ADMINISTRATION OF MEDICATION

QUALITY AREA 2 | ELAA version 1.0

PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending Alchester Village Pre School
- storage of medication
- responsibilities of nominated supervisor, early childhood teacher, educators, staff parents/guardians and the approved provider to ensure the safe administration of medication at Alchester Village Pre School.

POLICY STATEMENT

VALUES

Alchester Village Pre School is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff and other persons attending the service
- responding appropriately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration and storage of medication in accordance with legislative and regulatory requirements
- protecting child privacy and ensuring confidentiality
- maintaining a duty of care to children at the service.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Alchester Village Pre School, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that parents/guardians are provided with access to this policy	**R**	√	√		
Communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities	**R**	√	√		

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when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours					
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, anaphylaxis management training and asthma management training.)	**R**	√			
Ensuring that all staff are familiar with the procedures for the administration of medication *(refer to Attachment 1)*	**R**	√	√		
Ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child *(Regulation 160(3)(iv))*	**R**	√	√		
Ensuring that medication is only administered to a child being educated and cared for by Alchester Village Pre School when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency *(Regulations 93, 94)*	**R**	√	√		
Ensuring that a medication record *(refer to Sources)* meets the requirements set out in *Regulation 92(3)* and is always available for recording the administration of medication to children at the service	**R**	√	√		
Ensuring that all details in the medication record *(refer to Sources)* have been completed by parents/guardians/authorised persons in accordance with *Regulation 92(3)* prior to administering medication	**R**	√	√		
Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service *(Regulation 183(2)(d))*	**R**	√	√		
Ensuring that the medication is administered in accordance with *Regulation 95, and 96* if relevant *(refer to Attachment 1)*	**R**	**R**	**R**		
Informing the ECT or educator 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				√	
Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided				√	
Ensuring that no medication or over-the-counter *(refer to Definitions)* products are left in their child's bag or locker				√	
Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)	**R**	√	√		√
Obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised	**R**	√	√		

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person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency *(Regulation (93)(5)(b))*					
Ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally *(Regulation 93(2))*	**R**	√	√		
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))*	**R**	√	√		√
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)	**R**	√	√		√
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				√	
Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions *(refer to Attachment 1)*	√	√	√		
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	**R**	√	√		√
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	√	√	√		
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		√	√		√
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)*	√	√	√		
Ensuring medication is taken home at the end of each session/day. Unless the medication is stored at the service as		√	√	√	√

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part of the child's medical management plan *(refer to Dealing with Medical Conditions Policy)*					
Ensuring that if a child over preschool age at the service is permitted to self-administer medication *(Regulation 96)*, an authorisation for the child to self-administer medication is recorded in the medication record for the child	**R**	√	√		
Determining under what circumstances a child over preschool age will be allowed to self-administer their own medication and ensuring there are appropriate procedures in place for staff to follow in these instances *(Regulation 96) (refer to Dealing with Medical Condition Policy)* (remove if not applicable)	**R**	√			

PROCEDURES

- **Procedures for the safe administration of medication** - *refer to Attachment 1*
- **Administration of paracetamol** - *refer to Attachment 2*

BACKGROUND AND LEGISLATION

BACKGROUND

Authorisation to administer medication

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 these instances, notifications of serious incidents *(refer to Definitions)* must be made to the regulatory authority (DET) *(refer to Definition)* as soon as is practicable but not later than 24 hours after the occurrence *(National Law: Section 174(2), Regulation 175, 176) (refer to Incident, Injury, Trauma and Illness Policy)*.

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 early childhood teachers/educator administers medication, they must follow the guidelines of this policy and the procedures outlined in *Attachment 1*.

A medication record 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

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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:

- 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)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Approved first aid qualification: The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

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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) as a disease that would require the infected person to be excluded from an education and care service.

Injury: Any harm or damage to a person.

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

Non-prescribed/over-the-counter medication: Refers to medicine that you can buy without a prescription, 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.

SOURCES AND RELATED POLICIES

SOURCES

- Australian Children's Education and Care Quality Authority (ACECQA), Medication Record sample template: https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates
- Allergy & Anaphylaxis Australia: https://allergyfacts.org.au/
- Asthma Australia: www.asthma.org.au
- Department of Health: https://www2.health.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
- Healthdirect: www.healthdirect.gov.au

RELATED POLICIES

- Acceptance and Refusal of Authorisation
- Administration of First Aid
- Anaphylaxis and Allergic Reactions
- Asthma
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Epilepsy
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required

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- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

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 Alchester Village Pre School on 27/10/2023.

REVIEW DATE: 27/10/2026

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ATTACHMENT 1. PROCEDURES FOR THE SAFE ADMINISTRATION OF MEDICATION

Medication can **only** be administered:

- if it has been prescribed by a registered medical practitioner, from its original container with the original label including the name of the child for whom it is prescribed, before the expiry or use-by date, or
- from its original container, with the original label and instructions and before the expiry or use-by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.

Two staff, one of whom must be an educator, are responsible for the administration of any medication [1]. 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
    - 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 and monitor the effect of the medication *(Regulation 95(c))*
    - inform the parent/guardian on arrival to collect the child that medication has been administered and ensure that the parent/guardian completes the required details in the medication record.

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. In these cases:

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

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- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (and 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 the plan will be reviewed.
- when medication is required under these circumstances, 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 *Dealing with Medical Conditions Policy* for further information.

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ATTACHMENT 2. ADMINISTRATION OF PARACETAMOL

There may be times when a child develops a fever and/or becomes unwell while at the service. It is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child, and taking a precautionary approach, request the parent/carer collect their child from the service as soon as possible.

If a child has any of the following symptoms of coronavirus (COVID-19) outlined below, however mild, they should get tested and must remain at home until they receive their results:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell and taste
- In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

If a staff member is unsure whether a child is unwell, a trained staff member could take the temperature of the child, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.

While the service is waiting for the child who may be experiencing compatible symptoms with coronavirus (COVID-19) to be collected by the parent/guardian, staff will use precautionary measures, such as:

- isolate the unwell child in an appropriate space with suitable supervision
- encourage the intake of fluids, to keep the child cool, comfortable and well hydrated
- practice hand hygiene, physical distancing and where possible utilise a face mask
- face masks should not be used in situations where a child is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children)
- follow the cleaning protocols of your COVID Safe Plan to ensure the area the child was waiting is disinfected.

Children with persistent symptoms due to underlying conditions such as hay fever or asthma whose symptoms are clearly typical of their condition can continue to attend the service. Parents should consider getting a medical certificate from their GP to attend the service if they have persistent symptoms that may overlap with symptoms of COVID-19 such as cough or runny nose.

If a child requires paracetamol and has returned a COVID negative result, families will be required to provide written and signed consent for the administration paracetamol.

If parents/guardians request that educators/staff administer paracetamol, educators/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 and ensure that the child has not had any other medicine containing paracetamol in the last four hours
- 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.

References

Victorian State Government (February 2021), Managing illness in schools and early childhood: https://www.coronavirus.vic.gov.au/managing-unwell-child-or-staff-member

Royal Children's Hospital Melbourne (July 2020), Fever in children: https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Royal Children's Hospital Melbourne (July 2020), Pain relief for children – paracetamol and ibuprofen: *https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/*

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