

## Early Learning

# Administration of Medication Policy

### Overarching Statement

The *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania (refer to *Sources*) is the overarching whole of church policy to be implemented by individuals and entities involved with or connected to the Uniting Church. All children who are involved in any of the Church's activities, events or programs have a right to feel and be safe. The Church is committed to provide safe environments where children are cared for, respected, nurtured and sustained.

### Policy Statement

Uniting Early Learning is committed to:

- Providing a safe and healthy environment for all children, educators, staff and other persons attending the service.
- Ensuring the health support needs of any child attending the service are met.
- Responding immediately to the needs of a child who is ill or becomes ill while attending the service.
- Ensuring safe and appropriate administration of medication in accordance with legislative and regulatory requirements.

### Executive Summary

Medication (including prescriptions, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation by a parent or person with the authority to consent to administration of medical attention to the child. This includes during offsite excursions and activities.

In the case of an emergency, it is acceptable to obtain verbal consent from a parent or authorised person, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation following the direction of the child's medical management plan. In this circumstance, the child's parent and/or emergency services must be contacted as soon as possible. In the case of a seizure occurring for a child living with epilepsy, emergency medication must only be administered by staff who have completed person specific training.

When educators are required to administer medication, they must abide by specific regulatory requirements, such as written consent, training requirements, and must follow the guidelines of this policy and the procedures.

DOCUMENT TITLE & NUMBER	ADMINISTRATION OF MEDICATION POLICY			
Content Owner	Uniting Early Learning-Head of Early Learning			Page 1 of 9
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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## Current Environmental Context

To administer medication, where a service operates with a minimum of two people, at least one must hold a current approved first aid qualification. One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication.

Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered. Both staff members must then complete the Medication Record (refer to *Glossary*) and store any remaining medication appropriately. (Family day care and single staff services are exempt from the second person requirement).

Parents must be informed on arrival to collect the child that medication has been administered and ensure that the parent completes the required details in the medication record.

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents may authorise the administration of the medication for a defined period (up to six months). In these cases a medical management plan needs to be completed by the child’s doctor and provided and attached to the child’s enrolment form.

A child over preschool age may self-administer medication under specific circumstances (*refer to Attachment 10b*).

Medication records will be kept and stored securely until the end of 3 years after the last date on which the child attended the service.

**Attachment 10a:** Responsibilities relating to the Administration of Medication Policy

**Attachment 10b:** Procedures relating to the safe administration of medication

**Form 10.1:** Administration of Medication Form

**Form 10.2:** Medication record (ongoing) - These form is available on Uniting intranet [Click here for link](#)

DOCUMENT TITLE & NUMBER		ADMINISTRATION OF MEDICATION POLICY		
Content Owner	Uniting Early Learning-Head of Early Learning			Page 2 of 9
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

## Reference/Sources

*This policy should be read in conjunction with:*

*Keeping Children Safe Policy of the Uniting Church in Australia Synod of Victoria and Tasmania (Approved May 2017).*

<i>Administration of First Aid Policy</i>	<i>Epilepsy Policy Appendix</i>
<i>Asthma Policy Appendix</i>	<i>Excursions, Regular Outings and Service Events Policy</i>
<i>Anaphylaxis Policy Appendix</i>	<i>Hygiene and Infectious Diseases Policy</i>
<i>Dealing with Medical Conditions Policy</i>	<i>Incident, Injury, Trauma and Illness Policy</i>
<i>Diabetes Policy Appendix</i>	<i>Privacy and Confidentiality Policy Level 2</i>
<i>Enrolment and Orientation Policy</i>	

- *Children's Services Act 1996: S29B*
- *Children's Services Regulations 2009: r36, 83*
- *Education and Care Services National Law Act 2010: S167*
- *Education and Care Services National Regulations 2011: r92-96, 136, 178, 181-184*
- Health Direct: [www.healthinsite.gov.au](http://www.healthinsite.gov.au)
- Immunisation: Australian Government Department of Health  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/MC14-004203-Immunisation>
- National Health and Medical Research Council (NHMRC): [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- National Prescribing Service (NPS): [www.nps.org.au](http://www.nps.org.au)
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council:  
<http://www.nhmrc.gov.au/guidelines/publications/ch55>
- *Tasmanian Licensing Standards for Centre Based Child Care, Class 5 (0-12years)* October 2014: s17.4
- The Royal Children's Hospital General Medicine and Emergency departments, and Centre for Community Child Health. *Fever in Children*, Reviewed February 2018):  
[www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=5200](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200)

## Authorisation

This policy was adopted by Uniting Early Learning on: 06/07/2018

## Review

This policy is to be reviewed by: May 03/08/2020

DOCUMENT TITLE & NUMBER	ADMINISTRATION OF MEDICATION POLICY			
Content Owner	Uniting Early Learning-Head of Early Learning			Page 3 of 9
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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## Attachment 10a Responsibilities relating to the Administration of Medication Policy

### Approved Provider/Licensee

- Ensure that medication is not administered to a child attending the service unless it is authorised, and the medication is administered in accordance with the procedures prescribed in legislation.
- Ensure that a medication record that meets the legislative requirements is available at all times for recording the administration of medication to children at the service.
- Ensure all educators on duty have a current approved first aid qualification.
- Develop and review procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (refer to *Attachment 10b*).
- Ensure that all educators are familiar with the procedures for the administration of medication.
- Ensure that medication records are kept and stored securely until the end of 3 years after the last date on which the child attended the service.
- Ensure appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma are followed.

### Responsible Person

- Ensure that medication is not administered to a child attending the service unless it is authorised, and the medication is administered in accordance with the procedures prescribed in legislation.
- Ensure that the parent of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency.
- Ensure that medication records are kept and stored securely until the end of 3 years after the last date on which the child attended the service.
- Ensure that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration).
- Be aware of children who require medication for ongoing conditions or in emergencies, and ensure that their medical management plans are completed and attached to the child's enrolment form, and displayed for use by those caring for children (being sensitive to privacy requirements).
- Ensure that training required to administer required medication as outlined in a medical management plan, has been completed by all staff.
- Follow appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Inform parents as soon as is practicable if an incident occurs where the child was administered incorrect medication or incorrect dose as prescribed in the medication record, if staff forgot to administer the medication or the medication was administered at the wrong time. In the case of incorrect medication or dosage being given, medical advice must be sought.

DOCUMENT TITLE & NUMBER	ADMINISTRATION OF MEDICATION POLICY			
Content Owner	Uniting Early Learning-Head of Early Learning			Page 4 of 9
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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- Inform parents that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use.
- Ensure that when parents have provided verbal authorisation in the first instance, and medication has been administered, that written notice is provided as soon as practicable.
- Inform parents that paracetamol is not supplied by the service and that the administration of paracetamol will be in line with the administration of all other medication (*refer to Attachment 10b*).
- Inform parents that a first dosage of medication should be given at home, with sufficient time (24 hours) before the child returns to the service, to enable observation and the child's response to the medication given (except in the case of emergency medication).
- Ensure that each child's enrolment form provides details of the name, address and telephone number of any person who has lawful authority to request and permit the administration of medication to the child.

## Educators

- Ensure that medication is not administered to a child attending the service unless it is authorised, and the medication is administered in accordance with the procedures prescribed in legislation.
- Ensure that each child's enrolment form provides details of the name, address and telephone number of any person who has lawful authority to request and permit the administration of medication to the child.
- Follow appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Ensure that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration).
- Ensure parent completes the required details in the medication record.
- Administer medication in accordance with legislation and the guidelines set out in *Attachment 10b*.
- Advise parents on arrival to collect the child, that required medication has been administered and make medication record available at all times for parents to view.
- Ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents are informed of an incident of this nature.
- Communicate with parents about the procedures outlined in this policy and the parent responsibilities when requesting medication be administered to their child; make the medication record available for parents to record information during operational hours.
- Ensure that all details in the medication record have been completed by parents/authorised persons in accordance with legislation prior to administering medication.
- Obtain verbal authorisation for the administration of medication from the child's parents/authorised person or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency.
- Ensure that verbal permission is documented (as above) in the enrolment record and followed up with a written authorisation as soon as is practicable
- Ensure in services where two staff (one of whom must be an educator) are present, when verbal permission to administer medication is received, that details of this verbal authorisation are completed in the medication record. Ensure that the name of the two staff accepting verbal consent is recorded and that the names of the administrator and witness of the administration is also recorded.

DOCUMENT TITLE & NUMBER	ADMINISTRATION OF MEDICATION POLICY			
Content Owner	Uniting Early Learning-Head of Early Learning			Page 5 of 9
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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## Parents

- Ensure that the first dose of medication is given at home, and at least 24 hours before attending a service.
- Ensure that any medication to be administered is recorded in the medication record kept at the service premises.
- Provide a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency.
- Ensure that the details of authorised persons are kept up to date in the child's enrolment form.
- Ensure that medications to be administered at the service are provided in their original container with the label intact, bearing the child's name, dosage, instructions and the expiry date.
- Ensure that medications to be administered at the service are within their expiry date.
- Hand the medication to a staff member and inform them of the appropriate storage and administration instructions for the medication provided.
- Clearly label non-prescription medications and over-the-counter products (e.g. sun block and nappy cream) with the child's name. The instructions and use-by dates must be visible.
- Ensure that no medication or over-the-counter products are left in their child's bag or locker.
- Inform the service if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service.

**Note:** Volunteers and students, while at the service, are responsible for following this policy and its procedures.

DOCUMENT TITLE & NUMBER		ADMINISTRATION OF MEDICATION POLICY		
Content Owner	Uniting Early Learning-Head of Early Learning			Page 6 of 9
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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## Attachment 10b Procedures relating to the safe administration of medication

Two people (one of whom must be an educator) are responsible for the administration of any medication. One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication. (Family day care and single staff services are exempt from the second person requirement).

Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

### Procedure for administration of medication

*Wash and dry hands thoroughly* before administering any medication. If appropriate, gloves are recommended wherever possible.

Check the *medication record* to confirm date, time, dosage and the child to whom the medication is to be administered.

#### Check that *prescription medication*:

- is in its original container, bearing the original label and instructions.
- is the correct medication, as listed in the medication record.
- has the child's name on it (if the medication was prescribed by a registered medical practitioner).
- is the required dosage, as listed in the medication record.
- has not passed its expiry date.

#### Check that *non-prescription medication*:

- is in the original container, bearing the original label and instructions.
- is the correct medication, as listed in the medication record.
- has the child's name on it.
- is the required dosage, as listed in the medication record.
- has not passed its expiry date.

#### When administering the medication, ensure that:

- the identity of the child is confirmed and matched to the specific medication.
- the correct dosage is given.
- the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner.
- both staff members complete the medication record and store any remaining medication appropriately, such as in the refrigerator if required.
- the Responsible Person/Educator informs the parent on arrival to collect the child that medication has been administered and ensures that the parent completes the required details in the medication record.

DOCUMENT TITLE & NUMBER		ADMINISTRATION OF MEDICATION POLICY		
Content Owner	Uniting Early Learning-Head of Early Learning		Page 7 of 9	
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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## Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents may authorise the administration of the medication for a defined period (up to six months).

### *In these cases:*

- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (or on display, where appropriate)
- the medical management plan should define:
  - the name of the medication, dosage and frequency of administration
  - conditions under which medication should be administered
  - what actions, if any, should be taken following the administration of the medication.
- when medication is required under these circumstances, educators/staff should:
  - follow the procedures listed above
  - attend training as required to administer the medication
  - ensure that the required details are completed in the medication record
  - notify the parents as soon as is practicable.

## Administration of paracetamol/ibuprofen

There may be times when a child develops a fever while at the service. When this occurs, there may be a need to administer paracetamol/ibuprofen. A high fever in a young child can be a sign of infection and must be investigated to find the cause. However, fever itself is not necessarily an indicator of serious illness. The normal temperature range for a child is up to 38°C. Fevers are common in children and if the child appears happy and well, there is no need to treat a fever, but it is important to watch the child for signs that the fever is a symptom of an illness that may worsen. **If the child is under three months and has a fever above 38°C, they must be taken to the doctor.**

In the case of a high fever, parents will be notified and asked to collect the child as soon as possible to take the child to a doctor/hospital, or an ambulance will be called to the service. While the service is waiting for the child to be collected by the parent, staff will use measures, such as removing clothing and encouraging the intake of fluids, to keep the child cool, comfortable and well hydrated.

***Paracetamol/ibuprofen is not appropriate first aid or emergency treatment, and will be treated as any other medication, including requiring prior written and signed consent for its administration.***

If parents request that educators/staff administer paracetamol/ibuprofen, educators/staff should:

- administer only to a child who has a temperature above 38.5°C and is in discomfort or pain.
- administer only one dose of paracetamol in any instance.
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation.
- Carefully follow the dosage instructions on the packaging.
- use only single doses, disposable droppers or applicators and only use once per child.
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol, by following the age instructions provided on the medication.

DOCUMENT TITLE & NUMBER		ADMINISTRATION OF MEDICATION POLICY		
Content Owner	Uniting Early Learning-Head of Early Learning		Page 8 of 9	
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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### Educators *will not*:

- in any circumstance, administer ibuprofen to a child under the age of three months of age while in the care of the service (an infant with acute fever must be treated as a medical emergency).
- administer paracetamol for mild fever (under 38.5°C), gastroenteritis or as a sedative.
- administer aspirin to children.

### Reference

The Royal Children's Hospital General Medicine and Emergency departments, and Centre for Community Child Health. *Fever in Children*, Reviewed February 2018):

[www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=5200](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200)

## The medication record

The medication record should contain the following information:

- the name of the child.
- the authorisation to administer medication (including self-administration, if applicable) signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication.
- the name of the medication to be administered.
- the time and date the medication was last administered.
- the time and date or the circumstances under which the medication should be next administered.
- the dosage of the medication to be administered.
- the manner in which the medication is to be administered.
- if the medication is administered to the child:
  - i) the dosage that was administered
  - ii) the manner in which the medication was administered
  - iii) the time and date the medication was administered
  - iv) the name and signature of the person who administered the medication
  - v) the name and signature of the person who checked/witnessed the dosage
  - vi) The signature of the parent who must complete the required details in the medication record.

## Self administered medication

A child over preschool age may self-administer medication under the following circumstances:

- Written authorisation is provided by a person with the authority to consent to the administration of medication.
- The medical conditions policy of the service includes practices for self-administration of medication.
- Written details of the medical information and administration protocols are provided by a medical practitioner.
- The expected level of supervision is understood by all.
- Under the supervision of an educator with a current approved first aid qualification.
- Records are maintained according to relevant service legislation.
- Medication for self-administration is stored safely.

DOCUMENT TITLE & NUMBER		ADMINISTRATION OF MEDICATION POLICY		
Content Owner	Uniting Early Learning-Head of Early Learning		Page 9 of 9	
Document Author	EL Practice Manager	Document Version	V 3.0	Policy No. 010
Date Published	06/07/2018	Revision Due Date	03/08/2020	

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