

ADMINISTRATION OF MEDICATION POLICY

Best Practice – Quality Area 2

1.0 Purpose

1.1 This policy will clearly define the:

- a) Procedures to be followed when a child requires medication while attending a Bethany Kindergarten Services (BKS) service.
- b) Responsibilities of educators, parents/guardians and BKS as the Approved Provider to ensure the safe administration of medication at a BKS service.

2.0 Values

2.1 BKS is committed to:

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

3.0 Scope

3.1 This policy covers the administration of both prescribed and non-prescribed medication at a BKS service, including during offsite excursions and activities.

3.2 This policy applies to BKS as the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of BKS.

4.0 Background

4.1 Authorisation to administer medication

4.1.1 As a rule, medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

4.1.2 In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the Anaphylaxis Policy and Asthma Policy. In this circumstance, the child's parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (Regulation 94).

4.1.3 In the case of all other emergencies, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

4.2 Administration of medication

4.2.1 BKS as the Approved Provider must ensure that when staff administer medication, they must follow the guidelines of this policy and the procedures outlined in Attachment 1 – Procedures for the safe administration of medication.

4.2.2 A medication record¹ must be completed with the following information:

- a) The name of the child

¹ A template of a medication record can be downloaded from: www.cecqa.gov.au

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- b) The authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- c) The name of the medication to be administered
- d) The time and date the medication was last administered
- e) The time and date or the circumstances under which the medication should be next administered
- f) the dosage of the medication to be administered
- g) The manner in which the medication is to be administered
- h) If the medication is administered to the child, the:
 - i) dosage that was administered;
 - ii) manner in which the medication was administered;
 - iii) time and date the medication was administered;
 - iv) name and signature of the person who administered the medication; and
 - v) name and signature of the person who checked the dosage, if another person is required under Regulation 95 to check the dosage and administration of the medication.

5.0 Definitions

5.1 **Approved first aid qualification:** A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

5.2 **Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

5.3 **Infectious disease:** A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

5.4 **Injury:** Any harm or damage to a person.

5.5 **Medication:** Prescribed and non-prescribed medication as defined below.

5.6 **Non-prescribed medication:** Over-the-counter medication, including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

5.7 **Prescribed medication:** Medicine, as defined in the Therapeutic Goods Act 1989 (Cth), that is:

- a) Authorised by a health care professional
- b) Dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.

5.8 **Medication record:** Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

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6.0 Responsibilities

6.1 BKS as the Approved Provider and Person with Management or Control are responsible for:

- a) Ensuring that medication is only administered to a child being educated and cared for by the service unless it is authorised, except in the case of an anaphylaxis or asthma emergency (Regulations 93,94)
- b) Ensuring that the medication is administered in accordance with Attachment 1 – Procedures for the safe administration of medication (Regulation 95)
- c) Ensuring that a medication record that meets the requirements set out in Regulation 92(3) is available at all times for recording the administration of medication to children at the service (Regulation 92). Refer to:
 - i. [BKS Daily-Medication-Authorisation.pdf](#)
 - ii. [BKS Weekly-Medication-Authorisation.pdf](#)
- d) Ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (Regulation 93(2))
- e) Ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
- f) Ensuring that at least one educator on duty has a current approved first aid qualification (Regulation 136). (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, BKS recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
- g) Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (see Attachment 1 – Procedures for the safe administration of medication)
- h) Ensuring that all educators are familiar with the procedures for the administration of medication (see Attachment 1 – Procedures for the safe administration of medication)
- i) Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (Regulation 183(2)(d))

6.2 The Nominated Supervisor or Person in Day to Day charge is responsible for:

- a) Ensuring that medication is only administered to a child where authorisation has been provided, except in the case of an anaphylaxis or asthma emergency (Regulations 93, 94)
- b) Ensuring that the medication is administered in accordance with Attachment 1 – Procedures for the safe administration of medication (Regulation 95)
- c) Ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
- d) Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- e) Being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans, are completed and attached to the child's enrolment form (Regulation 162), and displayed for use by those caring for children (being sensitive to privacy requirements)
- f) Documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)
- g) Informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, educators forgot

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to administer the medication or the medication was administered at the wrong time. Educators must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs

- h) Informing parents/guardians 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

6.3 Other educators are responsible for:

- a) Ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child (Regulation 160(3)(iv))
- b) Administering medication in accordance with Regulation 95 and the guidelines set out in Attachment 1 – Procedures for the safe administration of medication
- c) Communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours
- d) Ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with Regulation 92(3) prior to administering medication
- e) Obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (Regulation (93)(5)(b))
- f) Ensuring that two educators are present when verbal permission to administer medication is received, and that details of this verbal authorisation are completed in the medication record
- g) Ensuring that verbal permission is followed up with a written authorisation as soon as is practicable

6.4 Parents/guardians are responsible for:

- a) Ensuring that any medication to be administered is recorded in the medication record kept at the service premises
- b) Providing 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
- c) Ensuring that prescribed 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 (Regulation 95(a)(i))
- d) Ensuring that medications to be administered at the service are within their expiry date
- e) Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided
- f) Clearly labelling non-prescription medications and over-the-counter products (for example sun block and nappy cream) with the child's name. The instructions and use-by dates must also be visible
- g) Ensuring that no medication or over-the-counter products are left in their child's bag or locker
- h) Informing the staff 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

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- i) Ensuring that their child's enrolment details are up to date, and providing current details of persons who have lawful authority to request or permit the administration of medication.

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

7.0 Evaluation

7.1 In order to assess whether the values and purposes of the policy have been achieved, BKS as the Approved Provider will:

- a) Seek feedback from everyone affected by the policy regarding its effectiveness
- b) Monitor the implementation, compliance, complaints and incidents in relation to this policy
- c) Keep the policy up to date with current legislation, research, policy and best practice
- d) Revise the policy and procedures as part of the service's policy review cycle, or as required
- e) Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

8.0 Attachments

8.1 Attachment 1: Procedures for the safe administration of medication

8.2 Attachment 2: Administration of paracetamol

9.0 Related Bethany policies and procedures

9.1 Bethany Kindergarten Services Ltd.:

- a) Administration of First Aid Policy
- b) Anaphylaxis Policy
- c) Asthma Policy
- d) Dealing with Infectious Diseases Policy
- e) Dealing with Medical Conditions Policy
- f) Enrolment and Orientation Policy
- g) Excursions and Service Events Policy
- h) Incident, Injury, Trauma and Illness Policy
- i) Privacy and Confidentiality Policy

10.0 Relevant legislation and standards

10.1 Relevant legislation and standards include but are not limited to:

- a) Education and Care Services National Law Act 2010
- b) Education and Care Services National Regulations 2011
- c) Health Records Act 2001 (Vic)
- d) National Quality Standard, Quality Area 2: Children's Health and Safety
- e) Occupational Health and Safety Act 2004 (Vic)
- f) Public Health and Wellbeing Act 2008 (Vic)
- g) Public Health and Wellbeing Regulations 2009 (Vic)
- h) Therapeutic Goods Act 1989 (Cth)

11.0 Sources

- a) VMIA Insurance Guide and FAQs, Community Service Organisations insurance program: www.vmia.vic.gov.au
- b) Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011 www.acecqa.gov.au
- c) Guide to the National Quality Standard (ACECQA) www.acecqa.gov.au

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- d) Allergy & Anaphylaxis Australia: www.allergyfacts.org.au
- e) Asthma Australia: www.asthmaaustralia.org.au
- f) Healthdirect: www.healthdirect.gov.au

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ATTACHMENT 1 - Procedures for the safe administration of medication

Two educators are responsible for the administration of any medication². At least one of these educators must hold a current approved first aid qualification.

One educator will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other educator will administer the medication (Regulation 95(c)).

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

Procedure for administration of medication

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
2. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
3. Check that *prescription medication*:
 - a) is in its original container, bearing the original label and instructions
 - b) is the correct medication, as listed in the medication record
 - c) has the child's name on it (if the medication was prescribed by a registered medical practitioner)
 - d) is the required dosage, as listed in the medication record
 - e) has not passed its expiry date.
4. Check that *non-prescription medication*:
 - a) is in the original container, bearing the original label and instructions
 - b) is the correct medication, as listed in the medication record
 - c) has the child's name on it
 - d) is the required dosage, as listed in the medication record
 - e) has not passed its expiry date.
5. When administering the medication, ensure that:
 - a) the identity of the child is confirmed and matched to the specific medication
 - b) the correct dosage is given
 - c) 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
 - d) both educators complete the medication record (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required
 - e) the Early Childhood Teacher informs the parent/guardian on arrival to collect the child that medication has been administered and ensures that the parent/guardian completes the required details in the medication record.

² Note: under Regulation 95(c), this is not a requirement in an education and care service that is permitted to have only one educator to educate and care for children.

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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/guardians may authorise the administration of the medication for a defined period. In these cases:

- a) 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)
- b) the medical management plan should define:
 - i. the name of the medication, dosage and frequency of administration
 - ii. conditions under which medication should be administered
 - iii. what actions, if any, should be taken following the administration of the medication
- iv. when the plan will be reviewed
- c) when medication is required under these circumstances, educators/staff should:
 - i. follow the procedures listed above
 - ii. ensure that the required details are completed in the medication record
 - iii. notify the parents as soon as is practicable.

Refer to the *Dealing with Medical Conditions Policy* for further information.

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ATTACHMENT 2 - Administration of paracetamol

There may be times when a child develops a fever and/or becomes unwell while at the service. It is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child, and taking a precautionary approach, request the parent/carer collect their child from the service as soon as possible.

If a child has any of the following symptoms of coronavirus (COVID-19) outlined below, however mild, they should get tested and must remain at home until they receive their results:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell and taste
- In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

If a staff member is unsure whether a child is unwell, a trained staff member could take the temperature of the child, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.

While the service is waiting for the child who may be experiencing compatible symptoms with coronavirus (COVID-19) to be collected by the parent/guardian, staff will use precautionary measures, such as:

- isolate the unwell child in an appropriate space with suitable supervision
- encourage the intake of fluids, to keep the child cool, comfortable and well hydrated
- practice hand hygiene, physical distancing and where possible utilise a face mask
- face masks should not be used in situations where a child is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children)
- follow the cleaning protocols of your COVID Safe Plan to ensure the area the child was waiting is disinfected.

Children with persistent symptoms due to underlying conditions such as hay fever or asthma whose symptoms are clearly typical of their condition can continue to attend the service. Parents should consider getting a medical certificate from their GP to attend the service if they have persistent symptoms that may overlap with symptoms of COVID-19 such as cough or runny nose.

If a child requires paracetamol and has returned a COVID negative result, families will be required to provide written and signed consent for the administration paracetamol.

If parents/guardians request that educators/staff administer paracetamol, 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 and ensure that the child has not had any other medicine containing paracetamol in the last four hours
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation

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- 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.

References

Victorian State Government (February 2021), *Managing illness in schools and early childhood*: <https://www.coronavirus.vic.gov.au/managing-unwell-child-or-staff-member>

Royal Children's Hospital Melbourne (July 2020), *Fever in children*:
https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Royal Children's Hospital Melbourne (July 2020), *Pain relief for children – paracetamol and ibuprofen*: https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/