



**16. MEDICATION MANAGEMENT**

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<b>Document Author:</b>	<b>YMCA Childcare, CB</b>
<b>Document Approved:</b>	<b>Paul McDonald</b>
<b>Person(s) responsible for developing, distributing and reviewing Policy</b>	<b>Paul McDonald Michelle Cullen</b>
<b>Person responsible for approving Policy</b>	<b>Paul McDonald</b>
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**This policy is available to and has been communicated to parents/guardians and staff.**

**Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.**

**Relevant staff have received training on this policy.**

**Statement of Intent:** To facilitate promotion of health and wellbeing and to promote an inclusive setting we will work in consultation with parents to ensure the safe administration of medication

**Procedure:**

**We do not routinely administer non-prescription/prescription medications. We only administer medicines with the correct signed permission.**

**Only named authorised persons will administer medicines**

**Prescription Medicines:** Medicines must only be brought into the service for administration by the staff when it is essential.

**Where a child or children attending the Service have specific medical conditions which require specialised treatment or administration of medication it is the policy of the Service that key staff will be trained specifically in relation to such treatments and administration of medications pertaining to same.**

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- Designated personnel only are permitted to administer medicine
- The Manager must be informed if a child is taking antibiotics or any other prescription or non-prescription medication.
- A full medical and medicine history must be provided for each child
- A record of the child's medical history will be required on the registration form
- Essential medicines will only be administered where a parent/guardian has signed a consent form which is contained in the Registration Form and where parent/guardians have signed a separate consent form in relation to prescription medications for their child and at the discretion of the person in charge.
- We will only follow the dosage as instructed by the doctor who prescribed the medication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- No preschool child may self-administer.
- If a child refuses to take their medication staff will not force them to do so but will seek advice from the parent.
- Parents/guardians must keep the Service up to date on their child's medical needs.
- Parents/guardians must fill in the medicine consent form of the Service, authorising the administration of medicine (prescription or non-prescription) to their child. Staff cannot give medicine unless this written permission is given.
- Parents/guardians must hand staff the medicine, which then stored in the fridge or the medicine cabinet. Any form of medication must never be left in a child's bag, including inhalers.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage, method of administration, plus the name of the health care provider that recommended the medication. We will only administer medicine that is licensed for the age group of the child. For example, an ant-febrile medication supplied by a parent for a 3-year-old that is licensed for an over 5-year-old **will not** be administered.
- Prescription medication will only be administered to the child named on the medication.
- Staff members who administer prescription medication will complete details of the date, time and dosage of the medication administered on the child's medical log/care plan and sign same.
- We will always have the documentation available related to the medicine to include directions for use, possible adverse reaction

**Care Plans:** Where an individual care plans has been drawn up in respect of a child attending the Service, key and relevant staff will receive additional training where necessary in respect of such care plans. Such staff will be aware of how to implement the instructions contained in the care plan, the medical condition(s) to which it refers, the method of administration of medication referred to.

**Storage of Medicines:**

- All medication is stored in line with manufacturer's instructions out of reach of the children.
- Medication is stored in a locked cupboard, out of children's' reach.

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- The Manager/person in charge is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept at the Service. The Manager will check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and return any out-of-date medication to the parent.
- Unused medicines should be returned to the parent.
- Medicines, creams and ointments are not stored in the first aid box.
- All medication is returned to storage immediately following its administration to a child.

**Disposal of Medication:** The circumstances where disposal is necessary include:

- A child's treatment plan changes
- A child leaves or goes to new facility
- The medicine reaches its expiry date
- Any medication that has expired, is short dated or is no longer needed by the child will be returned to the parent or guardian. This is recorded in the medication diary.

**Procedures for staff administering essential medicines (Prescription and non-prescription)/record keeping:**

- Staff **MUST** have a witness **PRESENT** to the medicine being administered. [Second person and countersigned by that person]
- Staff must record the child's name, date, time dosage and route in the medicines record and give a copy to the parent.
- Parents/guardians will be required to sign to say they were informed of the dosage of the medicine upon collection of the child.

**Staff must:**

1. **Wash hands thoroughly.**
2. **Staff administering medicines must check:**
  - The child's name.
  - That the medication is being administered to the correct child (e.g. where two "Mary Smiths" are attending the Service, by reference to a photograph or other means of identification)
  - Prescribed dose.
  - Expiry date of medicine.
  - Written instructions provided by the prescriber on the label or original container.
  - Time last dose was given.
  - That the directions and instructions are in English
  - Staff must check that the medicine contains the directions as prescribed the doctor and dispensed by the pharmacy
  - Check parents/guardians have completed and signed 'Administration of Medicines' Consent form and Anti Febrile Medication form if relevant.
  - Staff are 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.

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- Following the administration of medication Staff will maintain a record of the outcome of the administration of the medication. e.g. was there a reduction in temperature after administration of anti-febrile agent; has the child developed a rash following administration of medication.

**Anti-Febrile Medication: Emergency Medication:** Anti-febrile medication is medication used to reduce a raised body temperature. The most common anti-febrile medications used are: Paracetamol and Ibuprofen (Anti-febrile medication is important treatment for high temperatures to prevent febrile convulsions. Parents/guardians are required to complete a form authorising the administration of such medication if the child develops a temperature over 38 degrees C. This medication should not be used unless indicated for high temperature or pain as overdose can cause significant medical problems.

Parents/guardians will always be notified by telephone prior to the administration of an un-prescribed anti-febrile medication. If the anti-febrile medication does not reduce the temperature medical advice will be sought by contacting the child's GP, hospital or emergency services and the advice will be followed by the staff.

Medication forms will be reviewed regularly by the Manager to identify children who require frequent or repeated anti-febrile medications. A child in this category may require to be seen by their own doctor. Parents/guardians may be asked to supply a medical report.

If the consent form is not signed, then the parent must be contacted immediately BEFORE any administration of Anti Febrile Medication to the child to confirm that it is permissible. Parents/guardians upon returning to the Service must then be required to sign the correct permission forms.

If a child has a temperature and permission for 'Anti Febrile Medication' has not been granted medical advice should be obtained immediately.

**Staff must ask for a person in charge or another member of staff to be present.  
Ask them to confirm steps 1 and 2 and that the medicine can be administered.**

- Staff **MUST** have a witness **PRESENT** to the medicine being administered. [Second person and countersigned by that person]
- Staff must record the child's name, date, time dosage and route in the medicines record and give a copy to the parent.
- Parents/guardians will be required to sign to say they were informed of the dosage of the medicine upon collection of the child.

It is extremely important that staff follow the procedures as detailed above. These measures are in place to ensure that no mistakes are made. Administering medication is a responsibility which must be undertaken with due caution. If staff are not sure how to administer it or have difficulty doing so, please inform the Manager/person in charge.

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The following should always be checked:

- Correct Child (e.g. where two "Mary Smiths" are attending the Service, by reference to a photograph or other means of identification)
- Correct Medication
- Correct Dose
- Correct Time
- Correct Route

**NOTE: Students or volunteers may not administer medicines.**

**Procedures for Children with Allergies Requiring Treatment with Oral Medication:**

- Asthma inhalers are regarded as "oral medication" Oral medications must be prescribed by a GP and have the manufacturer instructions clearly written on them.
- Staff must be provided with clear written instructions on how to administer such medication.
- Inhalers must be provided to the Service clearly labelled with the child's name
- The Service must have the parents/guardians' or guardians' prior written consent. This consent must be kept on file.

**Emergency Medicines:** Where medical conditions exist for a child we will develop individual medical care plans which will include the management in the event of an emergency relating to the condition. This will be developed in conjunction with the parents and the child's medical advisers. Where a child has a condition that may require emergency medical treatment staff will be trained on the condition and the treatment. This would include medications like Ventolin, Glucagon or EpiPen. Where medication is administered in the case of anaphylaxis or asthma emergency the Service will ensure that the emergency services are contacted as soon as is practically possible and the parents and guardians are also contacted as soon as possible. Emergency numbers for the local pharmacist and local medical practitioners are available within the Service

**Life Saving Medication and Invasive Treatments:** Adrenaline injections (EpiPen's) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

**Management must have:**

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Written consent from the parent or guardian allowing staff to administer medication.
- Proof of training in the administration of such medication by a doctor or appropriate health profession or persons recommended by a manufacturer.
- A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.
- For medicines like EpiPen's it will be decided on individual cases and if staff are happy and competent to administer them.

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- Consent forms.

**Note:** Unused medicine must be returned to parents for safe disposal. Medicines must be stored out of reach of children and not in the First Aid Kits.

**Managing medicines on trips and outings:** If children are going on outings, staff accompanying the children must include the key person with a risk assessment, or a member of staff who is fully informed about the child's needs and/or medication.

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.

**Sunscreen:**

- We will send letters home asking for parents/guardians to apply sun cream to their child before bringing them to school each morning.
- We will also ask parents/guardians for permission for staff to apply sun cream onto their child when appropriate.
- Parents "must" supply sun cream in the original bottle. It should be individually labelled with child's name and we store it in a press out of reach not in the child's bag.

**All records kept by the Service are kept secure and confidential. Children's medical records are kept for a period of two years.**

**Medication Errors:** All medication errors will be recorded and we will seek medical advice immediately. This includes medication is given to wrong child; wrong route; wrong dosage; wrong time; omitted to be given as scheduled. We will contact the GP, Pharmacist or other emergency service, depending on the error. Parents/guardians will be informed immediately.

**Important Note:** If parents cannot be reached, the emergency contact persons (as identified on the Child Registration Form) will be contacted.

**Where a Child Suffers an Allergic Reaction to Medication Administered in the Service:** The length of time for an allergic reaction varies from person to person. Some people may react right away, while others might take the drug several times before they have an allergic reaction. Most of the time symptoms will appear between 1-2 hours after taking the drug unless someone has a more rare, delayed type reaction. Symptoms of these less common drug allergies include fever, blistering of the skin, and occasionally joint pain.

Symptoms from a drug allergy can be like other allergic reactions and can include hives or skin rash, itching, wheezing, light headedness or dizziness, vomiting and even anaphylaxis. A combination of these symptoms

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makes it much more likely that it is an allergy than nausea and vomiting on their own, which are common side effects of medications.

Where the Service suspects that a child has suffered an allergic reaction to medication administered, the parents/guardians will always be notified as soon as is practically possible by telephone.

The Service will ensure that the emergency services are contacted as soon as is practically possible.

Emergency numbers for the local pharmacist and local medical practitioners are available within the Service.

Where it is necessary to contact the emergency services to bring a child to hospital, a member of staff will escort the child if the parent or guardian is unavailable. The staff member will remain with the child until the parent or guardian arrives at the hospital.

**If advice is needed contact:**

**GP:** Dr Keith Perdue/Dr Emer O'Reilly, Grafton Medical Centre Ph. 01 6712122

**Pharmacist:** Medipharm, 16 South Great George's Street, Dublin 2 Ph. 01 6719765

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**  
**Person responsible for approving the Policy**

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Record of medicine given				
**First check when medicine was last given				
Date:	Time	Dose given	Signature of person who gave medicine	Signature of witness (where applicable)

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**Outcome record**

(for temperature rechecks / whether tolerated / adverse/allergic reactions, or other )

Date:	Time	Comment	Any action taken	Signature of person

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