anaphylaxis or asthma emergency, both the emergency services and the child's parents/guardians must be notified as soon as possible.

- All relevant staff members need to know where to obtain First Aid and how to summon the emergency services.
- Where a child is taken to hospital by ambulance they must be accompanied by a member of staff who is to remain with them until a parent/guardian arrives (See Accidents and Incidents Policy and Procedures).
- All required information is shared with the emergency services and the child's parents/guardians.
- Staff support is essential following any such incident.

### **Medications Records**

Staff members involved must keep records each time they administer medication using the Record of Medication Administration Form – *see below*.

- A medication record must be created and kept for each child to whom medication is, or is to be, administered.
- The record for both prescription and non-prescription medications must include:
  - The name of the child
  - A consent signed by the parent(s)/guardian(s) to administer each medication
  - A medication administration log detailing the checks completed prior to administration of medication to the child including:
    - Check of the child's identification
    - Whether consent was received
    - When the medication was last administered (either at home or in the service)
    - Check of the administration instructions, including the name of the medication, the method and times for administration and the required dose
    - Check to ensure the medication is within expiry date
    - The time and date the medication was administered
    - The route and dose of medication administered
    - The signature of the person who administered the medication and the signature of the witness

- The time and date, or the circumstances under which, the medication is scheduled to be next administered
- Any side-effects noted after the medication was given or if the dose was not retained because of the child vomiting or spitting out the medication.
- The number of attempts to give medications that were refused by the child is also documented

### **Storage of Medications**

- All medications brought into the setting are stored according to the manufacturers' instructions paying particular note to temperature, sources of moisture, light and sources of contamination and safely out of the reach of children.
- Medicines are stored safely in a secure container, accessible to authorised persons.
  - Emergency medication such as asthma inhalers and adrenaline pens must be readily accessible to authorised staff members in case of an emergency when time is of the essence. A copy of the consent form for administration of medication and clear, precise details of the action to be taken should be immediately accessible.
  - Sunscreen, special soaps, lotion and nappy creams do not need to be in a locked container but must not be accessible to children.
- Medications requiring refrigeration should be clearly marked and separated from food in an airtight container marked 'Medications'. Access to the fridge should be restricted.
- Medications that are applied to skin should be kept separate from medications that are injected into the body or taken by mouth.
- Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration.
- Non-prescription medications should be labelled with the child's full name and the expiry date must be visible and monitored.

Staff members should only bring their own medication to work when it is absolutely necessary (either prescribed or over the counter). They must ensure that these medications are stored securely so that others (including children and adult service users) do not have access

to these medications. This includes for example medications held on the person, held at desks, in their bags, coats or in vehicles.

### **Disposal of Medications**

- Medication should be returned to the child's parents whenever:
  - The course of treatment is complete
  - Labels become detached or unreadable
  - Instructions are changed by a health care professional
  - The expiry date has been reached
  - When the child ceases to attend in the service
- To ensure a complete record all medication returned, even empty bottles, should be recorded.
- If a parent has not picked up unused medication by 14 days after the required use or it is not possible to return a medicine to the parent, then it should be taken to a community pharmacy for disposal. No medicine should be disposed of into the sewerage system or in the refuse.

### **Sunscreen Application**

The time and frequency of application of sunscreen is to be recorded.

Written consent is not required to apply sun protection creams supplied by the parent/guardians for their own child as the supplying of the sunscreen gives implied consent for that specific cream.

Written consent is required from parents/guardians to apply sun protection creams supplied by the service in order that the parent can advise if a previous adverse reaction may have occurred with the cream supplied by the service.

As part of the planning process and risk assessment for outings, the medication needs of children are taken into account. Specific measures may be necessary to support those who need to take medication and to ensure sufficient medical supplies are available.

All staff members participating in the outing must be aware of the medication needs of the children and any agreed medical emergency procedures. A member of staff who has been

trained to administer the required medication must be present. All staff must know their role in the event of a medical emergency. A copy of any individual care plans should be taken on outings as the information may be needed in the event of an emergency.

### **Communication Plan [For staff & families]**

All parents/guardians are to be informed of the policy and procedures regarding the administration of medication on enrolment. Staff members will check with parents that they have read and understood the policy and provide any assistance needed.

A summary of this policy will be included in the parent handbook. This policy will also be reviewed with staff members at induction and annual staff training.

A copy of all policies will be available during all hours of operation to staff members and parents in the Policy Folder located at the entrance to the classroom.

Parents/guardians may receive a copy of the full policy and procedures at any time upon request.

Parents/guardians and all relevant staff members will receive written notification of any updates to this policy.

**References/Supporting Documents/Related Legislation** [Child Care Act 1991\(Early Years Services\) Regulations 2016](#) and Child Care Act 1991 (Early Years Services) (Amendment) Regulations 2016

- [Tusla Quality and Regulatory Framework](#)
- INTO 39 [Guidance on the Administration of Medicines in Schools](#) Implementing Best Practice
- **Health and Safety in Childcare** 2006 Barnardos and the Border Counties Childcare Network (Now NCN)
- [Managing Medicines in Schools and Early Years Settings](#) DfES UK March 2005
- [Caring for our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care](#) 3rd Edition 2015 A Joint Collaborative

Project of American Academy of Pediatrics, American Public Health Association and  
the National Resource Center for Health and Safety in Child Care University of  
Colorado Health Sciences Center

**Contact Information**

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**This policy was adopted by Club Spraoi on:** 1<sup>st</sup> May 2019

**Signed by:** Priscilla McCann (Owner)

**Review Date:** 1<sup>st</sup> May 2020

*Appendix A*

**MEDICATION CONSENT FORM<sup>2</sup>**

<b>Child's Full Name:</b>	
<b>Child's Address:</b>	
<b>Date of Birth:</b>	
Details of Medical Condition i.e. what medicine is for.	
Name of Medicine:	
Name and contact details of prescriber:	
Dosage of Medicine:	
Route for administration of medicine (circle correct one)	Oral (by mouth)      Topical (rub in)      Inhale Injection              Rectal
Frequency of dosage <i>or</i> times to be given:	
Effective from:	Date:
Effective to:	Date:
Any other information e.g. side effects, potential adverse reaction or special precautions:	
How the medication is to be stored (as on directions given on medication label)	
Printed name of parent:	

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**Signature of parent or guardian authorising medicine:	
**Date:	

**N.B. Parents or guardians, please read in full the criteria for the giving of medicines in this service which is at the back of this consent form.**

<p><b>Outcome record</b> (for temperature rechecks / whether tolerated / adverse or allergic reactions, or other )</p>				
<p><b>Full Name of Child:</b></p>				
Date:	Time	Comment	Any action taken	Signature of person

## Appendix B

Staff members are required to record medication administered as follows:

### MEDICATION ADMINISTRATION RECORD

**\*\*Each time medication is to be administered, you must first:**

- Confirm the child's identity
- Check that parent's/guardian's written consent has been given
- Check when medicine was last given
- Check the administration instructions, including the name of the medication, the method and times for administration and the required dose
- Check whether medication is within date

Child's Name:

Date	Time	Name of Medication (state whether prescribed or non-prescribed)	Dose Given	Route of administration*	Signature of person administering.	Signature of witness	Comments

\*Route of administration: by mouth, topical (rub in), inhale, injection, rectal.

- parent and registered medical practitioner. The emergency services/child's registered medical practitioner is called immediately by staff where any of the following signs occur:
  - The child does not respond to staff, has trouble waking up, or is limp;
  - The child has trouble breathing;
  - The child has blue lips, tongue, or nails;
  - The child starts to lean forward and drool;
  - The child is an infant and the soft spot on his or her head seems to be bulging or caving in;
  - The child has a stiff neck;
  - The child has a severe headache;
  - The child has severe stomach pain;
  - The child has a rash or purple spots that look like bruises on the chin (that were not there before he or she got sick);
  - The child refuses to drink anything or seems too sick to drink anything;
  - The child will not stop crying;
  - The child is very cranky or irritable.
  
- The child's parent(s)/guardian(s) are immediately notified if a child develops a fever.