



ADMINISTRATION AND MEDICATION POLICY

Quality Area 2: Children's Health and Safety

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.

POLICY STATEMENT

Families requesting the administration of medication to their child will always be required to follow the guidelines developed by Orchard Early Learning Centre to ensure the safety of children and educators.

The Service will follow legislative guidelines and standards to ensure the health of children, families, and educators at all times.

STRATEGIES AND PRACTICES - MANAGEMENT

Management will ensure:

- The Administration of Medication Record is completed for each child, by the guardian on OWNA. Families can complete a separate ongoing medication record on OWNA when required.
- Medication is only administered by permanent Orchard Early Learning Centre educators 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. Children are not permitted to self-administer medication at any time.
- When Medication is administered, a responsible person must be present at all times.

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.
- Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner.)
- Over the counter medication is labelled by a pharmacist with the child's name, instructions and used by date.
- Medication is in the original container.
- Medication has the original label clearly showing the name of the child.
- Medication is before the expiry/use by date.
- 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.





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- 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 of the child will be 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.
- Enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- Reasonable steps are taken to ensure that medication records are maintained accurately.
- Medication forms 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 about medical and medication policies during their induction.
- 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
- Safe practices are adhered to for the well-being of both the child and educator.

STRATEGIES AND PRACTICES – CENTRE TEAM

A Nominated Supervisor/ Responsible Person / Educators will:

- Any educator who receives medication from a family for a child, holds the responsibility to make the NS aware of its presence at the centre.
- Not administer any medication without the authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, 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 As per individual medication storage instructions, 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 that the R.P and an educator administer and witness 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 Form
 - Checking the prescription label for;
 - The child's name
 - The amount of medication being administered
 - The use-by date.





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- Confirming that the correct child is receiving the medication
- Signing and dating the medication form
- Returning the medication back to the locked medication container.
- Discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child.
- Seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication if required.
- Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label.
- 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.

Guidelines for administration of Paracetamol & Ibuprofen

- Paracetamol and Ibuprofen will not be administered as a standard first aid strategy or as a standard response to a fever. This is to safeguard against the overuse of paracetamol and minimise the risk of masking the underlying reasons for high temperatures.
- Paracetamol will be kept in the locked medication container for emergency purposes only.
- If a child presents with a temperature over 37.5 degrees, the R.P or Director will contact the parents and notify of them of the concern. The R.P or Centre Director and Centre staff will monitor the child and re-contact parents if the temperature increases.
- If a child has a temperature over 38 degrees, the parent will be contacted to collect the child immediately.
- The family will be encouraged to visit a doctor to find the cause of the temperature.
- Children need to be free from fever over 38 degrees for 24 hours.

While waiting for the child to be collected, educators will;

- Remove excess clothing to cool the child down.
- Offer fluids to the child.
- Encourage the child to rest.
- Provide a cool, damp cloth for the child's forehead and back of the neck.
- Monitor the child for any additional symptoms.
- Maintain supervision of the ill child at all times, while keeping them separated from children who are well.

Medications kept at the service

- Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates.
- The WHS Officer will conduct an audit on first aid kit contents. 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 educators that replacement items are required.
- It is the family's responsibility to take home short-term medication (such as antibiotics) at





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the end of each day and return it with the child as necessary.

- Families are required to complete a medication form for lotions to be administered. (Long-term medication form).
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE.
- MEDICATION WILL NOT BE ADMINISTERED WITHOUT A CORRECT CHILD'S LABEL AND CLEAR INSTRUCTIONS.

Emergency Administration of Medication

- In the occurrence of an emergency and where the administration of medication must occur, Orchard Early Learning Centre educators 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.
- 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 Service 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.

Emergency involving Anaphylaxis or Asthma

- For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the provided action plan.
- The Service will contact the following (as required) as soon as practicably possible:
 - Emergency Services
 - A parent or Guardian of the child
 - The regulatory authority within 24 hours (if an ambulance was called).
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of an R.P or experienced and trained educator

RESPONSIBILITY OF PARENTS

- Notify educators, verbally when children are taking any short-term medications.
- Notify educators, via the enrolment form and verbally when children are taking any long-term or precautionary medications.
- Complete and sign an Administration of Medication Record for their child requiring medication whilst they are at the Service.
- Assist Educators to complete long-term medication plans with reference to the medical practitioner's advice and ensure plans are signed by the medical practitioner.
- Update (or verify currency of) long term medication records quarterly or as the child's medication needs change.
- Be requested to sign consent to use creams and lotions (list of items in the first aid kit provided at enrolment) should first aid treatment be required.
- Be required to keep prescribed medications in original containers with pharmacy labels.





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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.

- 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 an Administration of Medication record to complete.
- Complete the Administration of Medication record and the educator will sign to acknowledge the receipt of the medication.
- Educator’s will not administer herbal/ naturopathic remedies or non-prescription medications (including Bonjella or cold medication).

LINKS TO OTHER POLICIES

- Work Health and Safety Policy
- Incident, Illness, Accident and Trauma Policy
- Privacy and Confidentiality Policy
- Safe Storage of Hazardous Substances Policy
- Supervision Policy
- First Aid Policy
- Arrival and Departure Policy
- Infectious Disease Policy
- Enrolment and Orientation Policy

LINKS TO EDUCATION AND CARE SERVICES NATIONAL REGULATIONS, NATIONAL QUALITY STANDARD

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
	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record





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QA	2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2	Each child is protected.
	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, practiced and implemented.

SOURCES/RESOURCES / USEFUL LINKS

Sources

- Australian Children's Education & Care Quality Authority. (2014).
- Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).
- Early Childhood Australia Code of Ethics. (2016).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2019).
- Guide to the National Quality Framework. (2018).
- National Health and Medical Research Council. (2012). Staying Healthy 5th Edition: Preventing infectious diseases in early childhood education and care services.
- NSW Department of Health: www.health.nsw.gov.au
- Revised National Quality Standard. (2018).

Further reading

- National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious diseases in early childhood education and care services.

Useful websites

NSW Department of Health: www.health.nsw.gov.au

POLICY REVIEW

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.





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