

## **Medications**

### **- Administering Medication**

#### **Policy Statement**

Meerilinga will support children's health and wellbeing and acknowledges that at times, the use of medications may be required by children attending the Centre. Any medication must be administered as prescribed by a registered medical practitioner and first aid guidelines to ensure continuing health, safety and wellbeing for the child.

#### **Policy Purpose**

We aim to ensure required medication is safely administered to children and with written consent of the child's parent / guardian or authorised nominee. Educators and staff will follow this stringent process to promote the health and wellbeing of each child enrolled at the Centre.

#### **Scope**

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

#### **Exclusions**

Administering medication to children does not apply to non-licensed services such as playgroups or crèche except in the case of a medical emergency.

#### **Policy Review**

At least annually or from time to time the organisation may make changes to this policy to improve the effectiveness of its operation.

#### **Implementation**

Families will be informed of the Medications Policy and Procedures through the enrolment process.

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the organisation to ensure the safety of children and educators. The service will follow legislative guidelines and standards to ensure the health of children, families and educators at all times.

If children are receiving medication at home but not at the service, the service should be advised of the nature of the medication and its purpose, and any possible side effects it may have for the child.

Parents/guardians should consider whether their child who requires medication is well enough to be at the service, and to keep the child at home if unwell.

Families must inform the service if their child is receiving medication at home but not at the service. Information on the nature of the medication, its purpose and any possible side effects it may have for the child.

Whenever possible, medication should be administered by parents/guardians at home. However, this will not always be feasible. Therefore, to ensure children's safety and welfare, the giving of medication at the service will be strictly monitored.

Medication for treatment of long term conditions or illness such as asthma, anaphylaxis, epilepsy, diabetes or ADHD requires a medical management plan from their registered Medical Practitioner.

*Refer to the Medical Conditions Policy and Process*

Parents must notify Educators of any change to their child's medical management plan in accordance with Reg 91 Education and Care Services National Regulations.

Upon enrolment, families may provide a non-medicated nappy rash cream to leave at the service to use on their child if required.

The Centre will provide SPF50+ broad spectrum water resistant sunscreen lotion for application to educators, staff and children. Families may opt to provide an alternative brand for their child's use.

In accordance with regulation 90, all medication including prescribed or over the counter, needs to be recorded on and in accordance with an Authority to Administer Medication form.

Medication will only be administered by the Nominated Supervisor or an appointed Responsible Person holding a current approved first aid qualification.

The term 'Medication' can be defined as either prescribed or non-prescribed.

Medication which include prescription and non - prescription (over the counter) will only be administered if:

- ✓ The child has been given at least one dose of the medication by the parent/guardian at home before it's administered at the service. This is to ensure the child will not have an unexpected reaction to the medication.
- ✓ The Medication Authorisation form has been completed accurately; this includes the reason for the medication, the time of the last dose of the medication and is signed each day by the parent/guardian or an authorised nominee person as stated in the child's enrolment record.

- ✓ In accordance with any instructions provided by a 'Registered Health Practitioner' via the current dispensary label or a written signed explanatory statement letter.
    - Under the Health Practitioner Regulation National Law (WA) Act 2010 – A Registered Health Practitioner means and individual who:
      - (a) Is registered under this Law to practice a health profession, other than as a student;
      - (b) Is qualified to administer, obtain, possess, prescribe, sell, supply or use a schedule of medicine or class of scheduled medicines.
- Registered Health Practitioners under the Law could be but are not limited to a **Doctor, Pharmacist, Dentist, Chiropractor, Nurse, Optometrist, Physiotherapist, Podiatrist or Psychologist.**
- ✓ The medication must be from its original container, bearing the original label and instructions, with the name of the child to whom it's to be administered to and is before the expiry or use by date.

A registered health practitioner must approve continuous use of over-the-counter medications. Pain relief medication can tend to mask symptoms of illness, therefore will only be administered once with good reason in any one day.

### **Administration of Medications and Authority**

Medication will only be administered by the Nominated Supervisor or an appointed Responsible Person holding a current approved first aid qualification if:

1. It is prescribed by a 'Registered Health Practitioner' and has the original pharmacist's dispensing label or an accompanying statement letter from the child's Health Practitioner, detailing the child's name, name of medication, dosage, method, frequency, special instructions or circumstances and expiry date.
2. Medication will only be given in the time frame specified on the label of for the recommended period, not exceeding the expiry date.
3. The parent/guardian has accurately completed and signed a 'Medication Authorisation' form on the day the medication is to be administered which includes the reason the child needs the medication and the time of the last dose.

Before medication is given to a child, the person administering the medication will verify the correct medication, dosage and child with another Educator. The person administering the medication will complete the following details on the authority to administer medication form – date, time, dosage, medication given, person who administered, person who witnessed the administration and signed by both.

Medication must NEVER be put into a child's drink bottle or cup.

Where specific medication requires administration other than an oral route or external application, only the Nominated Supervisor or appointed Responsible Persons that are appropriately and professionally trained by the health practitioner can administer that medication to the child.

Where children require a specific care regime of medication for long term medical health conditions, the parent/guardian in consultation with their registered health practitioner must provide a current written medical management plan for the child.

The service does not allow the children to Self Administer their own medication.

### **Emergency Administration of Medication**

In case of a medical emergency, the service will keep an in-date Epi-Pen JNR and Ventolin medications on the premises in the first aid kit.

In the event of an Anaphylactic or Asthma Emergency situation, emergency first aid procedures will be followed and this may include the administration of Adrenaline (Epi-Pen JNR) or Ventolin. If emergency adrenaline is administered, the Responsible Person at the time will contact emergency services.

A Child Incident Report will be completed for all medical emergencies. The administration of emergency medication will be recorded on the report form and the parent or authorised nominee will be asked to sign upon collection of the child.

If an incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the service or if an ambulance was called in response to the emergency, the Regulatory Authority will be notified within 24 hours of the incident.

### **Multiple Medications**

A child who is unwell to the point of needing more than one medication, may be deemed unfit for child care. In this case, the family must provide a registered health practitioners clearance certificate stating the child is 'fit for child care. The health of other children and staff will not be jeopardised.

An exception to the above statement is where a child is on regular medication for chronic conditions e.g. insulin, anti-epileptic medications etc may be prescribed more than one medication and is deemed as fit for child care. The child will have a Medical Management Plan in place together with a Risk Mininisation and Communication Plan and the same processes apply for administering these medications.

### **Storage and Disposal of Medications**

All medication must be labelled clearly with the child's name.

Medication for children diagnosed with a medical condition will be provided by the parent / guardian and stored at the Centre for each care session the child is in attendance eg:

Epi-Pen for anaphylaxis. Families are responsible for ensuring this medication is within the use by date.

Upon arrival at the Centre, all medications must be given directly to staff for appropriate storage and must NOT be left in a child's bag.

All medication will be stored safely, out of reach of children in the first aid cabinet. If the medication requires refrigerating, it will be stored in the labelled 'Refrigerated Medications' container in the kitchen fridge.

All medications that have been left at the Centre for a long period of time and the child has left the service or it has expired will be taken to a local pharmacy where they can be disposed of appropriately.

It is the parent/guardians responsibility to collect their child's medication and take it home each day.

***Director / Nominated Supervisor / Responsible Person will:***

- Strictly follow the organisations process of administering medication to children.
- Discuss any concerns or doubts about the safety of administering medications with the Quality Advisor or CEO to ensure the safety of the child.
- Not administer any medication without written authorisation from a parent or person with authority – except in the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- Ensure that medications are inaccessible to children and stored appropriately in the first aid box or refrigerator in a labelled medication container.
- Ensure that only the Nominated Supervisor or appointed Responsible person holding a current approved first aid qualification administer medication.
- Ensure the dispenser has accurate measurement to administer the correct dose.
- Ensure the instructions on the Medication Administration form are consistent with the prescription label or the accompanying statement letter.
- Have a staff member witness to verify the administration of medication and they sign the medication administration verification section of the form.
- Wash and dry the spoon/dropper/dispenser and return medication to the correct storage location.
- Follow hand-washing procedures before and after administering medication.
- Ensure that the Medication Record is accurately completed.
- Observe child or any adverse reaction and follow first aid if required.

<b>Medications Process</b>	
<b>Process Owner</b>	<b>CEO</b>
<b>Effective Date</b>	<b>15 March 2019</b>
<b>Date of Last Revision</b>	<b>4 March 2019</b>

<b>Process Details</b>	
	<b>Description</b>
1.	<p><b>Administering Medications</b></p> <p>1. Medication must be prescribed by a <b>Registered Health Practitioner</b>.</p> <ul style="list-style-type: none"> <li>★ Via the dispensary label OR a written signed explanatory statement letter.</li> </ul> <p>Under the Health Practitioner Regulation National Law (WA) Act 2010 - Registered Health Practitioners can be but not limited to a <b>Doctor, Pharmacist, Dentist, Chiropractor, Nurse, Optometrist, Physiotherapist, Podiatrist and Psychologist</b>.</p> <p>2. Check the pharmacist's dispensing label to ensure that it has:</p> <ol style="list-style-type: none"> <li>1. the <b>child's name</b>,</li> <li>2. the <b>name of the medication</b>,</li> <li>3. <b>dosage</b>,</li> <li>4. <b>method</b> (oral, eye, ear, inhaled)</li> <li>5. <b>frequency</b>,</li> <li>6. <b>special instructions or circumstances</b> (with food etc)</li> <li>7. <b>expiry or use by date</b></li> <li>8. <b>storage instructions</b></li> </ol> <p style="text-align: center;"><b>OR</b></p> <p>There is a current accompanying statement letter from the <b>Registered Health Practitioner</b> detailing the above requirements. The child's name must be written on the medication packaging.</p> <p>3. The Parent/Guardian must accurately complete and sign the <b>Medication Authorisation form</b> for the child.</p> <p>4. The parent/guardian must administer at least one dose of the medication with no adverse reaction, at least <b>24 hours</b> prior to the child returning to the service.</p> <p>5. The Nominated Supervisor or Responsible Person administering the medication must ensure another staff member has witnessed the correct child, medication, dosage and signed the Medication Authorisation form.</p> <p>6. The Nominated Supervisor or Responsible Person will ensure the relevant 'administered' section of the Medication Authorisation form is complete, the medication is safely stored away and the family is informed the child has received their medication.</p> <p>7. A registered health practitioner must approve continuous use of over-the-counter medications. Pain relief medication will only be administered once with good reason in any one day.</p>

## Associated Documents

### Meerilinga Policy Manual

- Preface - Section 1 - Strategic and Business Planning Policies (Code of Ethics & Conduct)
- Section 2 - Human Resources Policies
- Section 3 - Finance, Assets and Administration Policies
- Section 6 - Children's Program Policies
  - *Staffing*
  - *Communication Plan*
  - *Child Safe Environment*
  - *Nutrition and Beverages*
  - *Supervision*
  - *Excursions*
  - *Emergency Management*
  - *Illness and Infectious Disease*
  - *Medical Conditions*
- Section 7 - Workplace Health and Safety Policies
  - *Workplace Health and Safety*
  - *Use and Storage of Dangerous Products*
  - *Safe Disposal of Dangerous Products*
- Section 8 - Guidelines

- Medical Management Plan
- Risk Minimisation and Communication Plan
- Ongoing Excursion Risk Management Plan (*updated annually*)

## Guidelines for Advisors

All medication that is administered to children will be done in accordance with this Policies stringent process for administering medications.

Medication is provided by the child's parents including the following guidelines –

- The administration is authorised by a parent/guardian or authorised Nominee;
- Medication is prescribed by a registered health practitioner (with instructions either attached to the medication, or in written accompanying statement letter from a registered health practitioner.)
- Medication is from the original container;
- 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

If an incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the service or if an ambulance was called in response to the emergency, the Regulatory Authority will be notified within 24 hours of the incident.

## Records Management

Title	Location	Responsible Officer	Minimum Retention Period
Medication Authorisation Form	CFC	Nominated Supervisor	3 years from exit
Medical Management Plan	CFC	Nominated Supervisor	3 years from exit
Risk Minimisation and Communication Plan	CFC	Nominated Supervisor	3 years from exit
Ongoing Excursion Risk Management Plan	CFC	Nominated Supervisor	1 year from commencement
Child Incident Report	CFC	Nominated Supervisor	Until the child is 25 years old

## Reference

- Education and Care Services National Law Act (WA) 2012 - October 2018
- Education and Care Services National Regulations (WA) 2012 - October 2018
- ACECQA - National Quality Standards - February 2018
- ACECQA - Belonging, Being & Becoming - Early Years Learning Framework
- Code of Ethics - Meerilinga
- Code of Conduct - Meerilinga
- Children and Community Services Act 2004
- Privacy Act 1988
- Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition. Australian Government National Health and Medical Research Council - June 2013 <https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>
- Health Practitioner Regulation National Law (WA) Act 2010 - December 2018
- Occupational Safety and Health Act 1984 and the Occupational Safety and Health Regulations 1996.

## Definitions

Term	Definition
Medication	Either prescribed or non-prescribed

## Mapping Policy and Processes

Education and Care Services National Law (WA) Act 2012	
<b>Section</b>	165, 167, 172, 174, 175

Education and Care Services National Regulations (WA) 2012	
<b>Regulations</b>	12, 85, 86, 87, 88, 89, 91, 92, 93, 94, 95, 96, 97, 98, 100, 136, 145, 146, 150, 160(1)(3)(h), 161, 162, 168, 170, 171, 172, 173, 175, 9(c)(ca), 176(2)(a)(b), 177, 181, 183, 185.

## Standards for RTOs 2015

Vocational Education and Training is a significant contributor to Australia's economy domestically, being the primary mechanism to meet the skilling needs of the Australian community. The standards give the community confidence that RTOs are delivering quality training and assessment that is highly regarded both locally and overseas.

<b>Policy Area</b>	<b>National Quality Standards Early Childhood</b>	<b>National Standards for Volunteering Involvement 2015</b>	<b>Standards to Community Services</b>	<b>Standards to Family Support</b>
Children's Programs	QA 2 - 2.1, 2.1.1, 2.1.2, 2.2, 2.2.1, 2.2.2. QA 4 - 4.2.2. QA 5 - 5.1.2, 5.2.2 QA 6 - 6.1.1, 6.1.2, 6.1.3, 6.2.2, 6.2.3. QA 7 - 7.1, 7.1.1, 7.1.2, 7.1.3, 7.2, 7.2.1, 7.2.3.	N/A	N/A	N/A