

POLICY AIM

To facilitate effective care and health management of children who are taking medication for health problems; prevention and management of acute episodes of illness; or medical emergencies by the safe administration of medication and compliance with the Regulations.

RATIONALE

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. All stakeholders at the centre need to be aware of, and understand, the legal procedures for the administration of medication to the children in our care. These procedures will be strictly enforced to safeguard parents, children and staff.

SCOPE - WHO IS AFFECTED BY THIS POLICY?

- Children
- Families
- Educators
- Staff
- Management
- Students / Visitors

NATIONAL QUALITY STANDARD

QUALITY AREA 2 - CHILDREN'S HEALTH AND SAFETY

- Standard 2.1 (Health) - *Each child's health and physical activity is supported and promoted.*
- Element 2.1.2 (Health practices and procedures) - *Effective illness and injury management and hygiene practices are promoted and implemented.*
- Standard 2.2 (Safety) - *Each child is protected.*
- Element 2.2.2 (Incident and emergency management) - *Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.*

RELATED POLICIES & LEGISLATION

RELATED SWEETPEAS POLICIES:

- Acceptance and Refusal of Authorisations Policy
- Administration of First Aid Policy
- Child Protection Policy
- Incident Procedure
- Incident, Injury, Trauma & Illness Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy

RELATED EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS:

- Regulation 92 - Medication record
- Regulation 93 - Administration of medication
- Regulation 94 - Exception to authorisation requirement—anaphylaxis or asthma emergency
- Regulation 95 - Procedure for administration of medication
- Regulation 96 - Self-administration of medication
- Regulation 136 - First Aid qualifications

TERMINOLOGY

- **Medical Management Plan** - a plan provided by a registered medical practitioner to outline a child's medical condition, including action to be taken in an emergency and any required medication. E.g., asthma action plan.
- **Medication** - a drug or other form of medicine that is used to treat medical conditions or illnesses.
- **Registered medical practitioner** - i.e., a doctor.

- **Risk Minimisation Plan and Communication Plan** - the plan developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to a child with a diagnosed medical condition.

IMPLEMENTATION AND STRATEGIES

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

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*).

ADMINISTRATION

At times Service educators/staff will be asked to take the responsibility of administering medication to children. The following procedures are to be followed at all times, as per **Regulation 95** of the *National Regulations*:

1. If the medication has been prescribed by a registered medical practitioner, the medication must be:
 - administered from its original container,
 - bearing the original label with the name of the child to whom the medication is to be administered, and
 - before the expiry or use by date

If the medication is not prescribed, the medication must be:

- administered from its original container,
 - bearing the original label and instructions and
 - before the expiry or use by date
2. The medication **must** be administered in accordance with any instructions:
 - attached to the medication; or
 - any written or verbal instructions provided by a registered medical practitioner.
 3. The following must be checked by a person other than the person administering the medication:
 - the dosage of the medication to be administered;
 - the identity of the child to whom the medication is to be administered.

Additional requirements

- If the medication is an over-the-counter drug including homeopathic, naturopathic or creams of any type, it must be accompanied with a letter from a medical practitioner stating the child's name, the dose required, how it should be administered and the period for which this dose is required.
 - If no prescription, management plan or other medical advice is provided, a parent or authorised person may administer the medication to the child at the service themselves.
- Families should complete the *Standard Products Agreement* form upon enrolment and at the beginning of each year of enrolment to inform the service of family preferences alternative to any of the products provided by Sweetpeas (e.g. nappy creams, first aid products, etc).
- Medication and updated medical management plans must be provided by the parent/family.
 - An educator is required to inform the family once regarding medication or medical plan expiration dates.
 - If this is not followed through from the parent/family, the child is not able to attend until the new medication or plan is updated.
 - Sweetpeas believes we are unable to successfully mitigate risk of harm to a child without being provided the correct, in date medication or medical plans available at all times.
- All medications need to be administered at home 24 hours before staff at Sweetpeas will administer the medication to the child to avoid any side effects that may occur.
- If there is a disagreement between family members, including between custodial and a non-custodial, *Department of Education and Communities* will be contacted for advice. No medication will be given until advice has been obtained by the Department.

SHORT-TERM MEDICATIONS

This applies to medications that are only prescribed for a short period of time.

- Parents are to complete a *Medication Form* when requesting that medication be given.
- The form is to include:
 - The child's name & date of birth,
 - Name and signature of an authorised person e.g., a parent/guardian,
 - The manner of administration (i.e., orally, drops, applied),
 - The name of the medication,
 - Expiry date,
 - Dosage to be administered,
 - Time and date the medication was last administered,
 - Time/circumstances the medication is to be given.

Medication will not be administered if these guidelines are not followed.

LONG-TERM MEDICATIONS

This applies to medications that may be prescribed for administration for more than a single day (e.g. a course of antibiotics) or on a regular basis (e.g. asthma preventatives).

- Parents are to complete a *Medication Form* (with the same information as above) when requesting that medication be given;
- If the medication is for a medical condition such as asthma, an allergy, diabetes, the medication should be accompanied by a medical management plan from a registered medical practitioner (see *Medical Conditions Policy*)
- This form is valid for (whichever occurs first):
 - 12 months, or
 - the period of time the medication is prescribed, or
 - until the medication expires, or
 - until there is any change to the medication, e.g. the dosage to be given.

Medication will not be administered if these guidelines are not followed.

SELF-ADMINISTRATION OF MEDICATION (OOSH ONLY)

School age children may be permitted to self-administer medication if an authorisation for the child to self-administer medication is recorded on the *Medication Form* for the child (Regulation 92).

An educator must witness the self-administration and complete the *Administration of Medication Record* (2nd page of *Medication Form*) as normal.

ILLNESS MONITORING

- If a child becomes ill throughout the day, an *Illness Monitoring Form* will be completed to monitor the child's health.
- If medication is required (e.g. Panadol), parent/guardians or authorised people will be contacted for permission, and the medication will be administered by an educator with a witness.
 - The medication section of the form should then be completed.
 - The child should not return to the service until 24 hours after the last administration of medication (e.g. Panadol) for a fever. This allows time for the medication to lose effect and for the parent to observe the child for further symptoms of illness.
 - 24 hours exclusion is not required when paracetamol is administered for pain management as recommended by a doctor, e.g., for teething, tonsillectomy recovery etc.
- In the case of a medical emergency (e.g. a temperature over 40°C, an asthma attack, allergic reaction), medication will be administered as per the *National Regulations*, a parent/guardian will be contacted, and an *Illness Monitoring Form* will be filled out.
- An ambulance should be called for serious medical emergencies, such as anaphylactic reactions or asthma attacks, as per our *Medical Conditions Policy* and the associated medical management procedures.

EMERGENCY ADMINISTRATION OF MEDICATION

In the occurrence of an emergency and where the administration of medication must occur, Sweetpeas staff 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, Sweetpeas staff 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 staff 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 Asthma or Anaphylaxis Action Plan provided by the parent/guardian.
- 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
 - an ambulance must be called immediately,
 - place child in a seated upright position,
 - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required,
 - repeat every 4 minutes until the ambulance arrives.
- 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

The Service will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent of the child
- the regulatory authority within 24 hours

The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

STORAGE

- Medications are securely stored in a cupboard inaccessible to children or in a locked first-aid box. Should the medications require refrigeration, they will be placed in the medication box stored in the fridge in the kitchen.
- Emergency medications, such as adrenaline autoinjectors and asthma reliever medication (e.g. Ventolin) are kept out of reach of children in the First Aid Bag, readily accessible at all times.

RECORD KEEPING

- All medication forms and records will be kept in a secure and confidential file until three years after the date of the child's last attendance.
- Illness records will be stored until the child turns 25.

ROLES AND RESPONSIBILITIES

MANAGEMENT WILL ENSURE:

- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner,

- medication is only administered by the Service 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)]
- enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child,
- a *Medication Form* is completed for each child,
- a separate form must be completed for each medication, if more than one is required,
- 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.
- 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 is 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,
- reasonable steps are taken to ensure that medication records are maintained accurately,
- medication records 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 Conditions Policy* and *Administration of Medication Policy* and other relevant health management policies during their induction,
- 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,
- written consent is requested from families on the enrolment form to administer emergency medical treatment if required,
- families are informed of the Service's medical and medication policies at time of enrolment,
- safe practices are adhered to for the wellbeing of both the child and educators.

A NOMINATED SUPERVISOR/RESPONSIBLE PERSON/EDUCATORS WILL:

- not administer any medication without the written 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),
- not allow students or volunteers to administer medication,
- ensure medications are securely stored in a cupboard inaccessible to children or in a locked first-aid box. Should the medications require refrigeration, they will be placed in the medication box stored in the fridge in the kitchen.
- ensure adrenaline autoinjectors and asthma reliever medication (e.g. Ventolin) are kept out of reach of children in the First Aid Bag, readily accessible at all times,
- ensure that two educators administer and witness administration of medication at all times. One of these educators must have approved First Aid qualifications current legislation and regulations. Both educators are responsible for:
 - checking the *Medication Form* is completed by the parent/guardian,
 - checking the prescription label for:
 - the child's name,
 - the dosage of medication to be administered,
 - the method of dosage/administration,
 - the expiry or use-by date.
 - confirming that the correct child is receiving the medication,
 - signing and dating the *Administration of Medication Record* (2nd page of *Medication Form*)
 - returning the medication back to the locked medication container
- follow hand-washing procedures before and after administering medication,

- 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)
- seek further information from parents/guardian, 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,
- ensure that if there are inconsistencies, medication is not to be administered to the child.
- ensure that the *Administration of Medication Record* is completed and stored correctly including name and signature of witness, time and date,
- if after several attempts of encouraging the child to take medication, but they still refuse, contact the parent or guardian. Educators cannot use restrictive practices to make a child take medication at any time.
- observe the child post administration of medication to ensure there are no side effects,
- respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication,
- if a child is not breathing or having difficulty breathing following administration of any medication, the educator will contact emergency services on 000 immediately.

FAMILIES WILL:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form,
- provide Sweetpeas with a Medical Management Plan prior to enrolment of their child, if required,
- develop a Risk Minimisation and Communication Plan for their child in collaboration with management and educators and medical practitioner for long-term medication plans,
- notify educators, verbally when children are taking any short-term medications (at home)
- complete and sign a *Medication Form* for their child requiring any medication whilst they are at the Service,
- update Medical Management Plan annually or as the child's medication needs change,
- be requested to sign consent to use creams and lotions should first aid treatment be required (*Standard Products Agreement* form)
- keep prescribed medications in original containers with pharmacy labels. 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.
- adhere to our *Infectious Diseases Policy*, *Medical Conditions Policy* and *Incident, Injury, Trauma & Illness Policy*
- 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,
- keep children at home for 24 hours from the administration of paracetamol for a fever, and monitor for symptoms,
- NOT leave any medication in children's bags,
- take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary,
- give any medication for their children to an educator who will provide the family with a *Medication Form* to complete,
- complete the *Medication Form* and the educator will sign to acknowledge the receipt of the medication.

RELATED SWEETPEAS DOCUMENTS AND FORMS

- Illness Monitoring Form
- Medication Form
- Risk Minimisation and Communication Plan templates
- Standard Products Agreement

REFERENCES

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Kids and Poisons - <https://www.schn.health.nsw.gov.au/poisons-safety-factsheet>
- Revised National Quality Standard 2018
- SafeWork NSW - <https://www.safework.nsw.gov.au/>
- Sweetpeas Philosophy
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011

REVIEW AND AMENDMENTS

This policy will be updated regularly to ensure compliance with all relevant legal requirements. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with *Regulation 172* of the National Regulations, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

Version	Amendment(s)	Review Date	Updated By
2.	<ul style="list-style-type: none"> • Update due to COVID-19 • Addition of 24hr exclusion with fever 	June 2020	Janine Evans (Director)
2.1.	<ul style="list-style-type: none"> • Reviewed with current COVID-19 guidelines 	June 2021	Janine Evans (Director)
2.2.	<ul style="list-style-type: none"> • Update stating parent/family responsibility to provide up to date and current medication and medical plans. • The service has the right to refuse entry to a child if this is not upheld as Sweetpeas is unable to successfully mitigate the risk of harm to a child without the correct and in date medical plans and medication. • Checked strategies were in line with the Regs. • Long Term Medication Form to ensure compliance with Regulations. 	March 2022	Cassandra Way (Assistant Manager) Janine Evans (Director)
3.	<ul style="list-style-type: none"> • Cosmetic changes to update to new policy template. • Added section on <i>Roles and Responsibilities</i> to make the existing policy strategies more explicit for all stakeholders. • Added section on <i>Emergency Administration of Medication</i> to make emergency procedures clearer for educators. • Combined the existing <i>Medication Form</i> and <i>Long-Term Medication Form</i> into the one updated <i>Medication Form</i> (and <i>Administration of Medication Record</i>) 	March 2023	Cassandra Way (Assistant Manager) Janine Evans (Managing Director)
3.1.	<ul style="list-style-type: none"> • Checked and updated hotlinks • Fixed typos 	March 2024	Cassandra Way (Assistant Manager)

Version	Amendment(s)	Review Date	Updated By
3.2.	<ul style="list-style-type: none">Updated wording of medication storage in Nominated Supervisor responsibilities to specify asthma reliever medications.Added short section on storage to make storage of medications clearer and easier to find in policy.	May 2024	Cassandra Way (Assistant Manager) Janine Evans (Managing Director)
3.3.	<ul style="list-style-type: none">Section on self-administration of medication added for OOSH children.Checked and updated hotlinksFixed grammatical errors and cleaned up format for clarity.	May 2025	Cassandra Way (Assistant Manager) Janine Evans (Managing Director)