

# Administration of Medication Policy

Askea Community Childcare Centre acknowledges that children may require medication while attending the service. We will work in consultation with parents/guardians to ensure the safe administration of medication. In the event that a child is taking prescribed medication or becomes unwell while attending the service medication will only be administered with the prior written permission of parents/guardians.

## Principle of Administration of Medication

This policy is underpinned by the Child Care Act 1991 (Early Years Services Regulations) 2016 Regulation 10 & Regulation 16 (1) (j), Regulation of School Age Registrations 2018, Safety Health and Welfare at Work Acts 2005 and 2010 and the Safety, Health and Welfare at Work (General Application) Regulations 2007

### Rationale

Askea Community Childcare Centre will take appropriate actions to ensure the health, safety and welfare of children in their care, including the administration of medication where required, especially in an emergency situation. This policy sets out the procedures to ensure that the administration of medication is carried out in a safe way. It also seeks 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 having their medication needs properly met.

### The purpose of this policy is to ensure:

- The provision of information, training (where necessary) and a clear, structured, procedure for staff members in order that they will be competent (have the knowledge, skills, experience) to administer medication to a child and safely store such medication.
- Clarity for parents concerning their own and the service's role and responsibilities regarding administration and storage of medication for their child including the need for sharing information.
- That any medications required are administered safely and appropriately to children and that there is thorough documentation and recording of any medication administered.
- That their parents are kept fully informed of any administration of medication to them.
- That parents know that, should any incident relating to the administration of medication involving their child occur in the service, they will be contacted at the earliest possible time and appropriate action will be taken by staff to ensure their child's wellbeing, for example calling the emergency services if required.
- Parents/guardians will be confident that, following any investigation, all relevant information will be shared with them.
- To ensure that any safety issues and/or notifications of any incidents related to the storage or administration of any medications are brought to the attention of Management, that all required reporting and notifications are carried out appropriately and efficiently.

**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, Askea Community Childcare Centre advises parents/guardians to ensure medicines are administered to children before arrival at the centre and after they have left.

The Childcare Manager will discuss and agree the service's role in relation to meeting the child's medication needs with parents/guardians, in accordance with this policy.

The **written** consent of the parent(s)/guardian(s) must be obtained in all cases using only the 'Administration of Medication Record Book' (See Appendix 1). 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 in the 'Administration of Medication Record Book'.

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 for which the child is currently receiving treatment and care 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 that the medication should be administered.

## Procedures for Administration of Medication

### Parents'/Guardians' role and responsibilities

- On enrolment the parent/guardian must provide the following details 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 and 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.
- Where a child has a condition which requires daily medication the parent/guardian should inform staff on enrolment and provide signed permission and a written care and administration plan.
- Where a child is required to self-administer their own prescribed medication in the service, the parent/guardian should provide clear written details and instructions regarding the medication. The service will complete a risk assessment and each administration will be recorded. Privacy away from other children will be facilitated within the service for the purpose of prescribed self-administration of medication.
- If a child needs to have intrusive medication, such as suppositories, the parents must first speak to the Childcare Manager to arrange this and individual training, specific to the child concerned, should be provided for staff by a qualified health care professional. This training should also be provided where a child may need to use an inhaler, nebuliser etc.

- Prescription or non-prescription medications are accepted for use only when they are within date.
- Parents must sign the completed Record of 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 will receive training, where required, regarding the expected response, contra-indications and possible side effects/adverse reactions of medications they are expected to administer. This may be from a professional (nurse, doctor, pharmacist) if necessary, to ensure their confidence and ability to store and administer medications safely.
- 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.

### Administering Medication

- Only staff members appropriately trained for the specific medications and authorised by the Childcare Manager to do so, are to administer medication. School-age children for purpose of self-administration of their prescribed medication and have been trained in self-administration will be authorised to do so if they are competent and comfortable with their medication plan.
- **Medication must not be added to the child's bottle or 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) supplied by the parents/guardians according to the written directions but only with prior written informed parental/guardian consent.
- 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) 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 1.
- 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). *Training must also be provided on the proper use of equipment such as inhalers.*
- 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 before administering medication.

### **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 the Childcare Manager, 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.

### **Administration of medication**

- The 'Five Rights' procedure of medication administration will always be followed:  
"Right medication, right child, right dosage, right form, right time and date"
- Only the measuring device provided by the manufacturer will be used to administer 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 is 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 also be called as soon as possible.
- The poisons information line number, GP, Pharmacist and other emergency numbers are displayed in each room, at Reception and in the Managers' Office.

### Dealing with Emergencies

1. *Check the scene, is it safe? – Remove any hazards safely*
  2. *Check the child – are they responsive*
  3. *Call for help – is there someone close by who can call the emergency services*
  4. *Care for the child – administer first aid relevant to the immediate needs of the child*
- 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.
  - The emergency services will also be called if:
    - The child does not respond to staff, has trouble waking up, or is limp;
    - The child has difficulty breathing;
  - All relevant staff members are trained in 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.

### Allergic Reactions

On enrolment and when updating information each year, Askea Community Childcare Centre seeks specific information about allergies as part of the health information provided by parents/carers. Specific questions are included in the Registration Form and the annual Information Update for existing children. When completing forms parents are asked if the child has an allergy and to provide a list of the allergens which may lead to anaphylaxis.

#### **Food allergy**

A food allergy occurs when the immune system forms antibodies against food proteins similar to the way it does to fight bacteria and viruses. These food proteins are called allergens. This usually happens very early in life, as early as 3 to 6 months of age. Every time after that when the body is re-exposed to those food proteins an immune reaction is triggered.

At Askea Community Childcare Centre our aim is to keep all children safe by putting safety measures in place. Specific safety measures are put in place for children who have food allergies, while ensuring that they experience a full and inclusive environment.

#### **Risk minimisation**

Any food allergy can potentially trigger a life threatening allergic reaction. To minimise this risk the following measures are in place:

- Children are encouraged to wash their hands before and after eating
- The concept of never sharing food is promoted "sharing is caring but never share food".
- Eating is supervised and orderly with children sitting rather than walking around which increases the risk of exposure.
- Teaching strategies such as role play and group discussion are used to encourage children's understanding and awareness of food allergy amongst their peers.
- Events that may increase the risk of allergic reaction i.e. birthdays, cooking activities, arts and crafts, nature walks, are identified and consideration is given to how these events can be managed without excluding the child who has an allergy.

- Parents/guardians of children who are at risk if allergic reactions will be consulted when the Service is considering putting in place preventative practices with implications for their child or other children in the service.
- Opportunities to increase understanding of anaphylaxis in the broader community will be developed through providing information in newsletters and fact sheets on the Parents' Notice Board.

### **Anaphylaxis**

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. Anaphylaxis should be treated as a medical emergency requiring immediate response /treatment.

Anaphylaxis occurs after exposure to an allergen (foods like nuts, egg, milk, insect stings or some medicines).Occasionally the person is unaware of the allergy.

Signs and symptoms of an allergic reaction can occur within minutes of exposure to the offending substance. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same person. Because of the unpredictability of reactions early symptoms, or expressions of concern, should never be ignored especially if the person has suffered an anaphylactic reaction in the past.

In some cases, anaphylaxis is preceded by a less dangerous allergic reaction. Symptoms can include:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Stomach pain, vomiting.
- Tingling in mouth.

#### **More serious cases could result in:**

- Difficulty/noisy breathing
- Dizziness, light-headedness, feeling weak.
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (in young children)

### **EpiPen or Adrenaline Pen**

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use pre-loaded automatic injection and is designed to be used as a first aid device by people without formal medical training.

**If a child has been prescribed an EpiPen, the EpiPen must be provided by the child's parent/carers to the Service.**

### **Anaphylaxis Management for individual children**

- An Anaphylaxis Plan will be completed by the child's Doctor and supplied to the service.
- The Anaphylaxis Plan will have a clear photo of the child, a list of allergens and clear instructions for first aid response to a reaction.
- Medication should be supplied and instructions should be clearly written on the management Plan – EpiPen, anti-histamine medication, etc.

#### **On receipt of the Anaphylaxis plan, the service will endeavour to:**

- Facilitate a staff meeting to ensure all staff are aware of the allergens and first aid plan.
- Ensure that the Anaphylaxis plan is available to all staff and in every room.
- Ensure that the child's 2 EpiPen's are in a labelled box with child's details, photo and instructions as well as an emergency care plan on display on staff notice board within the child's room.
- Ensure that Anaphylaxis and First Aid training is offered to staff.
- Ensure that Anaphylaxis plans are updated or reviewed annually.

**IMPORTANT NOTE: As diagnosis may occur at any time it is the responsibility of parents/carers to notify the service if their child is diagnosed as being at risk for anaphylaxis and Askea Community Childcare Centre will follow the process outlined above as soon as notified.**

### **Medications Records**

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

- 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.
    - If the child refused the medication the number of times 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.



- Medicines are stored safely in a secure container, accessible to authorised persons and out of the reach of children.
- Emergency medication such as asthma inhalers and adrenaline pens will 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 will not be accessible to children.
- Medications requiring refrigeration will 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 will 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 (either prescribed or over the counter) to work when it is absolutely necessary. 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 will 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 will be taken to a community pharmacy for disposal. No medicine should be disposed of into the sewerage system or in the refuse.

### Sunscreen Application

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.

### Outings

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 Information Pack. This policy will also be included in staff 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 in Reception.

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.

**Related Policies, Procedures and Forms**

- Policy on Accidents and Incidents
- Outings Policy
- First Aid Policy
- Illness, Exclusions and Immunisations Policy
- Confidentiality Policy
- Records and Record Keeping Policy
- Critical Incident Plan
- Admissions Policy incl. Admissions Form
- Medication Administration Record
- Medication Administration Consent Form

**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

**Who Must Observe This Policy**

This policy must be observed by all Managers and all staff members.

**Contact Information**

If you need more information about this policy contact:

<b>Name</b>	Veronica Doran, Childcare Manager
<b>Phone number or email</b>	0599135206

<b>Date this policy was created</b>	January 2016
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<b>Date this policy was reviewed</b>	April 2020
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<b>Date this policy will be reviewed</b>	April 2022
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Appendix 1

**ADMINISTRATION OF MEDICATION CONSENT FORM No: 134341**

Child's Name and Address:		Child's DOB:			
Name of medication:					
Details of medical condition (what medication is for):					
Dosage of medication + frequency of dosage or times to be given:					
Is medication prescription or non-prescription?					
Name and contact details of prescriber (if prescription medication):					
Storage procedure and expiry date:					
Period of time medication is required:	FROM	TO			
Route of administration of medication (circle correct one):	Oral (by mouth)	Injection	Topical (rub in)	Rectal	Inhalation
Any other information e.g. side effects or special precautions					
Printed name and signature of parent/guardian					
Date:					

**RECORD OF MEDICATION GIVEN**

**Medication checklist (before giving medication check):** • Child's ID • Consent received

- When medication was last administered
  - Medication within expiry date
  - Medication administration instructions
- (tick below that all of these have been checked)**

Date and time	Child's name	Medication name + dose given	Signature of person who gave medication	Signature of witness (where applicable)	Medication checklist completed	Parent initial

**OUTCOME RECORD**

(temperature rechecks, whether medication tolerated, adverse reaction etc.)

Date and time	Child's name	Comment	Action taken	Signature of staff member