

ADMINISTRATION OF MEDICATION POLICY

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1 NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

2 National Regulations

Regs	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

3 EYLF

LO3	Children are happy, healthy, safe and connected to others.
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

4 Aim

The service and all educators can safely administer any medication as necessary to children with the written authority of the child's parents. It is important to follow strict procedures to promote the health and wellbeing of each child using the service.

5 Related Policies

The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, Kids Uni CBD, Kids Uni iC.

Enrolment and Booking Policy (CHI-ADM-POL-022)

Nutrition, Food Safety & Allergen Management Policy (CHI-ADM-POL-027)

Immunisation and Diseases Policy (CHI-ADM-POL-033)

Incident, Injury, Trauma and Illness Policy (CHI-ADM-POL-034)

Medical Conditions Policy (CHI-ADM-POL-038)

6 Implementation

- 6.1 The service will ensure that the *Administration of Authorised Medication Record* is completed for each child using the service who requires medication. A separate form must be completed for each medication if more than one is required.
- 6.2 Medication may only be administered by the service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parent / guardian to make decisions about the administration of medication
- 6.3 Non-prescribed and over the counter medication (see below for examples) will be administered at the Nominated Supervisor's discretion, and only if the child is well enough to participate in the program (refer to Children who are ill policy). All medication, including over the counter, must have a pharmacist label affixed stating the child's name, the dose required and the period for which this dose will be required. The Nominated Supervisor will make decisions on whether any non-prescribed medication will be administered at the service based on the type of medication, the reason for the medication and the service's ability to administer the medication safely.
- 6.4 Medication must be provided by the child's parent / guardian including the following -
- i. Original container. Medication will only be administered from the original container.
 - ii. Original label that is clearly readable.
 - iii. Child's name clearly on the label.
 - iv. Any instructions attached to the medication or related to the use of the medication.
 - v. Any written instructions provided by the child's registered medical practitioner.
- 6.5 Any person delivering a child to the service must not leave medications in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.

7 Prescribed Medications

- 7.1 These may include (but are not limited too):
- i. Antibiotics
 - ii. Creams for external body surfaces (*other than creams authorised as part of enrolment process – sudocrem and papaw cream*)
 - iii. Nebulisers, inhalants, turbuhaler for asthma
 - iv. Ear drops, nose drops and eye drops

8 Non Prescribed Medications

- 8.1 These may include (but are not limited too):
- i. Paracetamol products
 - ii. Creams or lotions for external body surfaces such as nappy rash cream.
 - iii. Lotions for internal body surfaces i.e. teething treatments.

9 Acceptance of Medication by an Educator

- 9.1 The Parent/Guardian(s) are to inform an educator if their child requires medication whilst at the service. An *Administration for Authorised Medication Record* is to be completed by the Parent/Guardian and given to an educator.
- 9.2 A child may not attend the service if they have started antibiotics in the last 24 hours or if they are not well enough to participate in the program.
- 9.3 The educators will ensure that the Parent/Guardian has filled in the *Administration for Authorised Medication Record* correctly and that the educator has signed and accepted responsibility for accepting the medication.
- 9.4 The educator must check the currency of the use by date of the medication. They must also check that the medication is in the original container.
- 9.5 Educators must ensure that the child's name for whom the medication has been prescribed, appears on the chemist label and matches the child's name on the *Administration for Authorised Medication Record* completed by the Parent/Guardian.
- 9.6 Educators are to check that the details on the medication correspond with the information on the *Administration for Authorised Medication Record*.
- 9.7 The educator must store the medication safely in a cupboard secured with a childproof lock or in a medication locked box, out of reach of children in a non-child accessible space, such as a bottle preparation area or kitchen. If the medication needs to be refrigerated, use a lockable container in the fridge.
- 9.8 The educator who receives the medication must follow the proper procedure and communication to ensure that the child's room educators are aware that the child needs medication.

10 Administering Medication

- 10.1 When the medication is to be administered to the child, two educators are required to be present - one to be responsible for administering the medication, and the other to check the procedure and to act as a witness both visually and in writing.
- 10.2 The educator administering the medication must wash their hands immediately before and after administering the medication
- 10.3 Re-check the dosage and details of the medication immediately before the medication is administered to the child. Complete the details of the medication administered to the child on the *Administration for Authorised Medication Record* after the medication has been administered.
- 10.4 If the child suffers from a reaction to the medication, an ambulance must be called. When calling an ambulance it must be specified that the child is suffering a reaction to a substance. This is to ensure that the appropriate ambulance officer may be dispatched to treat the child.
- 10.4 Ensure that Parent/Guardians sign the *Administration for Authorised Medication Record* at the end of the day to ensure that they are aware that the medication has been administered. Once the form is completed, it is to be filed with the child's file in the office.
- 10.5 When it is necessary for the medication to be taken home, it is the educator's responsibility to ensure the Parent/Guardian receives the correct medication.

11 Medical Procedures (Trained Staff Only)

- 11.1 Medical Procedures encompass procedures or administration of medication outside of oral administration of medication. These would include procedures which a Parent/Guardian or educator can perform, having received appropriate training.
- 11.2 Due to the more serious nature and possible legal implications of this type of medical procedure, UOW Pulse Ltd Children's Services requires that educators seek all permission and directions from the child's Parent/Guardian as opposed to any other caregiver who is responsible for a child on a daily basis.
- 11.3 For UOW Pulse Ltd Children's Services educators, appropriate training means the educator will:
 - i. Be the holder of a current Apply First Aid Certificate and
 - ii. Have received training from a qualified health professional that is relevant to the child's individual condition.
- 11.4 Self-administration of medical procedures is not permitted regardless of the age of the child. An educator with appropriate training is required to administer medical procedures.

12 Procedure for the Enrolment/ Continued Enrolment of a Child Requiring Medical Procedures

- 12.1 When enrolling a child who requires a Medical Procedure, or when a medical condition requiring a medical procedure for an enrolled child becomes known to the service, the Nominated Supervisor must meet with the Parent/Guardian, to take part in a case conference to ascertain the extent of the child's needs. Eg blood sugar testing, tube feeding, other injections.
- 12.2 The Nominated Supervisor will need to seek written authorisation from the Parent/ Guardian to obtain explicit medical information from the child's Medical Practitioner using the *Request for Medical Information Form*.
- 12.3 Once the medical information has been returned, the Nominated Supervisor will arrange a meeting with the Children's Services Manager and educators to discuss the information provided and decide on the ability of the educators to respond to the child's needs.
- 12.4 Consideration will be given to the availability and willingness of educators to be trained in the correct implementation of the necessary procedures.
- 12.5 If it appears that the service cannot meet the child's needs, the Nominated Supervisor with support from management, will inform the Parent /Guardians of the outcome of the decision. In these circumstances, we will endeavour to find an alternative placement in another service, or refer the family to other possible support agencies or organisations.
- 12.6 If the decision is made to enrol the child or to continue the child's enrolment, the Nominated Supervisor will inform the Parents/Guardians of the decision, ensuring that the following forms are completed and signed.
 - i. Enrolment form
 - ii. Agreement to Conditions of Enrolment
- 12.7 UOW Pulse Ltd Children's Services will arrange for educators to undertake the required training. The child's enrolment cannot be undertaken until educators have completed the necessary training.

- 12.8 A *Medical Conditions Risk Minimisation Plan* should be developed to discuss possible changes required in the service routine to best meet the needs of the children and to minimise the child's risk.

13 Procedure for the Administration of Medical Procedures

- 13.1 Parents/Guardians are to inform an educator if their child requires medication or a medical procedure whilst at the service. *Administration for Authorised Medication Record* is to be completed by the Parents/ Guardians.
- 13.2 The Parents/Guardians are to give the medication and/or medical equipment and the above form to an educator who will:
- i. Check that the medication is in the original container, bearing the child's name, dosage and frequency.
 - ii. Check the currency of the use by date of the medication.
 - iii. Ensure that the name of the child for whom the medication has been prescribed, appears on the chemist label and matches the child's name on the form.
 - iv. Check that the details on the medication correspond with the information on the *Administration for Authorised Medication Record* and after checking, signing the form. If it is long term medication then this is to be review every three (3) months or as advised by the child's Medical Practitioner.
 - v. Ensure that the administration instructions are written by the child's Medical Practitioner or Specialist.
- 13.3 The educator responsible will store the medication and medical equipment safely in a cupboard or box with a childproof lock. If the medication needs to be refrigerated, a lockable container in the fridge.
- 13.5 The medical procedure must only be administered by an educator who is suitably trained as outlined above.
- 13.4 When the medication or medical procedure is administered to the child, two educators are required to be present - one to be responsible for the administering of the medication or medical procedures and the other educator to act as a witness.
- 13.5 If the child suffers from a reaction to the medication, an ambulance must be called. When calling an ambulance it must be specified that the child is suffering a reaction to a substance. This is to ensure that the appropriate ambulance officer may be dispatched to treat the child.

14 Emergency Administration of Medication

(When a child requires medication and no plan is in place and the child's condition is not known to the service).

- 14.1 In the event of an emergency, the service must follow the Incident, Injury, Trauma and Illness Policy and complete the Incident, Injury, Trauma and Illness Record.
- 14.2 In the event of an emergency and where the administration of medication must occur, the service must attempt to receive verbal authorisation by a parent of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.

- 14.3 If a parent of a child cannot be contacted, the service must attempt to receive verbal authorisation from an emergency contact of the child named in the child's enrolment form who is authorised to consent for the administration of medication.
- 14.4 If none of the child's nominated contacts can be reasonably reached, the service must contact a registered medical practitioner or an emergency service on 000.
- 14.5 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 that the medication has been administered.

15 Emergency Involving Anaphylaxis or Asthma

(When a child requires medication, no plan is in place and the child's condition is not known to the service).

- 15.1 For anaphylaxis or asthma emergencies identified by an educator with a First Aid certificate, medication may be administered to a child without an authorisation following the information listed above under Emergency Administration of Medication and in line with the recommendations in the appropriate actions plans below:
 - For anaphylaxis : The Australasian Society of Clinical Immunology and Allergy (ASCIA) generic action plan
https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA_First_Aid_Anaphylaxis_Gen_eric_Orange_2020.pdf
 - For asthma: The National Asthma Council Australia Asthma First Aid
https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4_2019.pdfThese plans should be displayed in each service.
- 15.2 The service must contact the following as soon as practicably possible-
 - i. Emergency services – where possible, emergency services can guide the administration of the medication over the phone and take the child to hospital.
 - ii. A parent, guardian or emergency contact for the child.
- 15.3 The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- 15.4 If medication is administered in an emergency situation involving anaphylaxis or asthma the child must leave the premises, even if they recover following the medication.

16 Sources

Education and Care Services National Regulations 2011
National Quality Standard
Early Years Learning Framework

17 Review

This policy will be reviewed every two years.

18 Version Control Table

Version Control	Date Released	Next Review	Approved By	Amendment
1	May 2012	May 2013	Michele Fowler Manager – Kids Uni	
2.	March 2013	May 2013	Michele Fowler Manager – Kids Uni	Paragraph inserted re application of policies across all centres. Migrated into new QA format.
3	May 2013	May 2014	Michele Fowler Manager – Kids Uni	Policy reviewed with no changes required.
4	May 2014	May 2015	Michele Fowler Manager – Kids Uni	Policy reviewed with minor editorial changes.
5	May 2015	May 2016	M. Gillmore – General Manager	Reviewed with no changes required
6	May 2016	May 2017	M. Gillmore – General Manager	Added reference to the “Children who are ill” Policy to refer to exclusions
7	July 2017	July 2018	Kellie Grose – Children’s Services Manager	Removed references to short and long term medication in line with our current practices and forms. Aligned information with ‘Children who are Ill Policy’ Changed titles of Procedure to show clear process, Outlined procedures for self-administration of medication. Removed duplicated processes and procedures within the policy.
8	July 2018	July 2019	K.Grose – Children’s Services Manager	Reviewed with no change.
9	July 2019	July 2020	K.Grose – Children’s Services Manager	Reviewed with no change.
10	Nov, 2019	July 2020	N.Bray – Director Kids Uni iC	Updated to remove clause regarding school aged children self - administration of medication. Name change removing OOSH and updating Kids Uni iC
11	Aug, 2020	Aug, 2021	K.Grose – Children’s Services Manager	Further clarified emergency administration of asthma and anaphylaxis medication and added plans to be followed and displayed.
12	March, 2021	March , 2022	L. Windisch – Director Kids Uni North	Made amendments to administration of over the counter or non-prescribed medications. These will be administered at Nominated Supervisor discretion with a pharmacist label attached.
13	June 2022	June 2024	K.Grose – Children’s Services Manager	Minor administrative amendments Added a clause to state that children must leave the service is they receive emergency medication for asthma or anaphylaxis (15.4)