

Administration of Medication Policy

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

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NATIONAL QUALITY STANDARD (NQS)

2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest, and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practices and implemented.

LINKS TO OTHER POLICIES

Administration of First Aid Policy
Managing Medical Conditions Policy
Administration of Medication Policy
Asthma Management Policy
Anaphylaxis Management Policy
Enrolment Policy
Family Communication Policy
Incident, Illness, Accident and Trauma Policy
Diabetes Management Policy

Epilepsy Policy

Sick Children Policy

Privacy & Confidentiality Policy

Health and Safety Policy

BACKGROUND

As a rule, medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

PURPOSE

Our Service aims to ensure all educators understand their liabilities and duty of care to meet each child's individual health care needs. All educators are informed of children diagnosed with a medical condition and strategies to support their individual needs. All educators are trained to be able to safely administer children's required medication with the written consent of the child's parent or guardian. Educators will strictly follow this policy to promote the health and wellbeing of each child enrolled at the Service.

SCOPE

Children, parents, and employees, including full-time, part-time, permanent, fixed term and casual employees, as well as contractors, volunteers and people undertaking work experience or vocational placements.

STRATEGIES AND PRACTICES

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Service to ensure the safety of children and educators. The Service will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families, and educators always.

For children with a diagnosed health care need, allergy or relevant medical condition a Medical Management Plan must be provided prior to enrolment and updated regularly. A Risk Minimisation Plan and Communication Plan must be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child. (see *Managing Medical Conditions Policy*).

DEFINITIONS

Approved first aid qualification

The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.cecqa.gov.au.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

Infectious disease

A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) Services which provide education and care to a child over preschool age (as defined in the Education and Care Services National Regulations 2011) may allow a child over preschool age to self-administer medication. Where a service chooses to allow self-administration of medication, the Approved Provider must consider the risks associated with this practice and their duty of care and develop appropriate guidelines to clearly specify the circumstances under which such permission would be granted and the procedures to be followed by staff at the service.

Injury

Any harm or damage to a person.

Medication

Prescribed and non-prescribed medication as defined below.

Non-prescribed Medication

Over-the-counter medication including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

Prescribed Medication

Medicine, as defined in the Therapeutic Goods Act 1989 (Cth), that is: authorised by a health care professional, dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.

Medication Record

Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92).

Management will ensure:

- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication (Regulation 92(3)(b))
- enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child
- medication provided by the child's parents must adhere to the following guidelines:
 - the administration of any medication is authorised by a parent or guardian in writing
 - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
 - medication is from the original container
 - medication has the original label clearly showing the name of the child

➤ medication is before the expiry/use by date.

- the **Administration of Medication Record** is completed for each child
- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the Service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival
- written and verbal notifications are given to a parent or other family member of a child as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners
- if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent of the child is notified as soon as practicable
- if the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the Service
- children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
- educators receive information about Medical Conditions and Administration of Medication Policies and other relevant health management policies during their induction and as the need arises in a child.
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition as detailed in Medical Management Plans, Asthma or Anaphylaxis Action Plans
- written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required
- families are informed of the Service's medical and medication policies
- safe practices are adhered to for the wellbeing of both the child and educators.

A Service Leader / Responsible Person / Educators will:

- not administer any medication without the authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- ensure medications are stored in the refrigerator in a labelled and locked medication container, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container, in a separate location, inaccessible to children.
- adrenaline autoinjectors should be kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with the

adrenaline autoinjector.

- ensure that two educators always administer and witness medications. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible for:
 - checking the *Administration of Medication Record* completed by the parent/guardian
 - checking the prescription label for:
 - the child's name
 - the dosage of medication to be administered
 - the use-by date
 - confirming that the correct child is receiving the medication
 - signing and dating the Administration of Medication Form
 - returning the medication back to the locked medication container.
- follow hand-washing procedures before and after administering medication
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)
- seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
- ensure that the instructions on the *Administration of Medication Record* are consistent with the doctor's instructions and the prescription label
- invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English
- ensure that the **Administration of Medication Record** is completed and stored correctly including name and signature of witness.

RESPONSIBILITIES TO PARENTS

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the Service with a Medical Management Plan **prior** to enrolment of their child if required
- develop a Risk Minimisation Plan for their child in collaboration with management and educators and medical practitioner for long-term medication plans.
- notify educators, verbally when children are taking any short-term medications
- complete and sign an *Administration of Medication Record* for their child requiring medication whilst they are at the Service
- update (or verify currency of) Medical Management Plan quarterly or as the child's medication needs change
- be requested to sign consent to use creams and lotions should first aid treatment be required
- keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.

- adhere to our *Service's Sick Children Policy and Control of Infectious Disease Policy*
- keep children away at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication
- **NOT** leave any medication in children's bags
- give any medication for their children to an educator who will provide the family with an *Administration of Medication Record* to complete.
- complete the *Administration of Medication Record* and the educator will sign to acknowledge the receipt of the medication
- provide any herbal/ naturopathic remedies or non-prescription medications (including Paracetamol or cold medications) with a letter from the doctor detailing the child's name and dosage: Note that the stated procedure for administering medications applies to the administration of non-prescription medications.

Guidelines for administration of Paracetamol

- families must provide their own Paracetamol for use as directed by a medical practitioner.
- Paracetamol will be kept in the locked medication container for emergency purposes should authorised collectors not be contactable
- to safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage and duration it is to be administered for except for in emergency situations (onset of fever whilst at the Service).
- if a child presents with a temperature whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible
- the family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will:
 - remove excess clothing to cool the child down
 - offer fluids to the child
 - encourage the child to rest
 - monitor the child for any additional symptoms
 - Always maintain supervision of the ill child, while keeping them separated from children who are well.

Medications kept at the Service

- any medication, cream or lotion kept on the premises will be checked monthly for expiry dates
- a list of First Aid Kit contents close to expiry or running low will be given to the Service Leader/Coordinator who will arrange for the purchase of replacement supplies
- if a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- it is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- Medication **will not** be administered if it has past the product expiry date

- families are required to complete an *Administration of Medication Record* for lotions to be administered.

Emergency Administration of Medication

- in the occurrence of an emergency and where the administration of medication must occur, the Service must attempt to receive verbal authorisation by a parent of the child named in the child's enrolment form who is authorised to consent to the administration of medication
- If a parent of a child is unreachable, the Service will endeavour to obtain verbal authorisation from an emergency contact of the child named in the child's enrolment form, who is authorised to approve the administration of medication
- If all the child's nominated contacts are non-contactable, the Service must contact a registered medical practitioner or emergency service on 000
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form.

Emergency involving Anaphylaxis or Asthma

- for anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma or Anaphylaxis Action Plan provided by the parent/guardian. (National Asthma Council (NAC) or ASCIA)
- in the event of a child not known to have asthma or anaphylaxis and appears to be in severe respiratory distress, the emergency plans for first aid must be followed
 - an ambulance must be called immediately
 - place child in a seated upright position
 - give 4 separate puffs of a reliever medication (e.g. Ventolin) using a spacer if required
 - repeat every 4 minutes until the ambulance arrives
- in the event of an anaphylaxis emergency where any of the following symptoms are present, an EpiPen must be administered
 - difficulty/noisy breathing
 - swelling of the tongue
 - swelling or tightness in throat
 - difficulty talking
 - wheeze or persistent cough
 - persistent dizziness or collapse pale and floppy.
- the Service will contact the following (as required) as soon as practicably possible:
 - Emergency Services 000
 - a parent of the child
 - the regulatory authority within 24 hours (if an ambulance was called).
- the child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

POLICY REVIEW

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur, and any issues identified as part the commitment to quality improvement.

SOURCE

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REVIEW

POLICY REVIEWED		NEXT REVIEW DATE	July 2022
MODIFICATIONS			