ADMINISTRATION OF MEDICATION PROCEDURE

In supporting the health and wellbeing of children, the use of medications may be required for children at Terrigal school care. 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.

Under the *Education and Care Services National Law and Regulations*, early childhood services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the service (reg 92).

Working in conjunction with the *Administration of Medication Policy*, this procedure provides detailed steps for educators to follow when administering medication to children at the Service.

*Education and Care Services National Law or Regulations (R.90(1)(a), 90(2), 91, 92, 93, 94, 95, 96, 136, 168, 170) NQS QA 2: Element 2.1.1 Wellbeing and comfort, 2.1.2 Health practices and procedures, 2.2.1 Supervision, 2.2.2 Incident and emergency management
Related Policy: Administration of Medication Policy*

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| STEP 1:AUTHORISATION OF MEDICATION |
| 1 | The Nominated Supervisor/Responsible Person will ensure that medication is only administered by the Service with written authority signed by the child’s parent or other authorised nominee named and authorised in the child’s enrolment record to make decisions about the administration of medication. |  |
| 2 | An educator will assist the parent or guardian to complete the *Administration of Medication Record* to ensure all details are submitted and correct before leaving the child at the Service. |  |
| 3 | A Supervisor will take any medication from the parent and either store it in the refrigerator in a labelled and locked medication container or for medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept in a close location, inaccessible to children. |  |
| 4 | Children who are at risk of anaphylaxis will not be permitted to attend the OSHC Service without the adrenaline auto-injector kit as per Medical Management Plan completed by parent. |  |
| 5 | Adrenaline autoinjectors (EpiPen® / AnaPen ®) 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 close to the adrenaline autoinjector.  |  |
| 6 | Where possible the child’s adrenaline autoinjector will remain at the service. If the autoinjector must be transported between the service and the school an educator must deliver/collect the medication to/from the school office or the child’s classroom. This procedure will apply to any other medications that require transferring between the OSHC service and the school. |  |
| 7 | Children who are at risk of Asthma will not be permitted to attend the Service without Asthma reliever medication as per medical management plan completed by parent. |  |
| 8 | Asthma reliever medication 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 close to Asthma reliever medication.  |  |
| 9 | Parents/carers must complete a written request for their child to carry their own asthma reliever medication and this must be approved by the Approved Provider/Nominated Supervisor and information included in the child’s medical management plan. |  |

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| STEP 2:ADMINISTRATION OF MEDICATION |
| 1 | Medication must: * have the original label clearly showing the name of the child
* be in its original container/packaging
* be prescribed by a registered medical practitioner
* have clear instructions detailing time of administration, dosage and method of administration
* show expiry or use-by date.
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| 2 | Educators will create an alert to be set to remind educators when medication for the child is to be administered |  |
| 3 | When it is time to administer the medication, an educator is to check the details on the medication form signed by the parent *,* including the time, dosage, medication , and child name |  |
| 4 | An educator will call the child via walkie talkies to other staff members t send the child to the kitchen area to receive their medication |  |
| 5 | Educators will ensure medication must only be administered to one child at a time |  |
| 6 | Educators will ask another educator to witness the administration of medication |  |
| 8 | Before administering medication, educators will check the following details on the *Administration of Medication record*:* check that the parent or authorised person has signed the record
* check the name of the medication is consistent with the name on the medication container/packaging
* check the identity of the child is consistent with the name on the medication container/packaging
* check dosage is consistent with what is on the container/packaging
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| 9 | * Before administering medication, educators will:
* check the medication is in its original container, bearing the original label
* check the expiry or use by date
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| 10 | Educators will wash hands following hand washing protocols |  |
| 11 | Educators will measure the required dosage of medication using syringe/plunger or measuring cup if required  |  |
| 12 | The educator administering the medication will ensure an educator checks all details on the *Administration of Medication Record* are correct **prior** to administering the medication to the child |  |
| 13 | If there are any inconsistencies, do not administer medication to the child. Contact the Nominated Supervisor and the parent. |  |
| 14 | Once medication details have been confirmed, administer the medication to the child  |  |
| 15 | Both educators are to complete the *Administration of Medication Record* with full name and signature along with time and date medication was administered  |  |
| 16 | The educator will then redirect the child to reconvene their activities as part of the educational program and routines  |  |
| 17 | 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. |  |
| 18 | The educator will return medication to the locked medication storage area or secure location for adrenaline autoinjectors |  |
| 19 | The educator will wash medication utensil  |  |
| 20 | The educator will wash hands following hand washing protocols |  |
| 21 | Observations of the child post administration of medication should be made to ensure there are no side effects.  |  |
| 22 | If a child is not breathing or having difficulty breathing following administration of medication, contact 000 immediately |  |
| 23 | If any unusual side effects occur, respond immediately and contact the parent/guardian and follow their advice |  |
| 24 | The educator will detail any behaviours post administration on the *Administration of Medication Record* |  |
| 25 | At the end of the day the educator will ensure medication goes home with the parent/guardian, if required and parent is notified by a message their child has been administered their medication |  |
| 26 | The Director/ Nominated Supervisor will ensure all child medication records will be kept as per our *Record Keeping and Retention Policy.* |  |

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| STEP 3: EMERGENCY ADMINISTRATION OF MEDICATION [Reg.93 (5)] |
| 1 | In the event of an emergency where the administration of medication must occur the Nominated Supervisor/Responsible Person must attempt to receive verbal authorisation by the parent of the child named in the child’s enrolment form who is authorised to consent to the administration of medication |  |
| 2 | If a parent of a child is unreachable, the OSHC 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 |  |
| 3 | If all the child’s nominated contacts are non-contactable, the Service must contact a registered medical practitioner or emergency service on 000 |  |
| 4 | 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 via a message eg. text message |  |
| 5 | The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator |  |
| 6 | The Service will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital)  |  |

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| STEP 4:SELF-ADMINISTRATION OF MEDICATION (FOR CHILDREN OVER PRESCHOOL AGE) |
| 1 | An educator will assist the parent or guardian to complete the *Self-Administration of Medication Authorisation Record* to ensure all details are submitted and correct |  |
| 2 | Parents will give permission for their child to self-administer medication whilst at the Service |  |
| 3 | An educator will take any medication from the parent and either store it in the refrigerator in a labelled and locked medication container or 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. Children will not carry medication whilst at the OSHC Service and will hand over medication to an educator upon arrival at the service. |  |
| 4 | An educator will supervise and witness the child administering medication whilst checking the medication label, dosage and expiry date before the medication is administered. |  |
| 5 | The child and educator will complete the *Self-Administration of Medication Authorisation* with full name and signature along with time, date and dosage medication was administered and the parent will be notified via message eg text message. |  |

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| REVIEW OF PROCEDURE |
| Date procedure created |  August 2023 | Date to be reviewed |  August 2025 |
| Approved by | Mandy Cumberland | Signature |  |
| Procedure Review Date | Modifications/Changes |