

ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required for children at the Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child.

PURPOSE

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

SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by Highland Grove Preschool 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 at all times.

For children with a diagnosed health care need, allergy or relevant medical condition a Medical Action 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 *Medical Conditions Policy*).

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/packaging
- 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
- 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
- medication records 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* during their induction
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition as detailed in Medical Action Management Plans, Asthma or Anaphylaxis Action Plans
- families are informed of the Service's medical and medication policies at time of enrolment

A Nominated Supervisor/ Responsible Person /Educators will:

- not administer any medication without the written authorisation of a parent or person with authority, except in the case of an emergency, when the 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 with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container, with the key kept in a separate location and inaccessible to children.
- Ensure adrenaline autoinjectors 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 administer and witness administration of medication at all times. (Please note that all our permanent staff have 1st aid training-which exceeds the regulatory requirements).
- Both educators are responsible for:
 - checking the *Administration of Medication Record* is completed by the parent/guardian
 - checking the prescription label for:
 - the child's name
 - the dosage of medication to be administered
 - the method of dosage/administration
 - the expiry or use-by date
 - confirming that the correct child is receiving the medication
 - signing and dating the *Administration of Medication Record*
 - returning the medication back to the locked medication container
- follow hand-washing procedures before and after administering medication
- 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
- that if there are inconsistencies, medication is not to be administered to the child
- 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, time and date
- If after several attempts of encouraging the child to take medication, but they still refuse, contact the parent or guardian. Educators cannot use restrictive practices to make a child take medication at any time.
- observe the child post administration of medication to ensure there are no side effects
- respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication

Families will:

- 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 Action 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 any medication whilst they are at the Service
- update (or verify currency of) Medical Action Management Plan **annually** or as the child's medication needs change
- 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 with a letter from the doctor detailing the child's name and dosage.**

Guidelines for administration of Paracetamol

- Paracetamol will be kept in the locked medication container for emergency purposes
- 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).
- administration of Paracetamol must follow the procedure for *Administration of Medication* requiring two qualified educators to witness the administration and complete the required records
- if a child presents with a temperature over 38 degrees whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible
- 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
 - maintain supervision of the ill child at all times, while keeping them separated from children who are well.

Medications kept at the Service

- children's medications, paracetamol (and other items stored in the first aid kits) will be checked bi-annually expiry dates
- 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**

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 immediately
 - an ambulance must be called immediately
 - place child in a seated upright position
 - give 4 separate puffs of a reliever medication (eg: 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

(Sydney Children’s Hospitals Network – 2020)

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.

Source

Australian Children’s Education & Care Quality Authority. (2014).

Australian society of clinical immunology and allergy. ascia.

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Australian Government Department of Education, Skills and Employment. (2009)

Belonging, Being and Becoming: The Early Years Learning Framework for Australia.

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations.](#) (2011).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017). (amended 2020).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early*

childhood education and care services (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

NSW Department of Health: www.health.nsw.gov.au

Revised National Quality Standard. (2018).

The Sydney Children’s Hospital Network (2020)

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