



Kinburra Preschool

# Administration of Medication Policy

In supporting the health and wellbeing of children, the use of medications may be required for children at Kinburra Preschool. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety and wellbeing for the child.

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications



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170	Policies and procedures are to be followed
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### RELATED POLICIES

Administration of First Aid Policy Arrival and Departure Policy Control of Infectious Disease Policy Child Protection Policy Code of Conduct Policy Diabetes Management Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Illness, Accident and Trauma Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Sick Children Policy Supervision Policy Work Health and Safety Policy
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### PURPOSE

To ensure all educators of the Service can safely administer children's required medication with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at Kinburra Preschool.

### SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

### IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Service to ensure the safety of children and educators. The Service will follow legislative guidelines and adhere to the National Quality Standards 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



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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*).

#### 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.
- the Administration of the Authorised Medication Record is completed for each child.
- a separate form must be completed for each medication if more than one is required.
- medication is only administered by the Service with written authority signed by the child's parent / guardian or other responsible person named in the child's enrolment record that is authorised by the child's parents / guardian to make decisions about the administration of medication [Regulation 92(3)(b)].
- medication is provided by the child's parents/ guardians including the following guidelines –
  - The administration is authorised by a parent or guardian;
  - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner.)
  - Medication is from the original container/packaging;
  - Medication has the original label clearly showing the name of the child;
  - Medication is before the expiry/use by date;
  - Any instructions attached to the medication or related to the use of the medication.
- any person delivering a child to the Service must not leave medications in the child's bag or locker.
- medication is given directly to an educator for appropriate storage upon arrival.
- written and verbal notifications are given to a parent / guardian 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 and emergency services are notified as soon as practicable.



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- 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.
- enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- reasonable steps are taken to ensure that medication records are maintained accurately.
- medication forms are kept in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time.
- children's privacy is maintained, working in conjunction with the Australian Privacy Principles (APP).
- educators receive information about the medical and medication policies and procedures during their induction.
- to request written consent from families on the enrolment form to administer Emergency Asthma management if required.
- families are informed of the Service's medical and medication policies.
- 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 authorisation of a parent / guardian or person with authority – except in the case of an emergency, when the verbal consent from an authorized person, a registered medical practitioner or medical emergency services will be acceptable if the parents / guardian cannot be contacted.
- ensure that medications are stored in the refrigerator in a labelled and child-proof medication container, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and child-proof medication container, also inaccessible to children.
- adrenaline autoinjectors should be kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and **not** locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline autoinjector.



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- ensure that two educators administer and witness medications at all times. One of these educators must have current approved First Aid qualifications including Anaphylaxis and Asthma management in accordance with current legislation and regulations. Both educators are responsible for:
  - Checking the medication form
  - Checking the prescription label and the amount of medication being administered
  - Checking the use-by date
  - Signing and dating the medication form
  - Returning the medication back into the locked medication container
- follow hand-washing procedures before and after administering medication.
- ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label.
- ensure that the Medication Record is completed and stored correctly, including name and signature of witness.
- 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:

- notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short and long-term medication use.
- assist Educators to complete long-term medication records in accordance with the medical practitioner completing and signing the plan.



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- update long term medication records quarterly or as the child's medication needs change.
- complete and sign an *Administration of Medication Record* for their child requiring any medication whilst they are at the Service.
- be requested to sign consent to use creams and lotions (list of items in the first aid kit provided at enrolment) should first aid treatment be required.
- be required to 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.
- keep children away from the Service while any symptoms of an illness remain.
- keep children away from the Service for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
- NOT leave any medication in children's bags.
- give any medication for their children to an educator who will provide the family with an *Administration of Medication Record* to complete
- complete the *Administration of Medication Record* and the educator will sign to acknowledge the receipt of the medication

### Medications kept at the service

- Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates in unification with the First Aid Checklist.
- A list of first aid kit contents close to expiry or running low will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies.
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- It is the family's responsibility to take home medication.
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE.



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- Families are required to complete a medication form for lotions to be administered. (Long-term medication form).

### Emergency Administration of Medication

- In the occurrence of an emergency and where the administration of medication must occur, the Service must attempt to receive verbal authorisation by a parent / guardian of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.
- If a parent / guardian of a child is unreachable, the Service will endeavor 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 Service 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/ guardian 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. [National Asthma Council (NAC) or ASCIA].
- 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 (eg: Ventolin) using a spacer if required.
  - repeat every 4 minutes until the ambulance arrives



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- 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

(Sydney Children's Hospitals Network – 2020)

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 (if an ambulance was called).
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

### Source

Australian Children's Education & Care Quality Authority. (2014).

Australian society of clinical immunology and allergy. ascia. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Australian Government Department of Education, Skills and Employment. (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (2011).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017). (amended 2020).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).



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NSW Department of Health: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Revised National Quality Standard. (2018).

The Sydney Children’s Hospital Network (2020)

**REVIEW**

POLICY REVIEWED	APRIL 2021	NEXT REVIEW DATE	APRIL 2022
MODIFICATIONS	<ul style="list-style-type: none"> <li>Review of policy/sources checked for currency</li> <li>Additional information included related to observing children post administration of medication/side effects/management</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2020	<ul style="list-style-type: none"> <li>Rearrangement of some points for better flow</li> <li>Addition of information</li> <li>Inclusion of Medical Management Plan</li> <li>Additional information re: anaphylaxis or asthma emergency</li> </ul>	APRIL 2021	
APRIL 2019	<ul style="list-style-type: none"> <li>Additional information added to points</li> <li>Duplicated information deleted</li> <li>Sources/references updated and alphabetised</li> </ul>	APRIL 2020	
APRIL 2018	<ul style="list-style-type: none"> <li>Minor terminology and grammatical adjustments made to further support understanding and implementation</li> <li>Included the list of related policies</li> </ul>	APRIL 2019	