

WCS Children's Services

HEALTH - Administration of Medication Procedure

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 – even if 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 an education and care setting. 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.

Purpose

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.

Scope

This procedure applies to all WCS Children's Services staff, including educators, volunteers and students on placement. References to educators in this document apply to all staff employed to work with children on a permanent, contract or casual basis.

This procedure applies to all children who attend a WCS Children's Service and their parents and guardians.

Procedure

- Parents/guardians complete an *Enrolment Form* prior to their child commencing at the Service. Parents/guardians must provide details of their child's known medical conditions or specific health care needs including but not limited to asthma, diabetes and anaphylaxis.
- This procedure is made available to all families accessing a WCS children's service.
- 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. A *Medical Risk Management Plan* which outlines how the Service will minimise and manage risk must be developed in collaboration with the Service before the child may commence.

- 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*.
- 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).
 - Prescription medication must include a chemist label with specific instructions for the child.
- 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.
- 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 Record*. 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;
 - method in which the medication is to be administered.
- The service will not administer the first dose of any prescribed medication.
- Medication is stored securely away from children but accessible to educators, and according to the instructions on the label.

Administration of medication

- Educators wash their hands immediately before and after administering medications, and wear gloves when applying creams.
- 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 *Medication Record*:
 - medication administered;
 - time;
 - date;
 - dosage;
 - the method 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.
- Whenever medication is administered, educators continuously monitor the well-being of the child concerned.

Self-administration

Services who 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. The Approved Provider must consider the risks associated with this practice and their duty of care when determining under what circumstances such permission would be granted and the procedures to be followed by staff at the Service.

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The location of the medication must be made clear on the *Medication Record* or *Medical Risk Management Plan*. Medication is to be stored at the service, or handed in to the supervisor on arrival at the service.
- An authorisation for the child to self-administer medication is recorded in the *Medication Record* for the child.
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.
- The administration is recorded on the *Medication Record* form and signed by the child (if able) and educator supervising the administration.
- The parent/guardian is made aware of each instance of self-administration and asked to sign the *Medication Record* as acknowledgement.

Emergency administration

- Medication may be administered to a child without authorisation in the case of anaphylaxis or asthma emergency. When medication has been administered in an emergency, the supervisor ensures that emergency services and the child's parent(s)/guardian(s) are notified as soon as practicable. If the child has a *Medical Risk Management Plan* or *Action Plan*, the parent will also be advised to consult their doctor with a view to updating that *Plan*.
- In the case of all other emergencies, educators will seek verbal consent from a parent/guardian, or from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

Service responsibilities

- 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.
- 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.

Paracetamol

The normal temperature range for a child is up to 38 degrees Celsius. 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 fever over 38 degrees Celsius, parents/guardians will be notified and asked to collect the child as soon as possible. Parents/guardians must collect their child within 45 minutes.
- 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 an appropriate first aid or emergency treatment, and will be treated as any other medication, including prior written and signed consent for its administration. Paracetamol will only be administered if the Service is successful in contacting the parent/guardian for consent and confirming the following conditions. Educators will:
 - Administer only to a child who has a temperature above 38.5 degrees Celsius and is in discomfort or pain.
 - Administer only one dose of paracetamol in any instance.
 - Establish when the last time paracetamol or any other medicine containing paracetamol was administered to ensure the child has not had any medicine containing paracetamol in the last four hours.
 - Establish how many times paracetamol has been administered in the previous 24 hours and not exceed the recommended number of doses.
- The child is to be collected as soon as possible, within 45 minutes. If the child has not been collected within 45 minutes, the service may deem it necessary to call for an ambulance. The parent/guardian is to sign the *Incident, Injury and Illness form* and *Medication Record* when the child is collected.

Responsibilities of parents/guardians

- To keep the Service informed of any changes to their child's medical condition.
- To ensure the *Medical 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 *Medication Record* 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.
- To advise the Service of any medication brought in to be self-administered, to hand the medication to an educator, and complete the *Medication Record*.
- 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

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.

Review

Current version

Service line Service area	Children's Services	Version	2.0
Process owner	Director, Children's Services	Date of issue	Oct 2021
Approved by	Vivienne Gould	Scheduled review date	Oct 2023

Modification history (including current version)

Version	Date	Author	Approved by	Description of changes
1.0	Nov 2014		Susan Henderson	Review of policy
1.1	Nov 2015		Susan Henderson	Addition of administration of paracetamol
1.2	Aug 2016		Susan Henderson	New format
1.3	Jan 2018		Susan Henderson	Revised National Quality Standard 2018
1.4	Jun 2018		Susan Henderson	Review in line with Staying Healthy in Childcare 2013
2.0	Oct 2021	Krysta Cordina	Vivienne Gould	Changes to procedures