



ADMINISTRATION OF MEDICATION POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending Renown Kindergarten
- responsibilities of teaching staff, parents/guardians and the Approved Provider to ensure the safe administration of medication at Renown Kindergarten.

POLICY STATEMENT

1. VALUES

Renown Kindergarten is committed to:

- providing a safe and healthy environment for all children, teaching staff and other persons attending the service
- providing a clear set of guidelines in relation to the administration of first aid at the service
- ensuring that the service has the capacity to deliver current approved first aid, as required.

2. SCOPE

This policy covers the administration of both prescribed and non-prescribed medication at Renown Kindergarten, including during offsite excursions and activities.

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Renown Kindergarten.

3. BACKGROUND AND LEGISLATION

Authorisation to administer medication

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.

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).

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.

Administration of medication

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.

A medication record¹ must be completed with the following information:

- a) the name of the child
- 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:
 - i) the dosage that was administered
 - ii) the manner in which the medication was administered
 - iii) the time and date the medication was administered
 - iv) the name and signature of the person who administered the medication
 - v) the 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.

Services which provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. Where a service chooses to allow self-administration of medication, the Approved Provider must consider the risks associated with this practice and their duty of care, and develop appropriate guidelines to clearly specify the circumstances under which such permission would be granted and the procedures to be followed by staff at the service.

Legislation and standards

Relevant legislation and standards include but are not limited to:

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

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

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.cecqa.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).

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: www.cecqa.gov.au/qualifications/requirements/first-aid-qualifications-training

First aid kit: The Compliance Code *First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit. *First aid in the workplace* is available at:

www.worksafe.vic.gov.au

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- name and age of the child
- circumstances leading to the incident, injury, trauma or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

These details need to be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

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.

Resuscitation flowchart: Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation. The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: <https://resus.org.au/guidelines/flowcharts-3/>

Injury: Any harm or damage to a person.

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

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.

Prescribed medication: 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.

Serious incident: A serious incident is defined in Regulation 12 as:

- the death of a child while being educated and cared for by the service
- any incident involving an injury or trauma, the illness of a child that requires or ought to have required:
 - attention of a registered medical practitioner, or
 - attendance at a hospital

examples include whooping cough, broken limb, anaphylaxis reaction

- any incident requiring attendance by emergency services
- a circumstance where a child appears to be missing, is unaccounted for, has been removed from the service contrary to the Regulations, or has been locked in or out of the service premises.

The Approved Provider must notify the Regulatory Authority (DET) in writing within 24 hours of a serious incident occurring at the service (Regulation 176(2) (a)). The Notification of a Serious Incident Form (available on the ACECQA website) is to be completed and submitted online using the National Quality Agenda IT System (NQA ITS). Records are required to be retained for the periods specified in Regulation 183.

5. SOURCES AND RELATED POLICIES

Sources

- VMIA Insurance Guide and FAQs, Community Service Organisations insurance program: www.vmia.vic.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* www.acecqa.gov.au
- *Guide to the National Quality Standard* (ACECQA) www.acecqa.gov.au
- Allergy & Anaphylaxis Australia: www.allergyfacts.org.au Asthma Australia: www.asthmaaustralia.org.au
- Healthdirect: www.healthdirect.gov.au

Service policies

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The Approved Provider and Persons with Management or Control are responsible for:

- ensuring that at least one educator on duty has a current approved first aid qualification, anaphylaxis management training and asthma management training (Regulation 136). (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
- assessing the first aid requirements for the service. A first aid risk assessment can assist with this process (refer to Attachment 1 – Sample first aid risk assessment form)
- ensuring that at least one educator with current approved first aid qualifications (refer to *Definitions*) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1) (a)). This can be the same person who has anaphylaxis management training and emergency asthma management training, also required under the Regulations
- appointing an educator to be the **nominated first aid officer**. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees
- advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request
- providing and maintaining an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards (refer to *Definitions*). The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit
- ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101)
- providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
- ensuring that first aid training details are recorded on each staff member's record
- ensuring safety signs showing the location of first aid kits are clearly displayed
- ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements
- ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*)
- ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid (refer to *Incident, Injury, Trauma and Illness Policy*)
- ensuring a resuscitation flow chart (refer to *Definitions*) is displayed in a prominent position in the indoor and outdoor environments of the service
- keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- 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)
- ensuring that the medication is administered in accordance with Attachment 1 – Procedures for the safe administration of medication (Regulation 95)

- 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))
- ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- 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)
- 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)
- informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, 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
- 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
- informing parents/guardians that paracetamol is not supplied by [Service Name] and that the administration of paracetamol will be in line with the administration of all other medication (refer to Attachment 2 – Administration of paracetamol).

The nominated first aid officer is responsible for:

- maintaining a current approved first aid qualification (refer to *Definitions*)
- monitoring the contents of all first aid kits and arranging with the Approved Provider for replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials appropriately
- ensuring a portable first aid kit is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- keeping up to date with any changes in the procedures for the administration of first aid.

All staff are responsible for:

- implementing appropriate first aid procedures when necessary
- maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)
- ensuring that all children are adequately supervised (refer to the *Supervision of Children Policy*) while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensuring that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*)
- notifying the Approved Provider or Nominated Supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training
- conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations

- 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
- ensuring that verbal permission is followed up with a written authorisation as soon as is practicable
- ensuring that parents/guardians take all medication home at the end of each session/day.

Parents/guardians are responsible for:

- ensuring that any medication to be administered is recorded in the medication record kept at the service premises
- 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
- ensuring that the details of authorised persons are kept up to date in the child's enrolment form
- 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))
- ensuring that prescribed medications to be administered at the service are within their expiry date
- physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided
- 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
- ensuring that no medication or over-the-counter products are left in their child's bag or locker
- taking all medication home at the end of each session/day
- informing the service 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
- 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.
- providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required
- being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

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

EVALUATION

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

- regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review the first aid procedures following an incident to determine their effectiveness
- regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
- keep the policy up to date with current legislation, research, policy and best practice
- consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy
- revise the policy and procedures as part of the service's policy review cycle, or as required

- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
- Attachment 2: Administration of paracetamol

AUTHORISATION

This policy was adopted by the Approved Provider of Renown Kindergarten 5/8/2020

REVIEW DATE: 5TH AUGUST 2022



ATTACHMENT 1

Procedures for the safe administration of medication

Two persons (one of whom must be an teacher) are responsible for the administration of any medication². 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 *prescription 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 (if the medication was prescribed by a registered medical practitioner)
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
4. Check that *non-prescription medication*:
 - is in the 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.
5. 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.

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

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 six 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, teaching 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.

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



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 teaching staff administer paracetamol, teaching 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.

Teaching staff *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 (2016), *Fever in children*:
www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200

Royal Children's Hospital Melbourne (2013), *Pain relief for children*:
https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children_-_Paracetamol_and_Ibuprofen/