

POLICY – ADMINISTRATION OF MEDICATION

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1. National Quality Standards

Quality Area 2: Children’s Health and Safety		
Area	Concept	Descriptor
2.1.1	Wellbeing and comfort	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	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

See appendix 1 for Education and Care Services National Regulations.

2. Purpose

2.1 To ensure all Baringa educators promote the health and wellbeing of each child enrolled at the Service by:

- (i) understanding their liabilities and duty of care to meet each child’s individual health care needs;
- (ii) being informed of children diagnosed with a medical condition and strategies to support their individual needs;

- (iii) being specifically trained to be able to safely administer children's required medication with the written consent of the child's parent or guardian.

2.2 The responsibility for the administration of medication will be negotiated and established between parent, care provider and the coordination unit educators. Parents will be required to provide separate written permission for the administration of any medication to their child. This policy should be read in conjunction with the *Administration of Medication Procedure* and *Administration of Medication Authorisation form*.

3. Scope

3.1 This policy applies to children, families, staff, management and visitors of Baringa.

4. Policy Statement

4.1 Families requesting the administration of medication to their child will be required to follow the guidelines developed by Baringa to ensure the safety of children and educators. Baringa will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families, and educators at all times.

4.2 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 Plan* 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. (see Medical Conditions Policy).

4.3 Educators will receive information about Medical Conditions and Administration of Medication Policies and other relevant health management policies during their induction.

4.4 Families are informed of the Baringa's medical and medication policies.

5. Implementation

5.1 Management will ensure the following.

1. Children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner.
2. Medication is only administered by Baringa 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)].
3. Enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
4. 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 via the *Administration of Medication Authorisation* form, with a separate form for each medication. This form is considered valid for a maximum period of two months, at which time the parent/guardian must complete another form if the medication is still required
 - 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, has the original label clearly showing the name of the child and is before the expiry/use by date.

5. Any person delivering a child to Baringa 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.
6. Reasonable steps are taken to ensure that medication records are accurately maintained.
7. 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 Baringa.
8. Children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
9. 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.
10. Written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required.
11. Safe practices are adhered to for the wellbeing of both the child and educators.

5.2 A Nominated Supervisor/ Responsible Person /Educators will ensure they follow the procedures outlined in the *Administering Medication Procedure* and:

1. 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.
2. Ensure 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 in a separate location, inaccessible to children.
3. That two qualified educators administer and witness medications at all times. The administering educator must have approved First Aid qualifications in accordance with current legislation and regulations.
4. They 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).
5. They seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required.
6. That the instructions on the *Administration of Medication Authorisation* form are consistent with the doctor's instructions and the prescription label
7. Invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English.
8. That the *Administration of Medication Authorisation* form is completed and stored correctly including name and signature of witness.

5.3 Families will:

1. Provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form.
2. Provide Baringa with a *Medical Management Plan* prior to enrolment of their child if required.
3. Develop a *Risk Minimisation Plan* for their child in collaboration with management and educators and medical practitioner for long-term medication plans.
4. Notify educators, verbally when children are taking any short-term medications.
5. Complete and sign an *Administration of Medication Authorisation* form for their child requiring any medication (including lotions) whilst they are at Baringa, and give the form and medication to an educator.
6. 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.
7. Update (or verify currency of) *Medical Management Plan* quarterly or as the child's medication needs change.
8. Keep prescribed medications in original containers with pharmacy labels. 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.
9. Adhere to Baringa's *Sick Children Policy* and *Control of Infectious Disease Policy*.
10. Keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
11. NOT leave any medication in children's bags.
12. Provide any herbal/ naturopathic remedies or non-prescription medications (including Paracetamol or cold medications) with a letter from the doctor detailing the child's name and dosage.

5.4 Guidelines for administration of Paracetamol

1. To safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage and duration it is to be administered for except for in emergency situations (onset of fever whilst at the Service).
2. In the case of an emergency situation, as described in 5.4.1, Baringa stores Paracetamol in the locked medication container and a qualified educator may administer this when required, with verbal or written permission from a child's parent/guardian. The *Administration of Medication Authorisation* form must be presented to the parent/guardian for signature as soon as practicable. Refer to Baringa's *Administration of First Aid* policy for further information.
3. If a child presents with a temperature whilst at Baringa, the family will be notified immediately and asked to organise collection of the child as soon as possible.

4. The family will be encouraged to visit a doctor to find the cause of the temperature. 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.

5.5 Medications kept at Baringa

1. Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates, and will not be administered if it has past the product expiry date.
2. A list of First Aid Kit contents nearing expiry or running low will be given to the Nominated First Aid Officer who will arrange for the purchase of replacement supplies
3. 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.
4. 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

- 5.6 Baringa reserves the right to contact a health care professional if Educators are unsure about administering medication, to a child even if the parent or legal guardian has requested the medication to be administered.

Emergency Administration of Medication

- 5.7 In the occurrence of an emergency and where the administration of medication must occur, Baringa 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.
- 5.8 If a parent of a child is unreachable, Baringa 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.
- 5.9 If all the child's nominated contacts are non-contactable, Baringa must contact a registered medical practitioner or emergency service on 000.
- 5.10 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.
- 5.11 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.
- 5.12 The parent/guardian must complete the *Administration of Medication Authorisation* form as soon as practicable following the incident.

Emergency involving Anaphylaxis or Asthma

- 5.13 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. [National Asthma Council (NAC) or ASCIA]

- 5.14 In the event of a child not known to have asthma or anaphylaxis and appears to be in severe respiratory distress, the emergency plans for first aid must be followed immediately.
- (i) an ambulance must be called immediately
 - (ii) place child in a seated upright position
 - (iii) give 4 separate puffs of a reliever medication (eg: Ventolin) using a spacer if required.
 - (iv) repeat every 4 minutes until the ambulance arrives
 - (v) in the event of 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
- 5.15 Baringa will contact the following (as required) as soon as practicably possible:
- Emergency Services 000
 - a parent/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 a suitably experienced and trained educator.
- 5.16 The parent/guardian must complete the *Administration of Medication Authorisation* form as soon as practicable following the incident.

6. Feedback

Families and staff may provide feedback about this document by emailing admin@baringa.org.au.

7. Approval and Review Details

Approval and Review	Details
Approval Authority	Centre Management
Administrator	Centre Director
Next Review Date	February 2024

Approval and Amendment History	Details
Previous update	November 2016
Original Approval Authority and Date	8 February 2021 This policy previously formed part of the <i>Sick Children</i> policy (section 25.2 of the Baringa Policies and Procedure Manual)
Amendment Authority and Date	N/A

Appendix 1 Education and Care Services National Regulations

Education and Care Services National Regulations	
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

Appendix 2 Source

Australian Children's Education & Care Quality Authority. (2014).

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Early Childhood Australia Code of Ethics. (2016).

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Guide to the National Quality Standard. (2017).

National Health and Medical Research Council. (2012). (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

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

Revised National Quality Standard. (2018).

The Sydney Children's Hospital Network (2020)