

## WCS Children's Services

### HEALTH - Administration of Medication Policy

#### Purpose

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The National Health and Medical Research Council (NHMRC), Communicable Disease Control section and Staying Healthy in Childcare 2013 recommend that children who are physically unwell be excluded from early childhood education and care services to minimise disease outbreaks. It also details the exclusion periods which apply for children with particular infectious diseases.

An unwell child – able to play quietly with toys at home with one or two siblings – may find it difficult to interact with other children, share toys, take part in routines and cope with the noise level in a childcare centre. In most instances, for a child who is unwell, the best place to recover is at home.

However, it is reasonable that, from time to time, children may require basic medical treatment or need to be given medication while they are in care. Medication is any treatment agreed to in writing by the parents/guardians. In addition, children with certain medical conditions (e.g. asthma, allergies, diabetes) may need scheduled or unscheduled administration of medication.

#### Policy Statement

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The Service maintains close and regular communication with parents/guardians and takes an informed and responsible team approach to administering medication to children, and documenting that process. In addition the Service has clear guidelines for managing medical conditions such as asthma, diabetes, anaphylaxis and other specific health care needs.

The Service is unable to accommodate children who require a care regime or medical procedures that educators are not trained to deliver.

#### Strategies and Practices

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- Parents/guardians complete an *Enrolment Form* prior to their child commencing at the Service. The form requires parents/guardians to provide details of their child's known medical conditions or specific health care needs (e.g. asthma, diabetes and anaphylaxis). Where a child has a known medical condition or requires specific health care, the parent/guardian must provide the Service with a copy of an Action Plan which has been completed in consultation with a medical practitioner as well as a Child Risk Management Plan before the child may commence at the Service.
- Any child whose doctor has prescribed medication for a specific health care need, allergy or relevant medical condition, cannot attend the Service without that medication. Refer to the Centre's *Medical Conditions Policy*.

- The supervisor/educator informs all educators and volunteers of the Child Risk Management Plan/Action Plan for any child in the Service, and the whereabouts of that Plan. At that time, the supervisor/educator clarifies the nature of the medical condition and how it is to be managed. With parental/guardian consent, copies of each child's Risk Management Plan which includes a photograph of the child are displayed in strategic locations throughout the Service.
- The Service is allergy aware, and educators take all reasonable steps to try to ensure that nut products are not brought in or consumed at the Service (except in Family Day Care).
- Children are encouraged not to share food.
- All cooking activities – handling, preparation, consumption of food – take into account children's individual needs and known allergies.
- Families of children with medical conditions or specific health care needs are provided with a copy of this *Administration of Medication Policy*.
- Medication brought in must be in the original container, include the child's name, bear the original label and instructions, and be in date (before the expiry or use by date).
- Before any medication is administered, the parent/guardian or person named in the enrolment form as authorised to consent to administration of medication must complete the service's Medication Form. The details on the form must be the same as those on the label on the medication, and the person completing the form must print and sign their name on the form. Details to be provided on the form include:
  - child's name;
  - name of the medication to be administered;
  - time and date the medication was last administered;
  - time and date, or the circumstances under which, the medication should be next administered;
  - dosage to be administered;
  - manner in which the medication is to be administered.
- Educators administer medication according to the “Five Rights” (i.e. Right patient, right time, right medication, right dose, right manner). Before medication is given to a child, an educator other than the one administering the medication verifies the accuracy of each of these Five Rights. After giving the medication, the educator who administered the medication enters the following details on the Authorisation to Administer Medication Form:
  - Date;
  - Time;
  - medication administered;
  - dosage;

- the manner in which the medication was administered;
- name of the educator who administered it;
- the name of the educator who verified.

The form is then signed by both educators. A single educator is required only in Family Day Care.

- Whenever medication is administered, educators continuously monitor the well-being of the child concerned.
- Educators wash their hands immediately before and after administering medications, and wear gloves when applying creams.
- Parents/guardians are to hand medications directly to an educator. Medication of any kind is never to be left in a child's lunchbox or bag (with exception of Out of School Hours Care where children are at times responsible for their own medication such as Ventolin).
- Medication is stored securely away from children but accessible to educators, and according to the instructions on the label. Children responsible for self-administering medication may carry their medication with them.
- Educators intentionally teach children that medication is sometimes required to support health, and even to maintain life. At the same time, they teach the children about the dangers of touching or using medications and/or equipment meant for others.
- Medication may be administered to a child without authorisation in the case of anaphylaxis or asthma emergency. When medication has been administered, the supervisor ensures that the child's parent(s)/guardian(s), and emergency services, are notified as soon as practicable. If the child is under a Child Risk Management Plan or Action Plan, the parent will also be advised to consult their doctor with a view to updating that Plan.
- The Service's rosters ensure sufficient educators with current first-aid and CPR qualifications and trained in asthma and anaphylaxis management are at the service at all times children are in care. Refer to the *Service Incident, Injury, Trauma and Illness Policy*.
- Educators are not asked to provide special care or medical procedures for which they are not trained.
- Parents/guardians are asked to sign "permission to administer paracetamol in the event of an emergency" on enrolment forms. If a child develops a temperature of 38 degrees Celsius or above while at the Service, the parent/guardian or authorised emergency contact is contacted. A second educator confirms that verbal permission has been obtained by the caller (with the exception of Family Day Care). If paracetamol is administered, the child is to be collected as soon as possible. The parent/guardian or authorised emergency contact is to sign the Incident and Medication forms when the child is collected.
- If a Service has children who administer their own medication, the Service will review its practises to meet that need.

## Responsibilities of parents/guardians

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- To keep the Service informed of any changes to their child's medical condition.
- To ensure the Child Risk Management Plan for their child is reviewed every twelve months, and to inform the Service of any change in their child's medical condition and/or in the Plan in the interim.
- To ensure that sufficient medication for their child's specific health care need, allergy or relevant medical condition is at the Service whenever the child is in attendance.
- To complete the authorisation to administer medication form as required.
- To ensure any medication brought to the service has been prescribed by a registered medical practitioner is in the original container, bearing the original label and instructions and before the expiry or use by date.
- When leaving a child at the service, to hand medications directly to an educator. Medication of any kind is never to be left in a child's bag, or with any person other than an educator or the supervisor unless it is to be self-administered.
- To advise the Service of any medication brought in to be self-administered and complete the *Medication Form*.
- To collect their unwell child promptly when called to do so, and to sign the required forms at that time.

## Links Education and Care Services National Regulations 2011, National Quality Standard 2018

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Regs	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	90	Medical conditions policy
	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
	96	Self-administration of medication
	160	Child enrolment records to be kept by approved provider and family day care educator
	168	Education and care service must have policies and procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	245	Person taken to hold approved first aid qualification

	246	Anaphylaxis training
	247	Asthma management training

QA	2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

## Sources, further reading and useful websites

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### Sources

- National Health and Medical Research Council. (2013). *Staying healthy in child care: Preventing diseases in childcare. 5th edition.*  
[http://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/ch43.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43.pdf)  
accessed 6 March 2012  
[https://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/ch55\\_staying\\_healthy\\_5th\\_edition\\_150602.pdf](https://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_5th_edition_150602.pdf)
- Tansey, S. (2008). *Illness in child care.* <http://ncac.acecqa.gov.au/family-resources/factsheets/illness.pdf> accessed 6 March 2012.
- Dr. B. Abbey and P. Maclean, NQS - the complete system of policies, procedures and forms, [www.childcarebydesign.com.au](http://www.childcarebydesign.com.au).

### Further reading

- Staying Healthy in childcare 2013 addition
- Part 5 additional fact sheets 2013

### Useful websites

- Anaphylaxis Australia – [www.allergyfacts.org.au/](http://www.allergyfacts.org.au/)
- Asthma Foundation – [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)
- Diabetes Australia – [www.diabetesaustralia.com.au/](http://www.diabetesaustralia.com.au/)
- Diabetes Queensland – [www.diabetesqueensland.org.au/](http://www.diabetesqueensland.org.au/)
- Queensland Health – [www.health.qld.gov.au](http://www.health.qld.gov.au)
- The [Centre for Community Child Health](http://www.rch.org.au/ccch/) – [www.rch.org.au/ccch/](http://www.rch.org.au/ccch/)

Ensure the policy contents are consistent with current research and contemporary views on best practice.

## Policy Review

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This policy is a living document and will be monitored and reviewed as issues are identified or within 24 months. Proposed changes will be circulated and discussed by all programs and any external stakeholders for approval.

### Person Responsible for Review:

Manager, Children's Services

<b>Implementation Date:</b>	3 November 2014	<b>Review Date:</b>	July 2020
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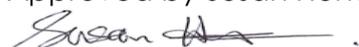
### Modification History

Date	Sections and/or Paragraphs	Source	Details
2015/11	Page 4, paragraph 2	Discussion and review	Addition of administration of paracetamol
2016/08/31	Whole policy	WCS	New format
2018/01	Quality Areas	Revised National Quality Standard 2018	
2018/06	Whole policy	Staying Healthy in Childcare 2013	Reviewed and updated whole policy

### Related Documents

Refer to HR Manual –cross reference to WCS documents such as: WCS Services Guide, WCS Values and Strategic Plan.

Approved by Susan Henderson, Manager, Children's Services.



Date: 16 January 2017