

Administration of Medication

Background

The National Health and Medical Research Council (NHMRC) recommends that children who are physically unwell be excluded from early childhood education and care services to minimise disease outbreaks. It also details the exclusion periods which apply for children with particular infectious diseases.

An unwell child – may find it difficult to interact with other children, share toys, take part in routines and cope with the noise level in a childcare Service. In most instances, for a child who is unwell, the best place to recover is at home.

However, it is reasonable that, from time to time, children may require basic medical treatment or need to be given medication while they are in care. In addition, children with certain medical conditions (e.g. asthma, allergies, diabetes) may need scheduled or unscheduled administration of medication.

Policy statement

The Service maintains close and regular communication with parents and takes an informed and responsible team approach to administering medication to children, and documenting that process. In addition, the Service has clear guidelines for managing medical conditions such as asthma, diabetes, anaphylaxis and other specific health care needs.

Strategies and practices

- Parents complete an *Enrolment Form* prior to their child commencing at the Service. The Form requires parents to provide details of their child's known medical conditions or specific health care needs (e.g. asthma, diabetes, anaphylaxis). Where a child has a known medical condition or requires specific health care, the parent must provide the Service with a copy of the Medical Management Plan which has been completed in consultation with the family doctor before the child may commence at the Service. QA 2.1.1
- Any child whose doctor has prescribed medication for a specific health care need, allergy or relevant medical condition, cannot attend the Service without that medication. QA 2.1.1
- The Nominated Supervisor informs all staff of the Medical Management Plan for any child in the Service, and the whereabouts of that Plan. At that time, the Nominated Supervisor clarifies the nature of the medical condition and how it is to be managed. Copies of each child's Medical Management Plan which includes a photograph of the child is available in strategic locations throughout the Service. QA 2.1.1
- If a child requires long-term and regular medication, the parent must complete the Medication Form – Authority to Administer (Long-Term). QA 2.1.1
- Because of the increasing number of children at risk of anaphylaxis, the Service is a 'Nut-Free Aware Service' (i.e. no nuts or foods containing nuts or nut derivatives can be brought into or used in the Service). QA 7.3.1
- Children are encouraged not to share food. QA 2.3.1

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- All cooking activities – handling, preparation, consumption of food – take into account children’s individual needs and known allergies. QA 2.2.1
- Medication is only administered if it has been prescribed by a registered medical practitioner, is in the original container, bearing the original label and instructions and before the expiry or use by date. QA 2.1.1
- Before any medication – other than those listed in Medical Management Plans – is administered, the parent or authorised contact person must complete the Service’s Medication Form – Authority to Administer (Short-Term). The details on the Form must be the same as those on the label on the medication, and the person completing the Form must print and sign their name on the Form. Details to be provided on the Form include:
 - child’s name
 - name of the medication to be administered;
 - time and date the medication was last administered
 - time and date, or the circumstances under which, the medication should be next administered
 - dosage to be administered
 - manner in which the medication is to be administered. QA 2.1.1
- Before medication is given to a child, an educator, other than the one administering the medication verifies the accuracy and is a witness of medication being administered checking and verifying all details stated. After giving the medication, the educator who administered the medication enters the following details on the Authorisation to Administer Medication Form – date, time, medication administered, dosage, the manner in which the medication was administered, name of the educator who administered it and the name of the educator who verified. The Form is then signed by both educators. QA 2.1.1
- Whenever medication is administered, educators continuously monitor the well-being of the child concerned. QA 2.1.4
- Educators wash their hands immediately before and after administering medications, and wear gloves when applying creams. QA 2.1.3
- Parents are to hand medications directly to an educator. Medication of any kind is never to be left in a child’s lunchbox or bag. QA 2.1.1, 2.3.2
- Medication is stored securely away from children, and according to the instructions on the label. Medication that does not need to be refrigerated is stored in a cupboard inaccessible to children. Medication that needs refrigeration is stored in the refrigerator in a locked container. Asthma medication and EpiPen’s are stored in a location accessible to educators but inaccessible to children. QA 2.3.2
- Medication may be administered to a child without authorisation in the case of anaphylaxis or asthma emergency. When medication has been administered, the Nominated Supervisor ensures that the child’s parent and emergency services (if required) are notified as soon as practicable. If the child is under a Medical Management Plan, the parent will also be advised to consult their doctor with a view to updating that Plan. QA 2.1.1, 2.1.4

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- The Service's rosters ensure sufficient educators with current first-aid and CPR qualifications and trained in asthma and anaphylaxis management are at the Service at all times children are in care.
- Educators are not asked to provide special care or medical procedures for which they are not trained.
- If a child develops a temperature of 38 degrees Celsius or above while at the Service, the Parent/Authorised Emergency Contact is contacted for permission to administer paracetamol. If paracetamol is administered, the child is to be collected within the hour. The Parent/Authorised Emergency Contact is to sign Medication Form – Authority to Administer (Short-Term) when the child is collected. QA 2.1.1, 2.1.4

Additional safe practices for babies

- Medication is not added to babies' formula or breast milk bottles because any baby who does not finish the bottle may not receive the correct dose.

Responsibilities of parents

- To keep the Service informed of any changes to their child's medical condition.
- To ensure the Medical Management Plan for their child is reviewed every twelve months, and to inform the Nominated Supervisor of any change in their child's medical condition and/or in the Plan in the interim.
- To ensure that sufficient medication for their child's specific health care need, allergy or relevant medical condition is at the Service whenever the child is in attendance.
- To complete the appropriate Authorisation to Administer Medication Form.
- To ensure any medication brought to the Service has been prescribed by a registered medical practitioner is in the original container, bearing the original label and instructions and before the expiry or use by date.
- To hand medications directly to an educator. Medication of any kind is never to be left in a child's bag, or with any person other than an educator or the Nominated Supervisor.
- To collect their unwell child promptly when called to do so, and to sign the required forms at that time.

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Links to other policies

- Enrolment and Orientation Policy
- Incident, Injury, Trauma and Illness Policy
- Handwashing Policy
- Managing Infectious Diseases Policy
- Medical Conditions Policy

Links Education and Care Services National Regulations 2011, National Quality Standard 2011

Regs	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	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
	160	Child enrolment records to be kept by approved provider and family day care educator
	168	Education and care service must have policies and procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	245	Person taken to hold approved first aid qualification
	246	Anaphylaxis training
	247	Asthma management training

QA	2.1.1	Each child's health needs are supported
	2.1.3	Effective hygiene practices are promoted and implemented
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illnesses, in accordance with recognised guidelines
	2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child
	2.3.1	Children are adequately supervised at all times
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
	2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
	7.3.1	Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements

Sources

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- Education and Care Services National Regulations 2011.
- Guide to the National Quality Standard 2011.
- National Health and Medical Research Council. (2012). *Staying Healthy: Preventing infectious diseases in early childhood education and care services. 5th edition.*
http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf accessed 4 February 2016
- Tansey, S. (2008). *Illness in child care.* <http://ncac.acecqa.gov.au/family-resources/factsheets/illness.pdf> accessed 4 February 2016

Further reading and useful websites

- Anaphylaxis Australia – www.allergyfacts.org.au
- Asthma Foundation – www.asthmafoundation.org.au
- Diabetes Australia – www.diabetesaustralia.com.au
- Diabetes Queensland – www.diabetesqueensland.org.au
- Queensland Health – www.health.qld.gov.au
- The Service for Community Child Health – www.rch.org.au/ccch
- ASCIA. (2013) Anaphylaxis Fact Sheet for Parents of Children at Risk of Anaphylaxis. http://www.allergy.org.au/images/stories/aer/infobulletins/ascia_anaphylaxis_parent_fact_sheet_anz_feb2013.pdf accessed 4 February 2016

Policy review

Bella Grace Early Learning Centre 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 of 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.

Date reviewed: July 2017

Next Review Date: July 2018