

Administration of Medication

Education and Care Services National Regulations:

- 90- Medical conditions policy
- 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
- 168 – Education and care services must have policies and procedures

National Quality Framework:

- 2.1.2 – Health practices and procedures
- 2.2.2 – Incident and emergency management
- 7.1.2 – Management systems

Policy Links:

- Acceptance and Refusal of Authorisations
- Child Safe Environments
- Emergency and Evacuations
- Excursions
- First Aid
- Incident, Illness, Trauma and Injury
- Infectious Diseases
- Medical Conditions
- Orientation and Enrolment
- Records and Record Keeping
- Regular Transportation

Parent Handbook

Definitions

Term	Meaning	Source
ACECQA- Australian Children’s Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.	acecqa.gov.au
Approved anaphylaxis and asthma management training	Anaphylaxis and emergency asthma training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website –	National Regs 136
Communication Plan	A plan that outlines how relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and the risk management plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk management plan for the child.	National Reg’s 102, 102d, 160-162
Diagnosed as Anaphylaxis	In relation to a child, means a child who has been <i>diagnosed by a medical practitioner</i> as at risk of anaphylaxis	
Emergency	An incident, situation, or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service. For e.g. A flood a fire or a situation that requires the service premises to be locked down.	Guide to the National Quality Framework
Health Information	The health information about each child must be kept on record.	National Reg’s 162
Medication	Medicine within the meaning of the <i>Therapeutic Goods Act 1989</i> Medicine includes prescription, over- the- counter and complementary medicines.	Guide to the National Quality Framework

Medical Management Plan	Individual medical management plans can be provided by a child's family and will be required by the service before the child is enrolled. The family must consult with a medical practitioner to develop the plan and for the practitioner's advice to be documented.	Guide to the National Quality Framework Quality Area 2 - Children's health and safety
Medical Attention	Includes a visit to a registered medical practitioner or attendance at a hospital.	acecqa.gov.au
Medical Emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.	
Medication Record	The approved provider must keep a medication record for each child to whom medication is administered by the service.	National Reg's 92
Parent Request	A request from a parent but is not supported with advice from a medical practitioner	
Risk minimisation plan	A plan developed with a child's parents to ensure that: <ul style="list-style-type: none"> • The risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised. • Practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented. • Practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented. • Practices and procedures ensuring that all educators, staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented. • Practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's health practitioner in relation to the child's specific health care needs, allergy or relevant medical condition and developed and implemented. 	National Reg's 90
Serious Incident	For the purposes of the definition of a serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident— <p>(a) the death of a child—</p> <p style="margin-left: 20px;">(i) while that child is being educated and cared for by an education and care service; or</p> <p style="margin-left: 20px;">(ii) following an incident occurring while that child was being educated and cared for by an education and care service.</p> <p>(b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service—</p> <p style="margin-left: 20px;">(i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or</p> <p style="margin-left: 20px;">(ii) for which the child attended, or ought reasonably to have attended, a hospital. Example— A broken limb.</p> <p>(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital. Example—Severe asthma attack, seizure, or anaphylaxis reaction.</p> <p>(d) any emergency for which emergency services attended.</p> <p>(e) any circumstance where a child being educated and cared for by an education and care service—</p> <p style="margin-left: 20px;">(i) appears to be missing or cannot be accounted for; or</p> <p style="margin-left: 20px;">(ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or</p> <p style="margin-left: 20px;">(iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.</p>	National Reg's 12

Suitably equipped first aid kit	Should be fully stocked, with no expired products, and should be checked regularly to ensure for this.	Guide to the National Quality Framework Quality Area 2 - Children's health and safety
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Policy Statement

The service is committed to children feeling safe in the knowledge that their well-being and individual healthcare needs will be met when they are unwell. Families can expect that educators will always act in the children's best interest in their care, meet their individual needs and administer medication if required.

Educators will maintain up-to-date professional development knowledge of administering techniques and understand their liabilities and duty of care requirements.

Goals / What are we going to do?

- Only give medication when a legal guardian or authorised person has authorised it.
- Complete accurate records of the administration of medication.
- Develop systems to inform all staff, including relief staff, about children with a diagnosed medical condition and the risk minimisation strategies for the child.
- Train educators in the administration of emergency medication.

Definitions

Medication

The term 'medication' can be defined either as prescribed or non-prescribed. For this policy, 'prescribed' medication is:

- Authorised by a health care professional.
- Dispensed by a pharmacist with a printed label, including the name of the child being prescribed the medication, dosage, and expiry date.
- In the case of medicinal cannabis, be prescribed by a medical specialist or a general practitioner (in consultation with a medical specialist) in circumstances where all conventional treatments available have failed or caused intolerable side effects.

Examples of prescribed medication include;

- Antibiotics.
- Ventolin for Asthma.
- Ritalin for Attention-Deficit Hyperactivity Disorder.
- Epi-pen for Anaphylaxis
- Medicinal Cannabis.

Any medication that does not meet the criteria for prescribed medication can be considered non-prescribed. These includes:

- Over the counter medication.
- Medication dispensed by a naturopath/homeopath.
- Considered complementary or alternative such as vitamins and cultural herbs or remedies.

Examples of non-prescribed medication include:

- Topical or antifungal creams for nappy rash eczema.
- Paracetamol.
- Ibuprofen.
- Antihistamine.
- Teething gel

Procedures / How will we do this?

Administering Medication

The service will always adhere to the basic principles of medication administration. The five principles are:

- Do you have the right child?
- Medication?
- Is it in date?
- Dose?
- Method?
- Date and time?

These basic principles are the first steps in ensuring that medication is administered safely to any person and should be documented by the parent or legal guardian before administering medicine to a child.

- Medication can only be administered when the service's [Medication Form](#) or [Long Term Medication Form](#) has been completed and signed by the child's parent or authorised person; or in the event of a medical emergency.
- The service will ensure that educators are witnessed by another person when administering medication to children.

Authorising the Administration of Medication

If medication is to be administered to a child while attending the service, it is the parent or authorised person's responsibility to ensure that educators know this fact and that the appropriate [medication form](#) is completed.

This form must state the following:

- The child's name,
- The name of the medication,
- The time and date the last dosage was given,
- The date and time to be administered by the service,
- Dosage to be administered,
- Method of administration,
- Signature of parent or authorised person,

When medication is administered, it must be-

- From its original container.
- Within the expiry date.
- In accordance with any instructions attached to the medication or provided by a registered medical practitioner
- Only to the child whose name appears on the label.
- Witnessed by a second person checking the dosage and its administration.
- Signed off on the medication authorisation form.

Parents will hand the medication to an educator, and this will then be immediately placed in the services medication storage cabinet/box. Medication that is required urgently, such as Epi-pens / Anti convulsing medication, will be stored within each group's store room / first aid kit, which will remain out of reach of children but accessible.

Long Term Medication Forms allow the service to administer medication for a more extended period and thus save families from completing a medication every morning. To authorise this administration, please contact the centre via email or speak with the Responsible Person in charge.

In the case of medicinal cannabis - approval to administer will be authorised in writing by the approved provider. As medical cannabis is classified as an S4 drug, this means that provided the medication is stored in accordance with legislative requirements and must be administered as per the Medicinal Cannabis Management Plan issued by a medical specialist.

Our educators will not administer medicines, such as natural or herbal unless it is accompanied by a letter from the child's naturopath indicating that educators are authorised to administer the medication. The Naturopath also needs to include a **Dispensing Label** on the medication.

Once the appropriate authority has been completed, the educator/s in your child's room will be responsible for administering the medication to your child. Each dose given to your child will be recorded on the Medication Form, and this will be signed and witnessed by the two educators who administer the medication. If, for any reason, medication is to be administered outside these guidelines; you will be notified immediately. Such policies

help us provide a quality environment that ensures your child's continuing, proper care and safety through the supervision and maintenance of each child's health.

Procedure for Administering Medication to a Child

- Collect medication from the medication box.
- Collect a measuring glass or dropper.
- Collect the medication form completed by the parent.
- Wash hands before opening the medication.
- Collect the child.
- Ask another educator to be a witness.
- Work your way through the medication record, checking that details are correct.
- Is the name on the medication, correct?
- Is the medication within its expiry date?
- Check the dosage.
- Check that the identity of the child is the same as the name on the medication.
- 2nd educator checks details before 1st educator administers the medication.
- Once the child has taken their medication, encourage them to resume their activities.
- Both educators sign the medication form.
- Medication should **immediately** be returned to the medication box.
- Wash out medication utensils.

Note:

- Dispose of empty medication bottles in the kitchen or laundry bin.
- Please remind parents to collect medication upon leaving the service.

Self-Administration of Medication by a child over pre-school age.

It may be appropriate for older children to administer their own medication. e.g. hold their own Asthma puffer. When administering medication to an older child, follow the above procedure and, if appropriate, allow the older child to hold the medication as they administer it. e.g. the medication cup.

Monitoring after the Administration of Medication

Children who have received medication at the service will be closely monitored for any adverse effects. Should the child display any symptoms of being unwell, it will be reported to the Director, who will inform the parents. Children who become acutely ill will have first aid procedures administered.

Authorised administration of medication with verbal consent

In the case of an emergency, the service will require verbal consent. This consent will be obtained from an authorised parent listed on the child's enrolment form or a medical practitioner. Written notice must then be provided to a parent or caregiver as soon as possible.

Excursions

On an excursion, medication shall be given to the lead educator with the medication form and dispensing materials. This shall be kept in the portable locked medication box. It shall be administered according to the medication form.

- Preventative medication shall also be taken on excursions with copies of the child's medical management plan. This shall be included in the excursion risk management plan.
- A first aid kit shall always be taken on excursions.
- The lead educator will carry all emergency contact details for every parent.

Medication Records:

- Medication documents are kept for 3 years after the child's last attendance. They will be scanned and uploaded to each child's file in our Kidsoft computer system.

Links to Theory

Early Childhood Australia Code of Ethics

In relation to children, I will:

"Create a safe, healthy and inclusive environment that supports children's agency and enhances their learning."

National Quality Framework – Children's health and safety

2.1.2. Effective illness and injury management and hygiene practices are promoted and implemented.

2.2.2. Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

National Quality Framework – Governance and leadership

7.1.2. Systems are in place to manage risk and enable the effective management and operation of quality service.

Culturally Valued Perspectives

Most traditional healthcare practices undertaken by Aboriginal and Torres Strait Islander people believe that the mind and body are inseparable and that to prevent ill health, there is a need to maintain a balance between their physical and spiritual selves.

Before Western influences, traditional forms of healing, such as the use of healers, healing songs and bush medicines, were the only form of primary health care. For Aboriginal and Torres Strait Islander Australians, colonisation and the removal and disconnection of people from their land and their traditional families have significantly affected the use

of traditional practices, including traditional medicine.

Present-day practitioners of bush medicine offer a wealth of knowledge that can be used to improve our understanding of the healing process. Traditional healers have extensive knowledge, can interpret symptoms, and provide traditional healing treatments, including bush rubs and medicines.

Traditional healing, however, provides the Early Childhood educator with interesting moral western thinking dilemmas.

[Australian Hearing](#) (2018) Blow breathe cough resource helps early childhood educators teach young children about hygiene practices for controlling the spread of the germs that may cause ear trouble, coughs and colds, such as nose blowing, coughing into elbows and hand and face washing and drying. The activities promoted in the resources are based on evidence or considered good practices. Check it out very cool...

Reflective questions about this policy.

How are educators informed about medication that must be administered during the day?

How do parents keep the centre informed of medication that needs to be administered?

How do we work with families and professionals to develop targeted practices that ensure we are responsive to children's medication needs?

When answering the reflective questions, did you have areas identified for improvement:

If change is required:

- Discuss any proposed changes to administering medication / completing the relevant paperwork.
- Discuss with families how issues might be addressed.

To implement the changes effectively:

- Trial the changes.
- Seek feedback and consult.

A review of change is an important step:

- Evaluate whether the changes have improved practice or whether other strategies or plans need to be trialled and implemented.

Roles and Responsibilities with administering medication.

Approved Provider, Area Manager, Director and Responsible Person

- Will ensure that they openly communicate to parents about children's medical plans and pass

this information on to the educators within the service.

- Ensure parents with specific health care needs are provided copies of this and other relevant policies.
- High-risk medical plans will be displayed for all educators to be informed about, and a copy will be placed in the child's file.
- Ensuring that at least one educator trained in First Aid is always on-premises.
- Management will ensure systems are in place to ensure first aid and CPR certificates are up to date.
- Management will provide training around this policy and undertake spot checks to ensure this policy is adhered to.
- Provide information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled.
- Promote community links by establishing networks with community organisations, such as a doctor or nurse, to visit the service and discuss the safe use of medications.

Educators

- All Educators are expected to follow the medical management and risk minimisation plans for children at the service.
- Educators will continue to liaise with parents about any updates or changes related to a child's specific healthcare need and communicate this with management and other educators.
- Monitor signs and symptoms of specific medical conditions and communicate any concerns to the service Director.
- Ensure parents are contacted if concerns arise regarding a child's health and well-being.

Families

- Families must notify the service on enrolment of any long-term medical conditions such as allergies, asthma, diabetes, or epilepsy where medication/specialist care is required.
- It is expected that the parents will ensure that their child's medical conditions and risk management plans are completed in consultation with their child's medical practitioner to provide current and suitable information for their child's needs.
- Families must continue to keep Medical Management plans up to date in consultation with a medical practitioner.
- Ensure the child's medication is clearly labelled with prescribed information (dosage etc.), is in its original packaging, and includes the child's name and date of issue. Prescribed medication

that does not bear the child's name will not be given.

- Providing written instruction from the child's doctor for administering a medication that is not prescribed. This must include dosage, time to be given, duration, etc.
- Ensure all medications are handed to an educator/staff member for safe storage. Medication must not be stored in children's bags.

Sources and Further Reading

Anaphylaxis Australia - www.allergyfacts.org.au/