



POLICY ON THE ADMINISTRATION OF MEDICATION

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Rationale and Policy Considerations

The Society of St. Pius X (hereafter The Society) must 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 in the course of activities organised by the Society. It also needs to ensure that no child's care is compromised.

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

The purpose of this policy is to ensure:

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

Legislation and regulatory requirements

- Having a clear, written policy and procedure to ensure the safe storage of medication and the safe administration of medication to a child attending a Society activity is a requirement under Regulation 10 of the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Parent/guardian consent for the administration of medication is required under Regulation 16 (1) (j) of the Child Care Act 1991 (Early Years Services) Regulations 2016 .
- Under the Safety Health and Welfare at Work Acts 2005 and 2010 and the Safety, Health and Welfare at Work (General Application) Regulations 2007, employers have a duty to ensure the employees' safety, health and welfare at work as far as is reasonably practicable and to carry out risk assessments and provide safety statements

Children's needs

Children need:

- This policy to ensure that clergy, staff or volunteers responsible for their care have the information and guidance required for the safe storage and administration of medication.
- Their parents to be kept fully informed of any administration of medication to them and any issues relating to it.

Parents/Families' needs

Parents and families need:

- To be confident that procedures are in place in the Society that ensure that the Society is a safe place for their child and their child's medication needs will be properly met.
- To clearly understand the Society's role and responsibilities regarding administration and storage of medication including the need for sharing information.
- To clearly understand their own role and responsibilities in relation to the administration of medication for their child, including the need for sharing information.
- To know that should any incident relating to the administration of medication involving their child occur in a Society activity, they will be contacted at the earliest possible time and appropriate action will be taken by clergy, staff or volunteer to ensure their child's wellbeing, for example calling the emergency services if required.
- To know that, following any investigation, all relevant information will be shared with them.

Clergy, staff or volunteer needs

The clergy, staff or volunteer members need:

- Absolute clarity on the Society's approach to dealing with the administration and storage of any medications
- To be competent (have the knowledge, skills, experience) to administer and safely store medication.
- To know that they will receive appropriate training if required. This may be from a professional (nurse, doctor, pharmacist) if necessary to ensure their confidence and ability to store and administer medications safely,
- To be clear on:
 - what consent must be obtained;
 - the information to be recorded;
 - how this information is to be recorded (in what format); and
 - who must be informed/notified of any matter relating to administration of medication, what information must be notified, when and in what way.

Management needs

Management needs:

- To know that this policy provides the information and clarity that both clergy, staff or volunteer members and parents/guardians need in order to ensure that medication is stored and administered correctly thereby maintaining the safety, health and welfare of the children while in the care of the Society.
- To ensure that any safety issues and/or notifications of any incidents related to the storage or administration of any medications are brought to their attention, that all required reporting and notifications are carried out appropriately and efficiently.

National Quality Frameworks

- Tusla Quality and Regulatory Framework
- Síolta: The National Quality Framework for Early Childhood Education

Definitions/Glossary

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.

Policy Statement

1. Parents have the prime responsibility for their child's health and should provide the Society 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, the Society advises parents/guardians to ensure medicines are administered to children before arrival at a Society activity and after they have left.
2. The activity organiser will discuss and agree with the parents/guardians on what is to be the Society's role in relation to meeting the child's medication needs, in accordance with this policy.
3. The written consent of the parent(s)/guardian(s) must be obtained in all cases using only the Medication Consent Form in the **Appendix**. The consent form must be completed in full.
4. 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 Society will seek written confirmation from a registered medical practitioner.

5. All medications will be administered by a clergy, staff or volunteer member competent and authorised to do so. All medications will be stored safely away from children's reach and according to manufacturer's instructions including refrigeration if required. All medication received from parents/guardians, administered to children and/or returned to parents/guardians will be fully and accurately recorded (see Appendix for a Medication Administration Record Form).
6. 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.
7. Any child who may require emergency medication will always be in the care of a clergy, staff or volunteer member who has received the required specific training.
8. Parents remain responsible for ensuring that the Society has adequate supplies of the medication their child needs (prescription and non-prescription) and renewing any medication for chronic conditions.
9. In some cases an Individual Care Plan may have been developed and the Society 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 Society if appropriate. Such a plan will include details of any chronic diseases or health issues the child is currently receiving treatment and care for, such as allergies or asthma. The plan documents current medications, medical treatments and other therapeutic interventions and specifies how the Society will meet the child's needs.
10. The Society 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 Society 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 Society reserves the right to contact a health care professional if authorised clergy, staff or volunteer members are unsure about administering medication to a child, even if the parent/guardian has requested the medication to be administered.

Procedures & Practices

Parents'/Guardians' role and responsibilities

- The parent/guardian must provide the following details on the child's enrolment to the Society:
 - 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 clergy, staff or volunteer 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 Society activity and after returning home.
- Parents/guardians must complete in full the Consent Form for Administration of Medication and provide all of the information the Society will need to:
 - safely store medicines
 - administer the necessary medication to their child
 - deal with any issues or incidents arising relating to their child's condition or the administration of the medication
- Medication must be provided by parents/guardians in its original labelled container as dispensed by a pharmacist including the child's full name, prescriber's instructions for administration, clear storage instructions, the date it was dispensed and the expiry date.
- Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration.
- Where a recipient needs two or more prescribed medicines, each should be in its own separate container and clearly labelled as above
- Parents must sign the completed medication administration form to acknowledge notification for each day that medication is required.

Clergy, staff or volunteer members' responsibilities

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

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 Society.
- All medications will be administered by a clergy, staff or volunteer member competent to do so.

[Clergy, staff or volunteer members should receive training where required about the purpose, expected response, contra-indications and possible side effects of medications they are expected to administer. They must be made aware of how the medication reacts with food, fluids or other medications, e.g. some medications cannot be given with milk, or when taking another medication. They need to know what adverse reactions are possible and what to do should they occur. Training must also be provided on the proper use of equipment such as inhalers or nebulisers.]

- All medications will be stored safely away from children's reach and according to manufacturer's instructions.

- Clergy, staff or volunteer members can only administer medication to a child that has been prescribed for that particular child.
- A list of those clergy, staff or volunteer members authorised to administer medications is kept in.....

Administering Medication

General points of note:

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

Before administration of medication

A second clergy, staff or volunteer member must be present when medications are administered.

- Both clergy, staff or volunteer 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 clergy, staff or volunteer should check with parents/guardians and/or a health professional before taking further action.
- It must be checked that the medicine has previously been administered without adverse effect to the child and that parents have confirmed this is the case – a note to this effect should be recorded in the written parental agreement for the setting to administer medicine.

On administration of medication

Both clergy, staff or volunteer members must confirm:

- The correct medication
- Medication is given to the correct child.
- The medication is given at the correct time and date.
- The correct dose is given.
- The correct route of administration.
- Appropriate equipment is used to administer the medication dose – for liquids the correct measuring tool provided with the medication.
- The dignity and privacy of the child is ensured as appropriate – for example when medication is required to be administered by a route other than the oral route.

After administration of medication

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

Accidents and Incidents Involving Medications

- Where a child refuses to take the medication prescribed for them, they must not be forced to do so but parents/guardians must be informed as a matter of urgency. If the child not taking the medication leads to an emergency situation, the emergency services and the parents must be called.
- Failure to administer medication at the time prescribed as requested by a health care professional or parent/guardian should be noted on the Medication

Administration Form (see Appendix) with a written explanation of why the medication was not given.

- If a child is mistakenly given another child's medication, a doctor must be called immediately and the advice given must be followed. The parents of the child who mistakenly received the medication must be called as soon as possible.
- The poisons information line number, GP, Pharmacist and other emergency numbers must be readily available at all times.

Dealing with Emergencies

- In an emergency situation, you always assess it by checking DR ABCs.
 - D – Danger** – checking your own safety should always be the first step (as you're no good to anybody if you get hurt). Check that the surroundings are safe and there are no hazards to you attending the child that is hurt. Then check for signs of bleeding, head injury, broken bones or shock.
 - R – Response** – gently shake the child, can they respond? Are they conscious?
 - A – Airways** – are they clear? Open their mouth and check their airways, removing anything that may be dislodged there.
 - B – Breathing** – are they breathing? Listen by their nose and look at their chest for small movements.
 - C – Circulation** – check their pulse. If they have one, put them in the recovery position and call 999. If they don't have a pulse, start resuscitation immediately while someone else calls 999. The resuscitation process should begin with 5 rescue breaths followed by 15 chest compressions and 2 rescue breaths repeatedly.
- Where medication is administered in the case of an anaphylaxis or asthma emergency, both the emergency services and the child's parents/guardians must be notified as soon as possible.
- All relevant clergy, staff or volunteer members need to know where to obtain First Aid and how to summon the emergency services.
- Where a child is taken to hospital by ambulance they must be accompanied by a member of clergy, staff or volunteer 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.
- Clergy, staff or volunteer support is essential following any such incident.

Medications Records

Clergy, staff or volunteer members involved must keep records each time they administer medication using the **Medication Administration Record** in the Appendix.

- 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 Society)
 - Check of the administration instructions, including the name of the medication, the method and times for administration and the required dose
 - Check to ensure the medication is within expiry date
 - The time and date the medication was administered
 - The route and dose of medication administered
 - The signature of the person who administered the medication and the signature of the witness
 - The time and date, or the circumstances under which, the medication is scheduled to be next administered
 - Any side-effects noted after the medication was given or if the dose was not retained because of the child vomiting or spitting out the medication.
 - The number of attempts to give medications that were refused by the child is also documented

Storage of Medications

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

Clergy, staff or volunteer members should only bring their own medication to work when it is absolutely necessary (either prescribed or over the counter). They must ensure that these medications are stored securely so that others (including children and adult Society activity attendees) do not have access to these medications. This includes for example medications held on the person, held at desks, in their bags, coats or in vehicles.

Disposal of Medications

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

Sunscreen Application

The time and frequency of application of sunscreen is to be recorded (a video record is the easiest).

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

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

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 clergy, staff or volunteer members participating in the outing must be aware of the medication needs of the children and any agreed medical emergency procedures. A member of clergy, staff or volunteer who has been trained to administer the required medication must be present. All clergy, staff or volunteer 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 clergy, staff or volunteer & families]

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

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

A copy of all policies will be available during all hours of operation to clergy, staff or volunteer members and parents in the Policy Folder located on the website: fsspx.ie

Parents/guardians and all relevant clergy, staff or volunteer members will receive email notification of any updates to this policy.

Related Policies, Procedures and Forms

[List of all related documents. The policies in bold are those required under the Early Years Regulations 2016.]

- **Policy on Accidents and Incidents**
- **Outings Policy**
- First Aid Policy
- SSPX Complaints & Disciplinary Policy 2020
- Confidentiality Policy
- Medication Consent Form
- Medication Administration Record

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)
- 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 clergy, staff or volunteer members.

Actions to be Followed if the Policy is not Implemented: A complaint will be lodged by a Mandated Person as per the [SSPX Complaints & Disciplinary Policy 2020](#)

Contact Information

If you need more information about this policy, contact:

REV. PATRICK ABBET
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Adopted by the District Superior on 29th October 2020.



Rev. Robert Brucciani

Next Review: January 2022

Appendix

MEDICATION CONSENT FORM

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

Note to Parent and registered medical practitioner:

The emergency services/child's registered medical practitioner will be called immediately by clergy, staff or volunteer where any of the following signs occur:

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

MEDICATION ADMINISTRATION RECORD

Clergy, staff or volunteer members are required to record medication administered as follows:

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

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

Child's Name:							
Date	Time	Name of Medication (state whether prescribed or non-prescribed)	Dose Given	Route of administrn*	Signature of person administering.	Signature of witness	Comments

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

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

Date:	Time	Comment	Any action taken	Signature of person