

# OP03 Administration of Medication Policy

<b>Policy title:</b>	Administration of Medication Policy
<b>Policy number</b>	OP03
<b>Version number:</b>	9.0
<b>Last updated:</b>	July 2023

## 1 Purpose

Petit Early Learning Journey is committed to supporting the health and wellbeing of all children accessing their centres, who require the administration of medicine. This requires attention to detail, good record keeping and effective communication between parents / guardians and educators.

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.

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.

## 2 Organisational scope

The Approved Provider, Operations Managers, Nominated Supervisor / Centre Director, Educators and employees, parents / caregivers and visitors are all responsible for ensuring the safety, security and well-being of enrolled children when on the premises.

## 3 Definitions

Not applicable

## 4 Policy Principles

- 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.
- 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 Service with a copy of the Medical Management Plan 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 the Service without that medication. Refer to the Service's *Medical Conditions Policy*.
- The Nominated Supervisor / Centre Director informs all staff and volunteers of the Medical Management Plan for any child in the Service, and the whereabouts of that Plan. At that time, the Nominated Supervisor / Centre Director 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.
- Families of children with medical conditions or specific health care needs are provided with a copy of this *Administration of Medication Policy*.
- Prescribed 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.
- No prescribed medication will be administered at the centre for the first time – therefore all prescribed medications will be already opened and in use.
- If a child requires long-term and regular medication, the parent must complete the Medication Form – Authority to Administer Long Term. This form is only valid for a 3-month period and then will need to be renewed by the parent if the medication is still required.
- An over-the-counter, naturopathic or herbal preparation requires a letter from a registered medical practitioner before it can be administered.
- Educators may administer only one dose of Paracetamol while a child is in Petit ELJ's care. No other pain relief medications (Ibuprofen, Aspirin) are to be administered by Educators unless advised by a doctor and as per this *Administration of Medication Policy*.
- 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.
- Children are encouraged not to share food.
- All cooking activities – handling, preparation, consumption of food – take into account children's individual needs and known allergies.
- The Service's 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, this includes the administration of First Aid. First Aid must only be performed by an employee that holds a current First Aid Certificate.

## 5 Policy Procedure

- 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 Daily. A separate form is to be used per medication for the day. 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

- time 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.
- Educators to ensure medication at the service in regards to the Service's Medication Form – Authority to Administer Daily goes home with the parent of an evening and the parent is to sign this form to acknowledge they have taken the medication with them and are aware of the last time medication was administered during the day.
- 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.
- 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 / Centre Director 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.
- If a child develops a temperature of 38 degrees Celsius or above while at the Service, and is displaying signs of being unwell, the Parent/Authorised Emergency Contact is contacted for collection of the child. The parent is given the option as to whether the centre administers the emergency Panadol at the time of this phone call and may be dependent on how far away the parent is from the centre. A second educator confirms that verbal permission has been obtained by the caller. If Panadol is administered, the child's temperature is to be monitored and recorded every 15 minutes after administration, until the parent/s arrive. If the child's temperature has risen at any of the checks then the parent will be contacted again to advise of this and seek an estimated time of arrival and discuss the option of possibly ringing an Ambulance. The Parent/Authorised Emergency Contact is to sign the Incident, Injury, Trauma and Illness Record and Medication Form – Authority to Administer Daily when the child is collected.
- Children over preschool age can self-administer medication where the child's parent / guardian has provided their prior written permission on the Medication Form – Authority to Administer Long Term and /or Medication Form – Authority to Administer Daily. An educator must supervise the self-administration of medication to ensure the medication is administered correctly and then the time and dosage will be recorded by the educator on the appropriate Authority to Administer Medication Form.
- Medication is not added to an infants formula or breast milk bottles because any child who does not finish the bottle may not receive the correct dose.

## 6 Responsibilities

### Parents must:

- keep the Service informed of any changes to their child's medical condition.
- ensure the Medical Management Plan for their child is reviewed every three months, and to inform the Nominated Supervisor / Centre Director of any change in their child's medical condition and/or in the Plan in the interim.
- 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.
- complete the appropriate Authorisation to Administer Medication Form.
- ensure any medication brought to the 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.
- 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 an educator or the Nominated Supervisor / Centre Director.
- collect their unwell child promptly when called to do so, and to sign the required forms at that time.

## 7 Reporting and Compliance

### 7.1. Consequences of non-compliance

Failure to comply with this policy will result in appropriate disciplinary action as determined by Petit Early Learning Journey. Such disciplinary action may include, but not be limited to:

- further education and training
- counselling or verbal warning
- a formal written warning
- suspension from employment of full pay while an investigation into a complaint is carried out
- termination of employment for serious breaches

### 7.2. Related legislation and policies

#### Source

- Education and Care Services National Regulations 2011.
- Revised Guide to the National Quality Standard 2018.
- National Health and Medical Research Council. (2012). Staying Healthy: Preventing infectious diseases in early childhood education and care services. 5th edition.  
[http://www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/ch55\\_staying\\_healthy\\_childcare\\_5th\\_edition\\_0.pdf](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf) accessed 4 February 2016
- Tansey, S. (2008). Illness in child care.
- <http://ncac.acecqa.gov.au/family-resources/factsheets/illness.pdf> accessed 4 February 2016

#### Further reading and useful websites

- Anaphylaxis Australia – [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Asthma Foundation – [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)
- Diabetes Australia – [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)
- Diabetes Queensland – [www.diabetesqueensland.org.au](http://www.diabetesqueensland.org.au)
- Queensland Health – [www.health.qld.gov.au](http://www.health.qld.gov.au)
- The Service for Community Child Health – [www.rch.org.au/ccch](http://www.rch.org.au/ccch)
- 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\\_anz\\_feb2013.pdf](http://www.allergy.org.au/images/stories/aer/infobulletins/ascia_anaphylaxis_parent_fact_sheet_anz_feb2013.pdf) accessed 4 February 2016

## Links Education and Care Services National Regulations 2011, National Quality Standards 2018

Regs	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	90	Medical conditions policy
	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
	160	Child enrolment records to be kept by approved provider and family day care educator
	168	Education and care service must have policies and procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	245	Person taken to hold approved first aid qualification
	246	Anaphylaxis training
	247	Asthma management training

QA	2.1	Each child's health needs are supported and promoted
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
	2.1.3	Healthy eating and physical activity are promoted and appropriate for each child.
	2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
	4.2.2	Professional standards guide practice, interactions and relationships
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

### Links to other policies

- OP21 Enrolment and Orientation Policy
- OP35 Incident, Injury, Trauma and Illness Policy
- OP31 Handwashing Policy
- OP39 Managing Infectious Diseases Policy
- OP42 Medical Conditions Policy
- OP60 Privacy Policy

## 7 Approval and review details

APPROVAL AND REVIEW	DETAILS
Approval Authority	COO
Administrator	Operations Managers
Next Review Date	12 months from date of acceptance