

2.11 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 – able to play quietly with toys at home with one or two siblings – 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.

The Service is unable to accommodate children who require a care regime or medical procedures that educators are not trained to deliver.

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. Refer to the *Service's Medical Conditions Policy*. QA 2.1.1
- The Nominated Supervisor informs all staff and volunteers 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. With parental consent, copies of each child's Medical Management Plan which includes a photograph of the child are displayed in strategic locations throughout the Service. With the child's right to privacy in mind, the Plans are not accessible to visitors or other families. 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

- Educators intentionally teach children that medication is sometimes required to support health, and even to maintain life. At the same time, they teach the children about the dangers of touching or using medications and/or equipment meant for others. QA 2.3.2
- Children are encouraged not to share food. QA 2.3.1
- All cooking activities – handling, preparation, consumption of food – take into account children’s individual needs and known allergies. QA 2.2.1
- Families of children with medical conditions or specific health care needs are provided with a copy of this *Administration of Medication Policy*. QA 2.3.2
- 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 person named in the enrolment form as authorised to consent to administration of medication 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
- Educators administer medication according to the “Five Rights” (i.e. right patient, right time, right medication, right dose, right manner). Before medication is given to a child, an educator member, other than the one administering the medication, verifies the accuracy of each of these Five Rights. 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 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 locked cupboard inaccessible to children. Medication that needs refrigeration is stored in the refrigerator in a locked container. Asthma medication and EpiPens 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(s) and emergency services 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
- 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. Refer to the *Service's Incident, Injury, Trauma and Illness Policy*. QA 2.1.4
- 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 the child shows other symptoms of being unwell the child will be sent home until well. If the child only has a temperature and no other symptoms of illness the child will be monitored for the temperature to return to normal. If a child has a temperature for a consecutive three days a doctor's clearance will be requested before returning to the centre to rule out any illness. Refer to *Policy 2.11.1– Authority to Administer Paracetamol* The Parent/Authorised Emergency Contact is to sign the Illness Record and Medication Form – Authority to Administer (Short-Term) when the child is collected. QA 2.1.1, 2.1.4
- An over-the-counter, naturopathic or herbal preparation requires a letter from a registered medical practitioner before it can be administered. QA 2.1.1
- The Service at this time has no children who administer their own medication. However, should a specific need arise, the Service is prepared to review its practices to meet that need. 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 three 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.

Links to other policies

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

Sources, Further reading and useful websites

- 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 21 November 2013

- Tansey, S. (2008). *Illness in child care.* <http://ncac.acecqa.gov.au/family-resources/factsheets/illness.pdf> accessed 21 November 2013
- Australian Capital Territory Health – www.health.act.gov.au
- Anaphylaxis Australia – www.allergyfacts.org.au
- Asthma Foundation – www.asthmafoundation.org.au
- Diabetes Australia – www.diabetesaustralia.com.au
- Diabetes Queensland – www.diabetesqueensland.org.au
- Northern Territory Department of Health – www.health.nt.gov.au/
- Queensland Health – www.health.qld.gov.au
- The [Service for Community Child Health](http://www.rch.org.au/ccch) – www.rch.org.au/ccch
- Victorian Department of Health – www.health.vic.gov.au

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