

Quality Area 2: Children's Health and Safety

Medication Administration



Introduction

In supporting the health and wellbeing of children, the use of medications may be required for children at the Service. 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 (Regulation 92). Non prescription ointments and creams can be administered to children with guardian authorization via the completion of a non-prescription topical ointments/cream form.

Goals – What are we going to do?

Families requesting the administration of medication will be required to follow the guidelines developed by Kootingal & District Preschool to ensure the safety of children and educators. We will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

To ensure all educators of Kootingal & District Preschool 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. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at our service.

Strategies – To achieve our goals

Families requesting the administration of medication to their child will be required to follow the guidelines developed by Kootingal & District Preschool to ensure the safety of children and educators. The service will follow legislative guidelines and adhere to the Education and Care Services National Regulations 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 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.

Medications kept at the 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 who will arrange for the purchase of replacement supplies
- If a child's individual medication is due to expire or running low, the family will be notified by Administrative Assistant 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 PASSED THE PRODUCT EXPIRY DATE
- Families are required to complete a 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 approved provider/nominated supervisor must attempt to receive verbal authorisation by a parent, or a person named in the child's enrolment form who is authorised to consent to the administration of medication.
- If a parent of a child is unreachable, the 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.
- If all the child's nominated contacts are non-contactable, the approved provider/nominated supervisor must contact a registered medical practitioner or emergency service on 000
- 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 as soon as practicable
- Kootingal & District Preschool's approved provider/nominated supervisor will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital)
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

Emergency involving Anaphylaxis or Asthma

- 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.
- In the event of a child not known to have asthma and appears to be in severe respiratory distress, the Administration of First Aid Procedure must be followed immediately
 - an ambulance must be called
 - place child in a seated upright position
 - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required.
 - repeat every 4 minutes until the ambulance arrives
- In the event of a child not known to be diagnosed with anaphylaxis and appears to be 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 approved provider/nominated supervisor/responsible person will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent of the child
- the regulatory authority within 24 hours (if urgent medical attention was sought or the child attended hospital).

The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

Roles and Responsibilities

Role	Authority/Responsibility For
Approved Provider/ Nominated Supervisor	➤ Obligations under the Education and Care Services National Law and National Regulations are met ➤ Educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure ➤ All new employees are provided with a copy of this policy as part of their induction process ➤ 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 service 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)). ➤ 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/packaging - 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 the parent/guardian including: - name of medication - time and date medication was last administered - time and date medication is to be administered (or circumstances to be administered) - dosage to be administered - method of administration - period of authorization - parent/guardian name and signature ➤ A separate form must be completed for each medication if more than one is required ➤ The administration of non – prescription topical ointments or creams is recorded via a non-prescription topical ointments & creams form. ➤ Any person delivering a child to the service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an 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/guardian 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 by the Approved Provider ➤ Reasonable steps are taken to ensure that medication records are maintained accurately ➤ Medication records 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) ➤ Educators receive information <i>about Dealing with Medical Conditions</i> and <i>Administration of Medication</i> policies and other relevant health management policies during their induction ➤ Educators, staff and volunteers 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 at time of enrolment ➤ Safe practices are adhered to for the wellbeing of both the child and educators. ➤ Ensure that written and verbal notification 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. ➤ Ensure that if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency that the parent of the child and emergency services are notified as soon as practical. ➤ Ensure that enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child. ➤ Take reasonable steps to ensure that medication records are maintained accurately. ➤ Keep medication forms in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time. Refer to <i>Record Keeping</i> policy.
Early Childhood Educators	➤ NOT administer any medication without the authorisation of a parent or person with authority – except in the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted. ➤ Ensure that 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 inaccessible to children.

	➤ Ensure adrenaline autoinjectors and asthma medication are 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 or asthma medication. ➤ Ensure that two educators administer medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible for: - checking the Medication Record - checking the prescription label for the child's name, the dosage of medication to be administered, the expiry or use-by date - confirming that the correct child is receiving the medication - signing and dating the 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 ➤ Ensure that if there are inconsistencies, medication is not to be administered to the child ➤ 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 Medication Record is completed and stored correctly including name and signature of witness, time and date of administration ➤ 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 ➤ Observe the child post administration of medication to ensure there are no side effects ➤ Respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication ➤ Contact emergency services on 000 immediately if a child is not breathing, is having difficulty breathing, or shows signs of unusual side effects requiring immediate attention following administration of any medication.
Families	➤ Provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form ➤ Provide the service with a Medical Management Plan prior to enrolment of their child if required ➤ Develop a Risk Minimisation and Communication Plan for their child in collaboration with management and educators and the child's medical practitioner for long-term medication plans ➤ Notify educators, verbally when children are taking any short-term medications (at home) ➤ Complete and sign an Medication Record for their child requiring any medication to be administered by educators/staff whilst at the Service including signing and dating it for inclusion in the child's medication records

	➤ Update (or verify currency of) Medical Management Plan annually or as the child's medication needs change ➤ 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 <i>Incident, Injury, Trauma and Illness</i> policy and <i>Dealing with Infectious Diseases</i> 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 an educator who will provide the family with a Medication Record to complete ➤ Complete the 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) with a letter from the doctor detailing the child's name and dosage.
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Monitoring, Review and Evaluation

The administration of medications is practiced in accordance with regulatory guidelines. Open communication between educators and families is a priority for ensuring children receiving medications remain safe and gain appropriate care to meet their health needs.

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps. The service will review this policy annually.

Families and staff are essential stakeholders in the policy review process and will be given opportunities and encouragement to be actively involved.

In accordance with Regulation 172 of the *Education and Care Services National Regulations*, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Links to other policies:

Administration of First Aid

Dealing with Medical Conditions

Dealing with Infectious Diseases

Delivery and Collection of Children

Enrolment and Orientation

Child Protection

Guidelines & Agreements for Enrolment

Medication and Health Statement

Medication Record Forms

Record Keeping

Privacy and Confidentiality

Supervision

Workplace Health and Safety

Related Legislation:

NQS

Quality Area 2	Children's health and safety
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National Law

Section	167	Offence relating to protection of children from harm and hazards
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National Regulations

Reg	12	Meaning of serious incident
Reg	85	Incident, injury, trauma and illness policy
Reg	86	Notification to parent of incident, injury, trauma or illness
Reg	90	Medical conditions policy
Reg	91	Medical conditions policy to be provided to parents
Reg	92	Medication record
Reg	93	Administration of medication
Reg	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
Reg	95	Procedure for administration of medication
Reg	96	Self-administration of medication
Reg	136	First Aid qualifications
Reg	162 (c)(d)	Health information to be kept in enrolment record
Reg	168	Education and care service must have policies and procedures
Reg	170	Policies and procedures are to be followed
Reg	177	Prescribed enrolment and other documents to be kept by approved provider
Reg	174	Time to notify certain circumstances to regulatory Authority
Reg	181	Confidentiality of records kept by approved provider
Reg	183	Storage of records and other documents
Reg	184	Storage of records after service approval transferred

Sources:

- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2017
- Children (Education and Care Services National Law Application) Act 2010
- NSW Department of Health - www.health.nsw.gov.au
- National Health and Medical Research Council - www.nhmrc.gov.au
- Australian Children's Education & Care Quality Authority. (2014)
- Australian Children's Education & Care Quality Authority. (2023). Guide to the National Quality Framework.
- Australian society of clinical immunology and allergy. ASCIA. - <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Australian Government Department of Education. (2022). Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0.
- Early Childhood Australia Code of Ethics. (2016).

- Education and Care Services National Law Act 2010. (Amended 2023).
- Education and Care Services National Regulations. (Amended 2023).
- National Health and Medical Research Council. (2013). Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).
- Revised National Quality Standard. (2018).
- The Sydney Children's Hospital Network (2020)

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