

## Medication Policy

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### 1. Policy Statement

#### Values

NERPSA is committed to:

- as far as practicable, providing a safe and healthy environment for all children, staff and other persons participating in the program
- responding to the needs of a child who is ill or becomes ill while attending an individual kindergarten participating in the NERPSA cluster
- ensuring safe and appropriate administration of medication in accordance with legislative requirements.

#### Purpose

This policy will clearly define:

- procedures to be followed when a child requires medication while attending an individual kindergarten participating in the NERPSA cluster
- responsibilities of NERPSA, individual kindergartens and their staff and parents/guardians to ensure the safe administration of medication at the NERPSA group of cluster kindergartens.

### 2. Scope

This policy applies to the administration of prescribed and non-prescribed medication. It pertains to the individual kindergartens, staff, parents/guardians, children, volunteers and students on placement at NERPSA cluster kindergartens.

### 3. Background and Legislation

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. In the case of an emergency, 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. 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/guardian and/or emergency services must be contacted as soon as possible. When educators are required to administer medication, they must abide by specific regulatory requirements, such as written consent, and must follow the guidelines of this policy and the procedures outlined in Attachment 1 – Procedures for the safe administration of medication.

Relevant legislation and standards include but are not limited to:

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations 2011*

*Health Records Act 2001*

*Occupational Health and Safety Act 2004*

#### 4. Definitions

**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](http://www.acecqa.gov.au)

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

**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.

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

**Medication (prescribed):** Medicine, as defined in the *Therapeutic Goods Act 1989* (Cth), that is: authorised by a health care professional

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.

**Medication (non-prescribed):** 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.

**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.

#### 5. Sources And Related NERPSA Policies

VMIA Insurance Guide, Community Service Organisations program: [www.vmia.vic.gov.au](http://www.vmia.vic.gov.au)

*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (ACECQA, Oct 2011)

*Guide to the National Quality Standard* (ACECQA, Oct 2011)

- National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at [www.nhmrc.gov.au/guidelines](http://www.nhmrc.gov.au/guidelines) or email [nhmrc.publications@nhmrc.gov.au](mailto:nhmrc.publications@nhmrc.gov.au). (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- Anaphylaxis Australia: [www.allergyfacts.org.au/foodalerts.asp](http://www.allergyfacts.org.au/foodalerts.asp)
- Asthma Foundation Australia: [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- HealthInsite: [www.healthinsite.gov.au](http://www.healthinsite.gov.au)
- Immunise Australia Program: [www.immunise.health.gov.au](http://www.immunise.health.gov.au)
- National Health and Medical Research Council: [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- National Prescribing Service: [www.nps.org.au](http://www.nps.org.au)
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Excursion Policy*
- *Dealing with medical Conditions Policy*
- *Infectious Diseases Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy Policy*

#### 6. Procedures

NERPSA is responsible for:

- 6.1. 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 the template *Medication Record* (p.171) in the *Guide to the Education and Care Services National*

*Law and the Education and Care Services National Regulations 2011* or visit <http://acecqa.gov.au/resources-and-templates/>

- 6.2. Ensuring that at least one educator on duty has a current approved first aid qualification (Regulation 136)
- 6.3. 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)
- 6.4. Ensuring that all educators are familiar with the procedures for the administration of medication
- 6.5. 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)).

Educators are responsible for:

- 6.6. Ensuring that medication is only given to a child where authorisation has been provided, and medication is administered in accordance with legislation and this policy (Regulation 93(3))
- 6.7. 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))
- 6.8. Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- 6.9. 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, and displayed for use by those caring for children (being sensitive to privacy requirements)
- 6.10. 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)
- 6.11. Informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose as prescribed in the medication record, staff forgot to administer the medication or the medication was administered at the wrong time. Staff 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
- 6.12. 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
- 6.13. Informing parents/guardians that paracetamol is not supplied by the individual Kindergarten and that the administration of paracetamol will be in line with the administration of all other medication (refer to Attachment 2 – Administration of paracetamol).
- 6.14. Ensuring 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 (Regulation 160(3)(iv))
- 6.15. Administering medication in accordance with Regulation 95 and the guidelines set out in Attachment 1 – Procedures for the safe administration of medication
- 6.16. 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
- 6.17. 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
- 6.18. 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))
- 6.19. Ensuring that two staff members, one of whom must be a teacher, are present when verbal permission to administer medication is received, and that details of this verbal authorisation are completed in the medication record
- 6.20. Ensuring that verbal permission is followed up with a written authorisation as soon as is practicable
- 6.21. 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))

Parents/guardians are responsible for:

- 6.22. Ensuring that any medication to be administered is recorded in the medication book provided at the individual kindergarten
- 6.23. Providing a current medical management plan when their child requires the long-term treatment of a condition that requires medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency
- 6.24. Ensuring that prescribed medications to be administered at the individual kindergarten are provided in their original container, bearing the original label, child's name, instructions and the expiry date
- 6.25. Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided
- 6.26. Labelling non-prescription medications and over-the-counter products (eg: sun block) clearly with the child's name. The instructions and use-by-dates to be visible
- 6.27. Ensuring that no medication or over-the-counter products are left in their child's bag or locker
- 6.28. Taking home all medication at the end of each session/day unless noted specifically in the child's specific medication plan (eg: ventolin, Epi-pen)
- 6.29. Not administering paracetamol to their child before bringing them to the individual kindergarten as that may mask symptoms of a more serious illness developing and produce a rapid rise in body temperature when the effect of the paracetamol subsides
- 6.30. Ensuring child is well enough to attend kindergarten
- 6.31. 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

## **7. Evaluation**

In order to assess whether the values and purposes of the policy have been achieved, NERPSA will:

- Seek feedback regarding the effectiveness of the policy
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Keep the policy up to date with current legislation, research, policy and best practice
- Revise the policy and procedures as part of the service's policy review cycle, or as required.

## **8. Authorisation**

The policy was adopted by NERPSA on May 10<sup>th</sup> 2010.

## **9. Review Date**

The policy shall be reviewed every two years from date of adoption.

## **Attachments**

Attachment 1: Procedures for the safe administration of medication

Attachment 2: Administration of paracetamol

## Attachment 1

### Procedures for the safe administration of medication

Two persons (one of whom must be an educator) are responsible for the administration of any medication. At least one of these persons 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 (Regulation 95(c)). 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

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 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
  - is the required dosage, as listed in the medication record
  - has not passed its expiry date.
4. 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 (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required
  - the Nominated Supervisor or Certified Supervisor 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.

#### 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 (up to twelve 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
- ensure that the required details are completed in the medication record
- notify the parents as soon as is practicable.

**ATTACHMENT 2****Administration of paracetamol**

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.

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.

In the case of a high fever, parents/guardians 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/guardian, staff will use measures, such as removing clothing and encouraging the intake of fluids, to keep the child cool, comfortable and well hydrated.

Paracetamol 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/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
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- 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.

Educators *will not*:

in any circumstance, administer paracetamol to a child under the age of six months 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.

**Reference**

Royal Children's Hospital Melbourne (2011), *Fever in children*, viewed 16 May 2012:  
[www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=5200](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200)