

Administration of Medication Policy



Background

The National Health and Medical Research Council (NHMRC) recommends that children who are physically unwell be excluded from early childhood education and care services to minimise disease outbreaks. It also details the exclusion periods which apply for children with particular infectious diseases.

An unwell child – able to play quietly with toys at home with one or two siblings – may find it difficult to interact with other children, share toys, take part in routines and cope with the noise level in a childcare Service. In most instances, for a child who is unwell, the best place to recover is at home.

However, it is reasonable that, from time to time, children may require basic medical treatment or need to be given medication while they are in care. In addition, children with certain medical conditions (e.g. asthma, allergies, diabetes) may need scheduled or unscheduled administration of medication.

Policy statement Kids Club OOSH Care maintains close and regular communication with parents and takes an informed and responsible team approach to administering medication to children, and documenting that process. In addition, Kids Club OOSH Care has clear guidelines for managing medical conditions such as asthma, diabetes, anaphylaxis and other specific health care needs. Kids Club OOSH Care is unable to accommodate children who require a care regime or medical procedures that educators are not trained to deliver. **Strategies and practices**

- Parents complete an Enrolment Form prior to their child commencing at the Service. The Form requires parents to provide details of their child's known medical conditions or specific health care needs (e.g. asthma, diabetes, anaphylaxis). Where a child has a known medical condition or requires specific health care, the parent must provide Kids Club OOSH Care with a copy of the Medical Management Plan which has been completed in consultation with the family doctor before the child may commence at the Service.
- Any child whose doctor has prescribed medication for a specific health care need, allergy or relevant medical condition, cannot attend without that medication. Refer to the service's Medical Conditions Policy.
- The Nominated Supervisor informs all staff and volunteers of the Medical Management Plan for any child in Kids club OOSH Care, and the whereabouts of that Plan. At that time, the Nominated Supervisor clarifies the nature of the medical condition and how it is to be managed. With parental consent, copies of each child's Medical Management Plan which includes a photograph of the child are displayed in strategic locations throughout the Service. With the child's right to privacy in mind, the Plans are not accessible to visitors or other families. If a child requires longterm and regular medication, the parent must complete the Medication Form – Authority to Administer (Long-Term).

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- Educators intentionally teach children that medication is sometimes required to support health, and even to maintain life. At the same time, they teach the children about the dangers of touching or using medications and/or equipment meant for others.
- Because of the increasing number of children at risk of anaphylaxis, the service is a 'Nut-Free Zone' (i.e. no nuts or foods containing nuts or nut derivatives can be brought into or used in the service).
- Children are encouraged to eat only what is on their plate and to not share their food with others.
- All cooking activities – handling, preparation, consumption of food – take into account children's individual needs and known allergies.
- Families of children with medical conditions or specific health care needs are provided with a copy of this Administration of Medication Policy
- Medication is only administered if it has been prescribed by a registered medical practitioner, is in the original container, bearing the original label and instructions and before the expiry or use by date.
- Before any medication – other than those listed in Medical Management Plans – is administered, the parent or person named in the enrolment form as authorised to consent to administration of medication must complete the service's Medication Form – Authority to Administer (ShortTerm). The details on the form must be the same as those on the label on the medication, and the person completing the form must print and sign their name on the form. Details to be provided on the form include:
 - Child's name
 - Name of the medication to be administered
 - Time and date the medication was last administered
 - Times and date, or the circumstances under which, the medication should be next administered
 - Dosage to be administered
 - Manner in which the medication is to be administered.
- All medication authority forms will be kept in a secure and confidential file until the child is 25years old.
- Educators administer medication according to the "Five Rights" (i.e. right patient, right time, right medication, right dose, right manner). Before medication is given to a child, an educator member, other than the one administering the medication, verifies the accuracy of each of these Five Rights. After giving the medication, the educator who administered the medication enters the following details on the Authorisation to Administer Medication Form – date, time, medication administered, dosage, the manner in which the medication was administered, name of the educator who administered it and the name of the educator who verified. The Form is then signed by both educators.
- Whenever medication is administered, educators continuously monitor the well-being of the child concerned.

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- Educators wash their hands immediately before and after administering medications, and wear gloves when applying creams.
- Parents are to hand medications directly to an educator. Medication of any kind is never to be left in a child's lunchbox or bag.
- Medication is stored securely away from children, and according to the instructions on the label. Medication that does not need to be refrigerated is stored in a locked cupboard inaccessible to children. Medication that needs refrigeration is stored in the refrigerator in a locked container. Asthma medication and EpiPens are stored in a location accessible to educators but inaccessible to children.
- Medication may be administered to a child without authorisation in the case of anaphylaxis or asthma emergency. When medication has been administered, the Nominated Supervisor ensures that the child's parent(s) and emergency services are notified as soon as practicable. If the child is under a Medical Management Plan, the parent will also be advised to consult their doctor with a view to updating that Plan.
- Staff rosters ensure sufficient educators with current first-aid and CPR qualifications and trained in asthma and anaphylaxis management are at the service at all times children are in care. Refer to the service's Incident, Injury, Trauma and Illness Policy.
- Educators are not asked to provide special care or medical procedures for which they are not trained.
- If a child develops a temperature of 38 degrees Celsius or above while at the Service, the Parent/Authorised Emergency Contact is contacted for permission to administer paracetamol, this is additional to any general prior agreement made by the parent/ guardian via the Medication Form and Enrolment Form. If paracetamol is administered, the child is to be collected as soon as possible. The Parent/Authorised Emergency Contact is to sign the Incident, Injury, Trauma and Illness Record when the child is collected.
- A naturopathic or herbal preparation requires a letter from a registered medical practitioner before it can be administered.
- In the event that a child refuses to take their medication, educator will not force them and parent/guardian will be contacted immediately to discuss the next step.
- The childcare service at this time has no children who administer their own medication. However, should a specific need arise, we are prepared to review our practices to meet that need.

Responsibilities

Approved Provider/Nominated Supervisor

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- Nominated Supervisor must ensure that all the relevant organisational, legislative and regulatory requirements and procedures that relate to the Administration of Medication policy, are being adhered to at all times by all staff and educators who work at the service.
- The Nominated Supervisor informs all staff and volunteers of the Medical Management Plan for any child in our care, and the whereabouts of that plan. At that time, the Nominated Supervisor clarifies the nature of the medical condition and how it is to be managed. With parental consent, copies of each child's Medical Management Plan which includes a photograph of the child are displayed in strategic locations throughout the service. With the child's right to privacy in mind, the plans are not accessible to visitors or other families. If a child requires long term and regular medication, the parent must complete the Medication Form – Authority to Administer (Long-Term).
- Ensure that all child and service medications are stored according to instruction.
- Ensures that all educators, staff and volunteers who come to the service are aware of the administration of medication policy.
- Families of children with medical conditions or specific health care needs are provided with a copy of the Administration of Medication Policy upon enrolment.

Educators

- Educators wash their hands immediately before and after administering medications, and wear gloves when applying creams.
- Educators administer medication according to the "Five Rights" (i.e. right patient, right time, right medication, right dose, right manner). Before medication is given to a child, an educator, other than the one administering the medication, verifies the accuracy of each of these Five Rights. After giving the medication, the educator who administered the medication enters the following details on the Authorisation to Administer Medication Form – date, time, medication administered, dosage, the manner in which the medication was administered, name of the educator who administered it and the name of the educator who verified. The Form is then signed by both educators.
- Educators intentionally teach children that medication is sometimes required to support health, and even to maintain life. At the same time, they teach the children about the dangers of touching or using medications and/or equipment meant for others.
- Whenever medication is administered, educators continuously monitor the well-being of the child concerned.
- Ensure that all medications are administered by two permanent educators, one of which must have an approved and current first aid and or asthma and anaphylaxis training.

Parents

- To keep the Service informed of any changes to their child's medical condition, medical management plans and these should be reviewed every 12 months with the child's medical practitioner.
- Parents complete an Enrolment Form prior to their child commencing at the service. The form requires parents to provide details of their child's known medical conditions or specific health care needs (e.g. asthma, diabetes, anaphylaxis). Where a child has a known medical condition or requires specific health care, the parent must provide the childcare service with a copy of the Medical Management Plan which has been completed in consultation with the family doctor before the child may commence at the service.

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- To complete the appropriate Authorisation to Administer Medication Form.
- To ensure that sufficient medication for their child's specific health care need, allergy or relevant medical condition is at the Service whenever the child is in attendance.
- To ensure any medication brought to the childcare service has been prescribed by a registered medical practitioner is in the original container, bearing the original label and instructions and before the expiry or use by date.
- To hand medications directly to an educator. Medication of any kind is never to be left in a child's bag, or with any person other than a trained permanent educator or the Nominated Supervisor.
- To collect their unwell child promptly when called to do so, and to sign the required forms at collection.
- If a specialist that provides care for your child regarding their medical condition is willing to send someone to the service to educate the educators who care for your child, we will happily accommodate for them to come. This team effort will ensure that children with medical conditions are being supported and protected while in the care of the educators.

Procedure

Additional safe practices for babies

- Medication is not added to babies' formula or breast milk bottles because any baby who does not finish the bottle may not receive the correct dose.

Related Policies, procedures and plans

Administration of Medication Policy

Enrolment and Orientation Policy
Incident, Injury, Trauma and Illness Policy
Handwashing Policy
Managing Infectious Diseases Policy
Medical Conditions Policy
Incident, Injury, Illness and Trauma Record
Medication Form – Authority to Administer (Long Term)
Medication Form – Authority to Administer (Short Term)

Links Education and Care Services National Regulations 2011, National Quality Standard 2011

Regulation	86	Notification to parents of incident, injury, trauma and illness
Regulation	87	Incident, injury, trauma and illness record
Regulation	90	Medical conditions policy
Regulation	91	Medical conditions policy to be provided to parents
Regulation	92	Medication record
Regulation	93	Administration of medication
Regulation	94	Exception to authorisation requirement–anaphylaxis or asthma emergency
Regulation	95	Procedure for administration of medication
Regulation	96	Self-administration of medication
Regulation	160	Child enrolment records to be kept by approved provider and family day care educator
Regulation	168	Education and care service must have policies and procedures
Regulation	177	Prescribed enrolment and other documents to be kept by approved provider
Regulation	245	Person taken to hold approved first aid qualification
Regulation	246	Anaphylaxis training
Regulation	247	Asthma management training
NQS	QA2	Children’s health and safety

Sources

- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework 2018 (September 2020 Update): Section 4 – Operational Requirements - https://www.acecqa.gov.au/sites/default/files/2018-10/Guide-to-the-NQF-4-OpRequirements_1.pdf
- National Health and Medical Research Council. (2012). Staying Healthy: Preventing infectious diseases in early childhood education and care services. 5th edition. <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

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- NCAC. (2010). Embracing quality in childcare: A collection of NCAC's Family Factsheets. http://epccc.com.au/uploads/embracing_quality_child_care.pdf

Further reading and useful websites *(Consistent with the approach of the National Quality Framework, the following references have prioritised efficacy and appropriateness to inform best practice, and legislative compliance over state or territory preferences.)*

- Anaphylaxis Australia – <https://allergyfacts.org.au/>
- Asthma Foundation – <https://www.asthmaaustralia.org.au/>
- ASCIA. (2013). Anaphylaxis Fact Sheet for Parents of Children at Risk of Anaphylaxis. http://www.allergy.org.au/images/stories/aer/infobulletins/ascia_anaphylaxis_parent_fact_sheet_nsw_feb2013.pdf
- Centre for Community Child Health – www.rch.org.au/ccch
- Diabetes Australia – www.diabetesaustralia.com.au
- NSW Health – www.health.nsw.gov.au
- Royal Children's Hospital - https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/
- SDN - <https://www.sdn.org.au/media/1951/sd-pro-214-02-administration-of-medication-to-children-may-2017.pdf>

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 Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Version Control

Version	Date Reviewed	Approved By	Comments/Amendments	Next Review Date
1	8 January 2018	Dr Brenda Abbey (Author)	Updated to changed NQF requirements 1 February 2018. Service to modify policies to its specific needs.	
2	6 September 2019	Dr Brenda Abbey (Author)	Updated References	
3	15 October 2020	Dr Brenda Abbey (Author)	Updated References	
4	29 November 2020	Dr Brenda Abbey (Author)	Updated References	
5	30 December 2020	Dr Brenda Abbey (Author)	Updated References	
6	25 th May 2021	Maria Zappia, Effie Olymbios, Maree Elia, Stephanie Bruno, Eleni Wilson	Updated in accordance with NSW Child Care Alliance Template/ Policy Updates	

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7	26 th October 2022	ACANSW	Updated References Minor wording corrections Minor formatting issues Added responsibility sections Moved points from Strategies to Responsibilities section	December 2023
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