

 Killorglin Community Childcare Centre CLG			<b>ADMINISTRATION OF MEDICATION (EARLY YEARS) POLICY</b>		
POLICY NO.:	CCP No.18	REV. NO.:	8	REV. DATE:	01.04.2025

PREPARED BY:  Centre Manager	Date: 30/3/25
APPROVED BY:  Board of Directors	Date: 15/5/25

## POLICY STATEMENT

**Scamps and Scholars** is committed to supporting each child's health and well-being.

**Scamps and Scholars** will work in consultation with parents/guardians to ensure the safe storage and administration of medication if:

- a child is taking prescribed medication, with the prior written permission of their parent(s) or guardian(s).
- a child is taking non-prescribed medication, with the prior written permission of their parent(s) or guardian(s).
- a child becomes unwell while attending the setting and, only with the prior written permission of their parent(s)/guardian(s), is given pain relief or temperature reducing medication and the service will implement where necessary the services measures for managing cases where symptoms of Covid-19 (or other likely pandemic illnesses) are exhibited

This policy has been updated in line with current guidance the HSPC Infection Prevention and Control guidance for services providing childcare during the COVID-19 Pandemic, the DCYA's Return to Work Safely Protocol and Tusla's Children Services Regulations Guidance Document for Early Years Services: COVID-19

## We are committed to:

- Storing medication safely and appropriately.
- Implementing a procedure to ensure that the right child receives the right medication, dosage, route and timing by authorised staff.
- Documenting the administration of medication accurately.
- Providing a copy of the administration of medication policy to all parents/guardians and recording that parents/guardians have reviewed the policy.
- Incorporating staff feedback into future policy development.

## ADMINISTERING MEDICATION/ PARENT CONSENT

### Parental Consent:

- Written parental permission for temperature reducing/anti-febrile medication administration in the event of a child's high temperature will be obtained on enrolment. This permission will be reviewed annually.
- The medical history of each child will be sought when a child begins in Scamps and Scholars. This will be updated as needed.

### **Procedure for Children's Prescription Medication:**

- Prescription medication is administered only if required. Only staff that have the required competency (knowledge, skills and training) will administer prescription medication to children.
- Medication (prescription or non-prescription) will **never** be administered without written permission from parent(s)/guardian(s). Parents/guardians must complete the required consent form if prescription medication is to be administered.
- The child must have received the prescription medication for at least 24 hours prior to it being given in Scamps and Scholars.
- Where a child has a chronic/ongoing condition, which requires regular prescription medication, the written parental consent and a written care and administration plan will be obtained on enrolment and be reviewed regularly (as necessary).
- Scamps and Scholars will seek training from medical professionals as needed for the administration of prescription medication.
- Parental consent must be updated when there is any change to prescription medication required by a child.
- Children on a recurring prescription medication within a period of one week from the end of a previous prescription medication can attend the centre as normal if well enough to do so.
- All prescription medications received by the service will be stored safely and appropriately in line with instructions provided (e.g. in the fridge).
- Prescription medication provided to the service must always be in date.
- Prescription medication received, administered and returned to the parent/guardian is always recorded by the service.
- All prescription medication must be appropriately labelled with the child's name and required dosage.

In particular circumstances, the manager or deputy manager may take medication consent over the phone and record same on a specific form. This form must be signed by the parent/guardian as soon as possible thereafter.

### **Medication Administration Procedure:**

- Medication is only administered by staff who have been authorised by the manager to do so and who are (and where appropriate if necessary) appropriately trained.
- Non-prescription medications will be given as per the manufacturers' instructions unless a health care professional provides written instructions otherwise.
- Staff will always read and understand the leaflet enclosed with the medication before administering the medication.
- Medications are accepted for use only when they are within their expiration period. The medication must be labelled with the child's name and in their original container.
- Medication is not added to a child's bottle or food unless a medical professional has directed in writing that this is how it should be administered. Staff are aware of how the medication reacts with food/fluids/other medications.
- Ointments for nappy rash are not applied unless for treatment purposes and where a health care professional has directed their use for the child on whom they are being used.

### **Before Administration of Medication:**

There will always be two staff members present for administration of medication. Before medication is administered the following is checked:

- Consent has been received from parent/guardian to administer medication.
- The child's ID.
- Recipient's name.
- Prescribed dose.
- Expiry date of medication.
- Written instructions of prescriber.
- Any possible side effects.
- Date and time the medication was last given.

Staff can only administer medication that has been prescribed for a particular child. Staff are aware of the contraindications relating to medication being administered.

**When administering medication:**

- The appropriate equipment is used to administer the medication, e.g. dosing spoon/oral dropper. Measuring devices are thoroughly cleaned after each use.
- The child's dignity and privacy are ensured as appropriate, e.g. if the method of administering the medication is not orally.
- If there is any doubt about any of the procedures, the member of staff will check with parents/guardians or a health professional before taking further action.

**After administration of medication:**

- Staff involved will keep records each time they administer medication. This record is signed by both staff members administering the medication.
- A record of the outcome of the administration of medication is maintained. For example, were there any adverse effects/did the temperature come down?
- The medication is returned to its appropriate storage.

**Incidents involving medication:**

- If a child refuses to take medication – parents/guardians are informed straight away.
- If there is a mistake when administering medication, the parent(s)/guardian(s) and a doctor, if necessary will be called immediately.

Emergency numbers including the national poison line are readily available at: -

**Poisons Information Centre of Ireland +353 (1) 809 2166.**

**Emergency Medication:**

- An individual care plan is in place for each child in the service who has an allergy/asthma/a condition that requires emergency medication. Parents/guardians are responsible for ensuring that emergency medication is supplied to Scamps and Scholars and replenished when necessary.
- If a child requires emergency medication in an anaphylaxis/asthma emergency, the emergency services and the child's parents/guardians are notified as soon as possible.

**Individual Care Plans:**

- All children with medical conditions enrolled in Scamps and Scholars must have an individual care plan that outlines any medication needs they have. Individual care plans are prepared in line with the child's doctor's advice.
- If a child has an individual care plan, the plan is available to all staff caring for the child. The plan is stored confidentially usually in the child's file and is only shared with staff on a need-to-know basis.

**Medication administration records:**

- The authorised person giving the medication will ensure that they document the medication administration times and dosage precisely and have the process witnessed and signed by another authorised member of staff. Any administration of medication will be documented in a record book or relevant form and signed by parents/carers.
- The following will be documented by the staff member administering medication:
  - Child's name.
  - Check that consent was received.
  - Check of child's ID before medication administration.
  - Check that medication is within expiry date.

- Check of administration instructions.
  - The date and time the medication was administered.
  - Route and dose of medication.
  - Signature of person who administered medication and signature of witness.
  - Any side-effects or adverse reactions are recorded.
- A record will also be kept of the date and time the parent was contacted before the administration of medication in the case of anti-febrile or pain-relieving medicines.

#### **Procedure for the Storage of Medications:**

- All medications brought into the childcare setting should have child-proof caps and will be stored:
  - a. At the proper temperature (according to the label).
  - b. Away from food.
  - c. Out of the reach of children.
  - d. In accordance with the manufacturer's instructions.
  - e. With the child's full name and expiry date on the medication container.
- Medications requiring refrigeration will be clearly marked and separated from food in an airtight container marked 'Medications'. Access to the fridge will be restricted to authorized staff only.
- Inhalers will be stored in a safe location in a manner that allows them to be accessed quickly in case of emergency. They will be labelled with the child's name.
- Epi-pens will be stored in an accessible, safe location known to staff and labelled with the child's name. A copy of parent/guardian consent and the emergency care plan are stored with the epi-pen.
- Emergency medication is stored in a safe and accessible location that is known to all staff.
- All medication brought in to Scamps and Scholars will be labelled with the child's name.
- Medicines, creams and ointments are not stored in the first aid box. Medications that are applied to skin are kept separate from medications that are injected into the body or taken by mouth.
- The manufacturer's instructions are followed at all times for the safe storage of medication.

#### **Anti-febrile (temperature reducing) medication:**

- **Following on from the COVID-19 Pandemic, children with fevers should not attend this service, and if a child develops a fever whilst in our care we will follow the procedure for suspected COVID-19 cases as outlined in our Infection Control Policy and Pandemic policy and will only administer anti-febrile medications upon medical advice to do so.**
- Scamps and Scholars has a supply of anti-febrile medication (such as Paracetamol or Ibuprofen for Children) in liquid suspension form, in child-proof containers and with the appropriate measuring devices. These medications are stored in accordance with manufacturer's instructions in a safe location that is not accessible to children.
- Anti-febrile medications (Paracetamol/ibuprofen) will be given as per HSE guidelines taking into account the child's weight as well as their age to provide a more accurate dose of medication. See table at end of policy.
- Antihistamine (e.g. Zirtek) will only be given to a child in the event of an emergency in agreement with the child's parent/guardian and the centre manager.
- Paralink suppositories will need a core plan signed off on by the child's doctor/medical professional.
- The date the medication is opened will be clearly labelled on the container.
- Medications with illegible labels or medications which have been opened over 6 months ago will be discarded.
- Medication in tablet form will never be administered to children under 5 years of age.
- Parents/guardians provide written consent on enrolment for anti-febrile medication to be given to their child in the event of a high temperature.
- Parents will be contacted by telephone before these medications are administered, to ensure that the correct time frame is adhered to between doses.
- If a child has a suspected temperature, their temperature will be taken using an infrared or other non-contact thermometer. The child's temperature will be recorded and if the body temperature of the

child rises beyond a safe limit (38°C or higher), an anti-febrile medication will be administered by staff.

- A weighing scales can be used to determine the correct dosage of Calpol/Nurofen to be given to the child as determined by their weight – See Attachment.
- The child's record form will be checked before administration of anti-febrile medication to ensure that there is parental consent and there are no recorded allergies to anti-febrile medication for the child.
- There is a system in place to identify children who regularly require anti-febrile medication.

*A health care professional such as a GP can write a standing order for a commonly used non-prescription medication that defines when the medication should be used for any child in the service. For example, "With parent's/guardian's consent, children who are older than four months of age may receive Calpol when their body temperature exceeds 38°C, (101°F), as per the dose schedule and instructions provided by the manufacturer"*

It is imperative that any high temperature associated with a child is not masked by the taking of Nurofen or Calpol but rather reported or that the child's temperature is assessed by a staff member so that an assessment can be made to determine how safe it is or is not to allow that child to attend the service in that state.

#### **Emergency contact details:**

- Parents/guardians must provide contact details to Scamps and Scholars when their child is enrolled.
- Parents/guardians will be requested to notify Scamps and Scholars if their emergency contact details change. Emergency contact details for parents/guardians of all children in the service will be kept on file and updated as needed.
- The phone number of the Poison Line, local GP, Pharmacist and Public Health Nurse are readily available in the centre. Emergency contact numbers 999 or 112 are available to staff and there is always a working phone on the premises.
- In the event of an emergency an ambulance will be called. The parents/guardians of a child will be informed immediately.

#### **Sunscreen:**

- Parental consent is required when a sunscreen supplied by the service is used. When providing consent parents are informed of the exact brand and type of sunscreen used by Scamps and Scholars.
- Application of sunscreen must be consented by signing the appropriate section of the Childs Registration Form at the start of the school year. Sunscreen supplied by parents is labelled with the child's name and is only used for that child.
- A record of when sunscreen is applied is kept for all children.
- Sunscreen is stored out of children's reach and labelled with the date it was first opened and used within 12 months of opening.
- Sunscreen is brought on outings as needed.
- Scamps and Scholars will hold a small supply of generic brand sun-cream and will apply to the child, with parental permission, if absolutely necessary, but not on an ongoing basis.
- Sunscreen will be applied every 2 hours or as required.
- Children will not go outside if the temperatures exceed 22°C.



#### **Medical Consent Form – via telephone:**

Should an unplanned medication intervention be required, it is possible for a parent to give consent to administer a medication over the phone. In this instance, a phone call will be made to the parent which will, where possible be monitored by 2 staff members who will complete a Medical consent form – via telephone.

The full medical consent form should be completed in full once the parent has presented themselves at the centre.

Where it is possible, we will insist that medications are taken at home before attending the centre and again on their return home in the evening. If it is necessary, we will administer a mid-day dose of medication but only if it is absolutely necessary.

Forms are detailed as follows:

Medical Consent form & administration record						
Child's Name		D.O.B.				
Name of Medication						
Reason for giving Medication						
Medication duration						
Date of administration	Time 1 & Amount	Time 2 & Amount	Time 3 & Amount	Time 4 & Amount	Time 5 & Amount	
1						
Staff Signature 1						
Staff Signature 2						
Signed Parent						
2						
Staff Signature 1						
Staff Signature 2						
Signed Parent						
3						
Staff Signature 1						
Staff Signature 2						
Signed Parent						
4						
Staff Signature 1						
Staff Signature 2						
Signed Parent						
Parent Consent		I the undersigned consent to the administration of the fore-mentioned medication for _____ days				
		Parent Signature				
Staff Signature		Staff Signature				
 Please turn over to complete the telephone Parent consent section 						
Form No. 001 Medical consent & administration record Revised April 2011/ revised 1 15.09.2016 - author DMOL						

Medical History Record Form			
Child's Name		Date:	
Parents Name			
Completing form			
List medications that your child is currently taking. Indicate both prescription and over the counter drugs, as well as any supplements that your child may be taking			
Medication Name	Frequency	Dose	Purpose
List any medical conditions and all surgeries			
List allergies and reactions			
Allergies	Reaction		
Form No. 002 Medical History record Revised August 2016 - author DMOL			



## Medical Consent form - via telephone

Parents name

Telephone number used to contact

Date of call

Time of call

Call Duration

Staff member making the call

### Details of the conversation

Staff Signature 1



Staff Signature

Staff Signature 2



Staff Signature

This side of the form should be completed when parental consent to administer medication is required and can only be acquired over the phone. Side one of the form should be completed in full when the parent / Guardian returns to the centre the same evening to collect their child/children

Please complete in full and place completed form in the file of the child / children in question

Form no. 001 Medical consent & administration record  
Revised April 2011 - author DMOL

2





In the event of medical assistance being required for a child (or a staff member) the following steps should be followed:

### **REGULAR SITUATION**

Should medical assistance be required for a child or staff member the most immediate supervisor/manager should be notified.

A brief assessment should be made by the supervisor/manager or person in charge to ascertain whether a doctor or an ambulance or both are required.

In the situation of a child, the child's parents should be notified immediately.

Where it is deemed essential the supervisor/manager/person in charge should contact the medical service(s) (doctor/ambulance) required or delegate this task. However, confirmation must be received that this call has been made with an estimated time of arrival for the service.

Instructions from the medical assistance (doctor/ambulance service) should be followed thereafter.

### **EMERGENCY SITUATION**

All the same points above should be followed. It may be possible or necessary to bring the child to the medical service/centre. If so, 2 choices are available: the casualty can access the doctor or hospital with their own transport (for staff) or a colleagues transport (for staff or child) or an ambulance may be called. This process will be determined by whether you are accessing a local doctor or accessing Kerry County Hospital.

### **LOCAL DOCTORS**

Killorglin Medical Centre: 066 97 61014

Dr. Edmund Prendiville: 066 97 61072

Dr. Noel Mulligan: 066 97 61253

Dr. Martin Flynn: 066 97 62586

### **EMERGENCY NUMBERS**

Ambulance Service: 999 / 112

Killorglin Health Centre: 066 97 61284

National Poisons Centre: 01 809 2166



*The intended audience for this document is prescribers.*

The table below has been adapted from the 2021 ICGP Quick Reference Guide for Antipyretic Prescribing. Weight-based dosing chart for paracetamol (based on 15mg/kg/dose) may be useful for doctors to use in certain circumstances. The weight-based dosing guidance below may be different to the dosing information in the product packaging. Note: the volumes below may not be measurable with the oral syringes provided with the product, and if not followed correctly, may lead to over/under dosing, hence healthcare professional guidance is necessary.

Weight (kg)	Paracetamol (2 months – 6 years)	Paracetamol (6 years +)
	120mg / 5mls	250mg / 5mls
Each single dose below can be dosed 4-6 hourly – Max 4 doses per 24 hrs		
4kg	2.5mls	-
5kg	3.1mls	-
6kg	3.6mls	-
7kg	4.2mls	-
8kg	4.8mls	-
9kg	5.4mls	-
10kg	6.0mls	-
11kg	6.6mls	-
12kg	7.2mls	-
13kg	7.8mls	-
14kg	8.4mls	-
15kg	9.0mls	-
16kg	9.6mls	-
17kg	10.2mls	-
18kg	10.8mls	-
19kg	11.4mls	-
20kg	12.0mls	-
21kg	12.6mls	6.3mls
22kg	13.2mls	6.6mls
23kg	13.8mls	6.9mls
24kg	14.4mls	7.2mls
25kg	15.0mls	7.5mls
26kg	15.6mls	7.8mls
27kg	16.2mls	8.1mls
28kg	16.8mls	8.4mls
29kg	17.4mls	8.7mls
30kg	18.0mls	9.0mls
31kg	18.6mls	9.3mls
32kg	19.2mls	9.6mls
33kg	19.8mls	9.9mls
34kg	20.4mls	10.2mls
35kg	21.0mls	10.5mls
36kg	21.6mls	10.8mls
37kg	22.2mls	11.1mls
38kg	22.8mls	11.4mls
39kg	23.4mls	11.7mls
40kg	24.0mls	12.0mls
41kg	24.6mls	12.3mls
42kg	25.2mls	12.6mls
43kg	25.8mls	12.9mls
44kg	26.4mls	13.2mls
45kg	27.0mls	13.5mls
46kg	27.6mls	13.8mls
47kg	28.2mls	14.1mls
48kg	28.8mls	14.4mls
49kg	29.4mls	14.7mls
50kg	30.0mls	15.0mls

Weight-based dosing table for Paracetamol in Children: A Guide for Prescribers, [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) V1.2 March 2024

*The intended audience for this document is prescribers.*

