ADMINISTRATION OF MEDICATION POLICY

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

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
90 (2)	The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First Aid qualifications
170	Policies and procedures are to be followed

	Education and care service must have policies and procedures

Victorian Child Safe Standards	
Standard 1	Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
Standard 2	Child safety and wellbeing is embedded in organisational leadership, governance and culture
Standard 3	Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
Standard 4	Families and communities are informed, and involved in promoting child safety and wellbeing
Standard 5	Equity is upheld and diverse needs respected in policy and practice
Standard 6	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
Standard 7	Processes for complaints and concerns are child focused
Standard 8	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Standard 9	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
Standard 10	Implementation of the Child Safe Standards is regularly reviewed and improved
Standard 11	Implementation of the Child Safe Standards is regularly reviewed and improved

RELATED POLICIES

Administration of First Aid Policy Control of Infectious Disease Policy Providing a child Safe Environment Policy Child Protection Policy Code of Conduct Policy Diabetes Management Policy Delivery Of Children To, And Collection from Education and Care Service Premises Policy Enrolment and Orientation Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Illness, Accident and Trauma Policy Dealing with Medical Conditions in Children Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Sick Children Policy Supervision Policy Work Health and Safety Policy

PURPOSE

To ensure all educators of the Family Day Care 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. FDC educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the Service.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

IMPLEMENTATION

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 FDC 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 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 and the FDC educator 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 FDC Educator 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 [for emergency situations]
- 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 by educator

- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the FDC Service must not leave any type of medication in the child's bag or locker. Medication must be given directly to the FDC 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).
- FDC educators receive information about Medical Conditions and Administration of Medication Policies and other relevant health management policies during their induction
- FDC educators 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.
- Medication self-administered by a child over preschool aged, is only permitted 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.

A Responsible Person/ FDC Educator/ Educator Assistant 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 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, 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 the FDC educator has approved First Aid qualifications in accordance with current legislation and regulations. The FDC Educator is 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 Record*
    - 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 signatures of parent/guardian
- notify the Approved Provider as soon as practicable if medication was administered due an emergency or incident
- Accept medication in original container with prescription of a medical practitioner

Families will:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the FDC 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 including self-administration practices for a child over preschool age
- 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 (list of items in the first aid kit provided at enrolment)
- 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 the educator who will provide the family with a *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

Self-Administration of Medication

A child over preschool age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication.
- medication is stored safely by the educator, who will provide it to the child when required
- supervision is provided by the educator whilst the child is self-administering
- a recording is made in the medication record for the child that the medication has been self-administered
- the Administration of Medication record is signed by the parent upon collection of their child acknowledging the dose and time of administration of medication (eg: Asthma inhaler, Diabetic treatment)

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 FDC Service).
- If the educator needs to administer Paracetamol as part of emergency treatment written authorisation through email, or text message and notification must be provided to Approved Provider/Nominated Supervisor for guidance before administering the Paracetamol
- if a child develops a temperature whilst at the FDC 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, the educator 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 FDC 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 Nominated Supervisor/Coordinator who will arrange for the purchase of replacement supplies or the FDC Educator will ensure these are replaced
- if a child's individual medication is due to expire or running low, the family will be notified by the educator 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 FDC educator must attempt to receive written authorisation by a parent of the child named in the child's enrolment form who is authorised to consent to the administration of medication (written authorisation may be via a text message or an email)
- If a parent of a child is unreachable, the FDC Educator will endeavour to obtain written authorisation from an emergency contact of the child named in the child's enrolment form, who is authorised to approve the administration of medication (written authorisation may be via a text message or an email)
- If all the child's nominated contacts are non-contactable, the FDC Service must contact a registered medical practitioner or emergency service on 000 for verbal authorisation to administer medication
- 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.
- the educator will complete an *Incident, Injury, Trauma and Illness* record
- the educator must notify Approved Provider/Nominated Supervisor before administering emergency medication

Emergency Involving Asthma or Anaphylaxis

- 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

The Family Day Care Educator will contact the following (as required) as soon as practicably possible:

- Parent of the child if the medication has been administered as part of the Action Plan
- Emergency Services 000 as per Action Plan
- the principal office of the Family Day Care Service, or after hours contact the Approved Provider

The Family Day Care Service will contact the following (as required) as soon as practicably possible:

- a parent of the child if Emergency Services have been contacted
- 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 the FDC 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
Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).
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. (2018). (Amended 2020).
National Health and Medical Research Council. (2012). (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*
NSW Department of Health: www.health.nsw.gov.au
Revised National Quality Standard. (2018).
The Sydney Children's Hospital Network (2020)

REVIEW

POLICY REVIEWED	January 2022	NEXT REVIEW DATE	January 2023
MODIFICATIONS	• edits to include: written permission to administer medication by parent/authorised person • administration of Paracetamol medication requirements • informing the principal office of any incident/injury requiring notification • Asthma/Anaphylaxis medication		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
December 2020	Policy has been purchased from Child Care Desktop		2021