



ADMINISTRATION OF MEDICATION POLICY

INTRODUCTION

This policy is in place to ensure that medications are administered to children in a safe manner. It outlines the procedures to be followed by parents, colleagues, and managers and the documentation required for the safe administration of medication to children.

POLICY STATEMENT

A clear policy that is understood by colleagues, management and parents provides a sound basis for ensuring that children with medical needs are enabled to fully participate in early childhood education care and school aged care in Tigers Childcare. The policy is important so that children are not excluded from attending early childhood care and education because of their medical conditions or needs.

This policy is informed by:

- The Child Care Act 1991 (Early Years Services) Regulations 2016
- Tusla (2018) Quality and regulatory framework; Full day care service and part-time day care service. Dublin: Tusla Early Years Inspectorate
- A sample policy on www.tusla.ie (accessed on 2 June 2022)

DEFINITION OF TERMS

Parents	Parents or legal guardians
Medication (or medicine)	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.
Anti-febrile Medication	Medication used to reduce a raised body temperature. The most common anti-febrile medications used are Paracetamol and Ibuprofen.
Health Care Professional	Can include the child's general practitioner (GP), dentist, Public Health Nurse (PHN) or an allied health professional such as a pharmacist.

GENERAL PROVISIONS

1. Parents have prime responsibility for their child's health and should provide Tigers Childcare with information about their child's medical needs including information on medicines and GP details.
2. All parents are required to provide the following information on their child's registration form.
 - a. Details of any medical condition(s), allergies, illnesses

- b. Details of any special dietary requirements
 - c. Emergency contact numbers other than the parent
 - d. GP details – name, address, and phone number
3. Generally, Tigers Childcare advises parents to administer medications to children at home before arrival or after collection at the service. If medication is required to be administered while the child attends at a Tigers Childcare centre, the manager will discuss and agree with the parents, the service's role in relation to meeting the child's medical needs in accordance with this policy.
 4. The service reserves the right to contact a health care professional if management or colleagues are unsure about administering medication to a child, even if the parent has requested the medication to be administered.
 5. All medications will be administered by colleagues who are trained and authorised to do so.
 6. Colleagues only administer prescribed medication to a child that has been prescribed for that particular child and authorised by the child's parents.
 7. Colleagues may administer non-prescription medicines (including non-prescription ointments for rashes) according to the written directions but only with prior written authorisation and only if the parents supply the medication.
 8. Anti-febrile medications are not administered without the parent signing the authorisation of medication form, unless not doing so would put the child's health at risk (i.e., if the child's temperature is 38°C or higher).
 9. 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.
 10. All colleagues should follow hygiene procedures for example hand washing and drying.

PROCEDURES AND PRACTICES

There are three scenarios whereby medication may be administered to children while attending Tigers childcare.

1. A child who feels well enough to attend but requires medication in the short term to cure, treat or relieve symptoms of a condition. Examples of such medications include antibiotics, cream, ointment, or teething relief
2. A child who arrives at the service in a fit condition in the morning but presents with a high temperature during the day.
1. A child with a chronic condition or long-term medical need that requires medication to be permanently stored in a Tigers Childcare centre to be administered by colleagues on
 - a) a regular basis or as needed AND/OR
 - b) in an emergency situation

Each type of scenario requires a specific method of authorisation and specific provisions and considerations as outlined below.

1. Where a course of medication is required by a child in the short-term

Allergy - 24-hour grace period

If it is the child's first time being administered a medication the child must have been administered the medication at home for at least 24 hours prior to the child attending the centre. This provision is in place to safeguard the child in the event of an allergic reaction to the medication.

Authorisation of Medication Form (short term)

This form is for the administration of medication to a child for a period of 14 days or under. Parents must complete and sign the 'Authorisation of Medication' form on Child Paths to give consent for personnel in Tigers Childcare to administer medication. This form must be completed in full and signed by the parent before or when dropping a child at the service.

The following details must be filled out on the form:

1. Date the form is filled out by the parent
2. Child's full name
3. Name of medication as per the medication label
4. Condition that the medication is treating
5. Beginning and end dates of the course of the medication
6. Name and contact details of the of prescriber or if the medication is unprescribed
7. Dosage of the medication
8. Exact time(s) that medication is to be administered to the child
9. The date and exact time that the medication was last administered to the child
10. Route of administration of medication to the child
11. Storage instructions for the medication
12. Expiry date of the medication
13. Description of any special precautions or possible side-effects to be vigilant for

A paper copy of a blank *Authorisation of medication* form is printed from Child Paths and held in the service in the event that the digital form is not accessible.

Administering Medication

Two colleagues are required to be present to administer medication. One colleague administers and the second witnesses.

Before administering the medication, both colleagues check the following information on the medication container and on the *Authorisation of Medication Form*.

Important note: Currently the *Authorisation of Medication Form* is not linked to the *Administration of Medication* form in Child Paths. Colleagues use 2 devices to check the following details:

1. That the name on the medication label is the child's name
2. The dose prescribed or directed on the label
3. The route (oral, topical, inhalation, in food or drink, injections, rectal) prescribed or directed on the label
4. The written instructions provided on the label
5. That the expiration date of the medication has not passed
6. The child's name and identification on the *Authorisation of Medication Form*
7. That parents signed the *Authorisation of Medication Form*
8. The date and time that the medication was last administered against the instructions on the label

If the above checks are not in order, the medication cannot be administered to a child. The child's parents will be contacted immediately and as a matter of urgency inform the parents.

When all is in order, the first colleague administers the medication, and the second colleague visually witnesses

The colleague who administered the medication fills out the following details on the *Administration of Medication Form* on Child Paths:

1. That the colleague has read and understood the *Authorisation of Medication Form*
2. The date and time of this administration
3. The dosage of this administration
4. The route of this administration (
5. If there is any outcome (adverse reactions, temperature rechecks, etc)

Both manager and colleague who administered and witnessed signs the form.

Parent signature

Before or at collection time, the child's parent is required to sign the *Administration of Medication Form*, as evidence that the child's parent is fully informed of all details of medication administered to the child that day. If the medication form is not signed when the child is being collected, the colleague handing over the child is responsible to ensure that the parent signs the form before leaving the service.

If somebody other than the parent collects the child, the colleague will communicate with the parent via Child Paths message to inform and request them to sign the *Administration of Medication Form* on Child Paths. If the colleague sees that the parent has not seen the *Administration of Medication Form* on Child Paths, the colleague prints out this *Administration of Medication* form and hands it to the person collecting the child. This step is important to ensure that parents are made fully aware of the time and dosage of medication administered while the child attends the service.

Two or more medications

If a child requires two or more medicines to be administered, each medicine must be in a separate container and clearly labelled and the parent must fill out separate *Authorisation of Medication Forms*. The above procedure is followed separately for each medication.

2. A child who presents with a high temperature (38°C or higher) while attending

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.

The service holds anti-febrile medication on the premises at all times. The procedure to administer anti-febrile medication is as follows:

Colleagues are vigilant at all times for signs of high temperature in children which include a flushed face, the child's head and body feels hot, clammy skin, reduced activity, and off form.

If a colleague is concerned that a child may have a high temperature, the colleague uses an electronic thermometer to obtain an accurate reading of the child's temperature. A child's temperature is deemed high when the reading on the thermometer is 38°C or higher.

If a high temperature is found, the colleague takes note of the temperature and the time the temperature was found. The temperature can be recorded on Child Paths. The colleague immediately notifies the manager on duty and takes the following immediate measures to attempt to reduce the temperature:

- Loosen and remove clothing as far as nappy or underwear as necessary
- Take note of and take measures to control the temperature of the room to 18-22°C
- Give tepid sponging

The colleague makes the child comfortable in a rest area. The colleague contacts the child's parent by telephone advising the parent of the temperature reading and advising that the colleague will administer anti-febrile medication. The parent has already given written authorisation to administer anti-febrile medication in this event on the registration form.

In the event that a parent does not agree to the administration of anti-febrile medication then the colleague requests the parent to immediately collect the child. If there is a delay in collection and the child's temperature remains over 38°C the colleague will administer anti-febrile medication. The parent has already given written authorisation to administer anti-febrile medication in this event on the registration form.

In the event that a parent cannot be reached, and the child's temperature remains over 38°C the colleague will administer anti-febrile medication. The parent has already given written authorisation to administer anti-febrile medication in this event on the registration form.

After administering the medication, the colleague will continue to closely monitor the child, repeating temperature checks and recording on Child Paths (Child/Overview/Temperature). If the child's temperature does not reduce below 38°C after 30 minutes, the colleague contacts the child's parents to request collection of the child immediately.

During the waiting period for contacting parents or collection, colleagues continue to closely monitor the child, repeating temperature checks and recording in Child Paths. If the child's condition significantly deteriorates, then the manager on duty calls emergency service

The procedure for administering medication described above must be followed on the *Administration of Medication Form*. The exact directions on the label of the anti-febrile medication must be followed in relation to the age of the child.

Returning to the Service

Refer to Tigers Childcare Policy 7 - Illness, Exclusion and Infectious Disease Policy for guidance on when a child is permitted to return to the centre after presenting with a high temperature.

3. A child with a chronic condition, long-term medical needs, or who may require emergency medication

In this scenario, medication is stored permanently at the Tigers Childcare service. Colleagues administer medication to a child regularly, as needed, or in an emergency.

Examples of chronic conditions or conditions which may require regular, as needed, or emergency medication include asthma, epilepsy, diabetes, or severe allergic reactions.

If a child has a chronic condition or long-term medical need, then a *Healthcare Plan* is required.

Healthcare Plan

A *Healthcare Plan* must be completed for each child who requires the administration of medication regularly, as needed, or in an emergency while attending Tigers Childcare. Parents are required to fill out the plan with the assistance of the child's healthcare professional. The Healthcare plan provides details about a child's condition, current medication, triggers, individual symptoms and emergency contact numbers. The *Healthcare Plan* is completed on Child Paths.

Parents are requested to discuss the *Healthcare Plan* with all duty managers and all colleagues working directly with the child. The plan helps our colleagues to better understand the child's individual condition and needs.

The centre manager discusses the child's condition and *Healthcare Plan* with the deputy, alternative person in charge and all colleagues working directly with the child. It is critical that all these people are familiar with the child's condition, healthcare plan, symptoms and medication relating to the child.

The centre manager is responsible for ensuring that Healthcare Plans are reviewed annually. This takes place in August every year.

Parents are responsible for informing the centre manager of any changes to a child's condition and/or medication. This includes any changes to medication dosages or timing. The centre manager is responsible for ensuring that parents make the change to the *Healthcare Plan* and sign off on the changes. If applicable parents are required to sign these changes on the Emergency action plan (see below).

Parents are responsible for providing training or arranging healthcare training where necessary for the centre manager and colleagues to ensure their child's needs are being met in relation to chronic conditions.

Parents are responsible for ensuring that Tigers Childcare has adequate supplies of the medication for their child and for renewing medication as required.

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

Medication Administered Regularly Or As Needed (Over A Prolonged Period) During Childcare Hours

Parents fill out an *Authorisation of Long-term Medication Form*. The procedure for administering medication as described above is followed.

Emergency Medication

Emergency medication is required to treat anaphylaxis (an injector pen) or an asthma emergency (inhaler).

The colleague who is the child's key worker is responsible for preparing an *Emergency Action Plan*- from the information provided on the child's *Healthcare Plan*. The parent signs this plan as the authorisation of medication. The plan clearly shows the child's name, picture, condition, possible symptoms, emergency contact details, the location of the medication in the child's room and simple instructions of what to do with the child and how to administer the emergency medication.

- The *Emergency Action Plan* is displayed clearly on the wall of the child's room.
- The emergency medication is stored in the child's room out of reach of children and is clearly signposted.
- The *Healthcare Plan* and additional emergency information is stored in a folder that is easily accessible in the child's room.

All managers on duty and all colleagues working directly with the child are responsible to be aware of the location of the child's emergency medication and be familiar with how it should be administered. The *Healthcare Plan* and emergency information should be reviewed monthly by colleagues and managers for familiarisation. The manager is responsible for briefing all new colleagues (including students) on the *Healthcare Plan*, *Emergency Action Plan* and the location of the emergency medication.

Emergency medication along with a copy of the child's *Healthcare Plan and Emergency Action Plan* must be brought on outings. Refer to Tigers Childcare Policy 21 – Outings Policy for procedures.

STORAGE OF MEDICATIONS

1. Medications must be stored according to the manufacturers' instructions paying particular note to temperature, sources of moisture, light and sources of contamination.
2. Medications must be stored safely out of the reach of children.
3. Emergency medication such as asthma inhalers and adrenaline pens must be readily accessible to colleagues and managers in case of an emergency when time is of the essence. Medications requiring refrigeration should be clearly marked and separated from food in an airtight container marked 'Medications'. The fridge must not be accessible by children.
4. Medications that are applied to skin should be kept separate from medications that are injected into the body or taken by mouth.
5. Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration.
6. Non-prescription medications should be labelled with the child's full name and the

expiry date must be visible and monitored.

7. Medication for colleagues should only be brought to work when it is absolutely necessary (either prescribed or over the counter). Colleagues 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.
8. Sunscreen, special soaps, lotion and nappy creams do not need to be in a locked container but must not be accessible to children.

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 healthcare professional.
- The expiry date has been reached.
- When the child ceases to attend in the service.

ACCIDENTS AND INCIDENTS INVOLVING MEDICATIONS

1. Where a child refuses to take the medication prescribed for them, they must not be forced to do so but parents 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.
2. Failure to administer medication at the time prescribed as requested by a health care professional or parent should be noted on the Medication Record Form with a written explanation of why the medication was not given.
3. 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.
4. The poisons information line number, GP, pharmacist and other emergency numbers must be readily available at all times.

DEALING WITH EMERGENCIES

1. Where medication is administered in the case of an anaphylaxis or asthma emergency, both the emergency services and the child's parents must be notified as soon as possible (See Accidents and Incidents Policy).
2. All colleagues must have knowledge of the location of the First Aid box and how to summon the emergency services.
3. Where a child is taken to hospital by ambulance the child must be accompanied by a colleague who is to remain with them until a parent (See Accidents and Incidents Policy).
4. All required information is shared with the emergency services and the child's parent (See Accidents and Incidents Policy).
5. Colleague support will be provided following any such incident (See Accidents and Incidents Policy).

SUNSCREEN APPLICATION

Refer to Tigers Childcare Policy 14 - Sunscreen Policy for details of sunscreen application.

SPORTING ACTIVITIES

Most children with medical conditions will be able to participate in sport commensurate with their own abilities. Tigers Childcare should be notified of any restriction on a child's ability to take part in sporting activities. Some may need precautionary measures prior to exercise and others may require immediate access to medication at the end of a sports session. Colleagues supervising sporting activities should be aware of medical conditions and emergency procedures.

COMMUNICATION PLAN

A copy of all policies will be available during hours of operation to colleagues and parents/guardians in the Policy Folder located in Tigers Childcare.

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

Parents/guardians and colleagues will receive written notification of any updates via emails and/or Child Paths.

Related Policies, Procedures and Forms

- Forms

Name of form	Example of medication	Location	Fill out	Sign
20(a) Authorisation of short-term medication	Course of antibiotics, nappy rash cream, teetha	Child Paths Paper print out available	Parent	Parent
20(b) Authorisation of long-term medication	Inhaler	Child Paths	parent	Parent
20(c) Administration of medication		Child Paths	Colleague 1 who administers	Colleague 1 Colleague 2 Parent
20(d) Healthcare plan		Child Paths Print copy and store in Healthcare folder in child's room	Parent	Parent
20(e) Emergency action plan (authorisation)	Injector pen,	Paper format Display on wall in child's room Bring on outings	Colleague	Parent

- Illness, Exclusion and Infectious Disease Policy
- Asthma Emergency Information
- Epilepsy Emergency Information
- Anaphylaxis Emergency Information
- Diabetes Emergency Information
- Outings Policy

- Accident and Incident Policy
- Sunscreen policy

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