

Carina Heights Child Care and Development – Medication

DEVELOPED: March 2019

REVISED – June 2021

REVIEW DATE – Ongoing as required.

POLICY STATEMENT

Our service is committed providing clear guidelines on the administration of medication to children while in attendance at the service to both families and educators to ensure the health, safety and wellbeing of children.

BACKGROUND AND GUIDING PRINCIPLES

“In the interest of children’s safety and wellbeing, the education and care service will only administer medication if it is in its original container with the dispensing label attached. The label should list the child as the prescribed person, the strength of drug and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescription medications (such as teething gels, nappy creams, cough medicines) or prescription medications (such as antibiotics).”

Regulation Requirements

92 Medication Record

A medication record must be kept that includes the following for each child to whom medication is or is to be administered:

- name of the child
- the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child’s enrolment record as authorised to consent to administration of medication
- the name of the medication to be administered
- the time and date the medication was last administered
- the time and date, or the circumstances under which, the medication should be next administered
- the dosage of the medication to be administered
- the manner in which the medication is to be administered
- if the medication is administered to the child:
 - the dosage that was administered
 - the manner in which the medication was administered
 - the time and date the medication was administered
 - the name and signature of the person who administered the medication
 - if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person.

93 Administration of medication

- Must ensure that medication is not administered to a child unless:
 - Administration is authorised; and
 - The medication is administered in accordance with regulation 95 or 96
- Must provide written notice to parent or family member of a child as soon as practicable, if medication is administered to the child under an authorisation
- The administration of medication to a child is authorised if an authorisation to administer the medication:
 - Is recorded in the medication record for that child under regulation 92
 - In the case of an emergency, is given verbally by:
 - A parent or a person named in the child’s enrolment record as authorised to consent to administration of medication; or
 - If a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

94 Exception to authorisation requirement – anaphylaxis or asthma emergency

- Despite regulation 93, medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency.
- If medication is administered under this regulation, the following persons must be notified as soon as practicable:
 - A parent of a child
 - Emergency services

95 Procedure for administration of medication

- medication must be administered:
 - if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or
 - from its original container, bearing the original label and instructions and before the expiry or use by date; and
- the medication must be administered in accordance with any instructions:
 - attached to the medication; or
 - any written or verbal instructions provided by a registered medical practitioner.

96 Self-administration of medication - This service does not facilitate self-administration of medication. Emergency Medication must be provided to educators for safe storage and school-aged children are to alert educators to any need to administer.

For the purpose of defining procedures Medication is broken into 4 categories, each of which has a different form:

- **Prescribed Medication including Oral Medication** – this includes any medication, cream, lotion, powder prescribed by a medical practitioner and also any over the counter and homeopathic products which are taken orally including Bonjella, and other products applied in the mouth which may be ingested.
- **Over the Counter Creams, Lotions and Powders** – this includes any substance applied to the skin which is NOT prescribed by a medical practitioner. Applies to over the counter substances only and includes baby powder, nappy creams, antiseptic creams and cosmetic creams.
- **Emergency Long Term Medication** – this is for medication which is kept at the centre for use in an emergency or ongoing manner. It includes Epi-Pens and Asthma Inhalers. These forms must be completed by a Medical Practitioner and be accompanied by an Action Plan completed by a medical practitioner and Medical Risk Minimisation and Communication Plan.
- **Long Term Non-Emergency Medication** – this is for medication which is required on all days of attendance such as medication for ADHD. It should be accompanied by a letter from the Medical Practitioner which is no older than 12mths.

Forms

These Forms are used depending on the item being supplied for the child:

Type of Medication	Form to be used	Comments
Prescribed Medication including any product given orally except non-prescription teething gels	Medication Administration Form	Form is only current for 5 consecutive days, a new form is required if duration is longer than this period (each new week of care)
Over the Counter Creams, Lotions and Powders including non-prescription teething gels	Non-Prescribed Creams, Lotions, Powders Form	This form covers the administration until the product is no longer supplied and does not expire
Emergency Long-Term Medication	Emergency Long Term Medication Form	This form expires on the 30 th June each year and a new form must be completed. Nominated Supervisors must record on the Emergency Medication Summary Record. An Action Plan and Medical Risk Management and Communication Plan must accompany this Form.
Regular medication over a period in excess of 1mth such as used for ADHD	Non-Emergency Long Term Medication Form	Only valid for one calendar month. Must start a new form each month. The authorisation page must remain attached to the dosage pages. Must be accompanied by a letter from a medical practitioner which is no older than 12mths.
Paracetamol when used in the event of a fever developing whilst in care at the service.	Illness Form with medication form	This is only used when a child in care has a fever as defined in this policy. It also includes a record for administration of paracetamol in the event of an emergency. This form must be signed by the authorised collecting adult and where applicable the emergency services to acknowledge dose given.

Medication (including prescription, over the counter and homeopathic medications) must not be administered to a child at a service without authorisation by a parent or person with the authority to consent to administration of medical attention to the child. In the case of an emergency, it is acceptable to obtain verbal consent from a parent, or a registered medical practitioner or medical emergency services if the child's parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible.

The medication must be administered:

- from its original container before the expiry or use-by date
- in accordance with any instructions attached to the medication or provided by a registered medical practitioner
- for prescribed medications, from a container that bears the original label with the name of the child to whom it is prescribed
- with a second person checking the dosage of the medication and witnessing its administration
- details of the administration must be recorded on the Medication Form.

Managing long-term medication for conditions such as ADHD

Long-term medication for conditions such as ADHD must be accompanied by a doctor's letter or action plan. Medication must be provided in the original container with a chemist label or in a blister pack prepared by a pharmacist. Where medication requires cutting (for example dosage is half a

tablet) the medication must be provided in a blister pack prepared by a pharmacist in the exact dosage required. Educators are not to cut medication to provide smaller doses. The last dose administered must be provided on each occasion. Families must complete upon arrival at the service each

day. Where a child comes from another facility, such as a school or other ECEC service, there must be clear procedures for how the last dose administered is shared with the service in situations where another dose may be required to be given by the service in the afternoon.

Fevers

“It is usually not necessary to reduce a fever, because fever in itself is not harmful. However, medication is sometimes given to ‘bring a fever down’ because there is no doubt that fever can make a person feel miserable. Some studies show that giving medication to reduce the fever can actually slow down the body’s immune response to infection. In most cases, do not worry about treating the fever itself—instead, focus your attention on the way the child looks and behaves, their level of alertness, and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions. Medications to reduce fever include the following:

- **Paracetamol** is often given when a child has a high fever (over 38.5 °C). This does not address the cause of the fever, but can help the child feel better and may bring the temperature down temporarily.
- **Ibuprofen** is another over-the-counter medication that is sometimes used as an alternative to paracetamol. This is also relatively safe, but avoid giving it to vomiting children or asthmatic children.
- **Aspirin** should **never** be given to children because of its side effects—it can cause stomach upsets and gastric bleeding and is associated with a rare but potentially fatal condition called Reye syndrome.

If a child has a fever, ensure they drink plenty of fluids and are not overdressed. Avoid cold-water sponging or cold baths that make the child shiver. If sponging or bathing makes the child feel more comfortable, use lukewarm water.”

“Pain relief for children - paracetamol and ibuprofen

Pain is common in many injuries and illnesses in children, as well as after having an operation (post-operative pain). Your child may need pain-reliever medicine (analgesic), such as paracetamol or ibuprofen, to help reduce or control their pain.

Paracetamol and ibuprofen do not treat the cause of your child's pain; both medicines just relieve the feelings of the pain. It is important to give the correct dose of pain-relieving medicine. Give the dose that is written on the bottle or pack according to your child's weight.

Any infant or child who is unwell, or in moderate to severe pain, should be seen by a doctor to find out the cause.

If your child seems well and is happy, there is no need to treat a fever. A fever helps the body's immune system fight off infection. If your child is miserable or uncomfortable, you can give them paracetamol or ibuprofen to help them feel better.

Overdoses of pain-relieving medicine

- **Paracetamol** is one of the most common medicines taken by children in an accidental overdose. Swallowing a lot of paracetamol mixture or tablets could harm your child's liver, and sometimes their kidneys.
- If too much **ibuprofen** is taken, it can cause stomach upsets, or sometimes it can affect breathing and make a person very drowsy.

If your child has had too much paracetamol or ibuprofen, call the Poisons Information Centre (13 11 26 in Australia) or take them to the nearest hospital emergency department.”

Cough and Cold Medicines

The Therapeutic Goods Administrator advised that from the 1/9/2012 changes were introduced to children’s cough and cold medicines. The changes include:

- Children under 6 years of age requires prescription from the doctor
- Children aged 6 to 11 years should only be given on the advice of a doctor, pharmacist or nurse practitioner.

Expiry dates

“The Therapeutic Goods Administration advises that expiry date printed on medicine packaging (or the end of the blister pack for tablets) means that you should not use the medicine after the end of the month printed. For example, if the expiry date is July 2020, you should not use the medicine after 31 July 2020.

For some eye drops and liquid medicines for children there is often a ‘Use By’ date added to the label by the doctor or pharmacist. For example, “Discard 7 days after opening + date opened” or “Discard after 31/7/2020.”

Definition from Therapeutic Goods Regulations 1990, Jan 2020: “expiry date, for therapeutic goods, means the date (expressed as the month and year) after which the goods should not be used.”

Our service applies this definition and as such medication with an expiry of 06/20 can be used up to and including 30th June 2020 but not on or after 1st July 2020.

Cough and Cold Medicines

Based on changes made by the Therapeutic Goods Administrator in September 2012 our service will not administer cough or cold medicine to children under 6yrs of age without a prescription from a doctor. A pharmacist label excluding a doctor's details will no longer suffice.

Pain Relief Medications:

- The use of pain relief will not treat the cause of the child's pain and as such our service recommends that any child showing signs or symptoms of pain should seek medical attention.
- Where parents are requesting for paracetamol or ibuprofen to be administered as medication, we reserve the right to request a doctor's letter for the ongoing administration of this to ensure that it is not masking any untreated illness or injury.

PROCEDURES AND RESPONSIBILITIES

The management of medical conditions including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, or circumstances where medicinal cannabis is prescribed are covered in detail in the Medical Conditions Policy.

Leadership and Management Responsibilities, including Approved Providers, Nominated Supervisors and RPIC will:

- Positively and clearly communicate all aspects of the policy and take a zero-tolerance approach to compliance.
- Understand and comply with all aspects of this policy and related legislation and support team members to do the same.
- Lead a culture of reflection and regular review of policies, seeking feedback from educators, families, children and other community agencies and professionals as appropriate.
- Ensure that families and educators are aware of the requirements for the administration of medication including:
 - Correct forms being used
 - Forms fully completed and signed by a person authorised to consent to the administration
 - Recording last dose administered on each day of attendance upon arrival at care
 - Labelling requirements
 - 2 persons required for administration
 - Record of administration communicated in writing to family
- Ensure enrolment records advise of emergency administration in the case of an anaphylaxis or asthma emergency
- Ensure no child attends the service who has a diagnosed medical condition such as anaphylaxis or asthma unless:
 - There is a current fully completed a long-term medication form authorising administration
 - There is a current fully completed Medical Risk Minimisation Plan completed
 - There is a current Action Plan provided by a medical practitioner
 - The medication and any item for dispensing or administering is at the service at all times the child is being cared for
 - The medication is within the expiry date and all labels are clear and for the child who requires the medication
 - The details of the medical condition, the medication and the location of storage are known to all educators within the service.
- Consult with families on any request to administer pain relief medication such as Panadol or Ibuprofen and request a doctor's letter for the ongoing administration of this to ensure it is not masking any untreated illness or injury.
- Systematically monitor medication expiry dates and completion of medication forms.

Educators and Other Team Members will:

- Be proactive in fulfilling the requirements of this service policy and related legislative requirements.
- Seek further guidance where required to fulfil your requirements.
- Report any concerns or non-compliance immediately to the Nominated Supervisor or Approved Provider.
- Participate in the review of documents and provide constructive feedback to the Nominated Supervisor or Approved Provider.
- Not administer cough mixture without a doctor prescription.
- Not administer pain relief medication such as Panadol or Ibuprofen without consulting with the Nominated Supervisor.

Receipt of Medication and Forms

- Ensure that when a family provides a medication form for the administration of medication to their child that they communicate about the needs for the medication and the correct administration.
- Discuss the reason for the administration of medication with the family and advise families that children who are potentially infectious or are not well enough to fully participate in the programs should not attend the service. Notify the Nominated Supervisor or Responsible Person in charge where you believe a child should not be attending care due to an illness.
- Take the time to thoroughly go over the form and ensure all forms are fully completed and signed by a person authorised to provide consent.
- Ensure that the last dose administered prior to coming to care is recorded on the form by the family for each day the child attends care.
- Not take receipt of any medication where:
 - It is not in date (expired)
 - The label is not clear
 - There is not a pharmacy label with the name of the child

- It is not the same medication as stated on the form
- Ensure the information around the medication and all forms are communicated to the lead educator in the room and all other educators who may care for the child during the day including relief staff.
- Ensure medication is immediately stored in the designated location which must be **inaccessible to children**. It must not be left in a child's bag or on top of a locker for example.
- Educators must always have access to emergency medication – it must not be locked away but must be stored out of the reach of children, refer to the Medical Conditions Policy.

Administration of Medication

- Check if the child has any allergies and check the product prior to administering medication or applying creams, powders and lotions.
- Wash hand before and after administering medication.
- Ensure medication is not administered to any child unless:
 - Written permission has been sought from a parent or person authorised to consent to the administration of medication in the enrolment form
 - It is from its original container before the expiry or use-by date
 - It is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner
 - For prescribed medications, and ingested products it is from a container that bears the original label with the name of the child to whom it is prescribed/provided to
 - **NOTE: In the case of an anaphylaxis or asthma emergency, medication may be administered to a child where consent has been sought such as in the enrolment form or verbally if required. Where medication has been administered, the child's parent/guardian and emergency services must be contacted as soon as possible. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible.**
- The administration of medication must be witnessed and checked by another educator who must check
 - Right Child
 - Right Dose
 - Right Medication
 - Right Time
 - Right Form
- The Medication Form must be completed including
 - Date and time of administration
 - Does administered and way administered
 - Name and signature of person administering
 - Name and signature of witness who checked administration
- Advise the parent or authorised collector of the administration of medication. The parent or authorised collector **MUST** sign to acknowledge they have been advised of the medication provided to the child throughout the day.

Other Information

- Medication Forms must be kept until the end of 3 years after the child's last attendance as per the National Regulation Requirements for Record Keeping.
- Where the administration of medication requires training, this shall be provided by either the parent or a person trained in the administration of the medication including, but not limited to, a nurse, medical practitioner, first aid trainer.

Families are asked to:

- Fulfil responsibilities under this policy and related legislative requirements.
- Understand that the service must take steps as required under legislative requirements and follow advice from recognised authorities.
- Participate in the review of documents and provide constructive feedback to the Nominated Supervisor or Approved Provider.
- Discuss any questions with the Nominated Supervisor or Responsible Person in charge.
- Keep unwell children at home, especially where they may be infectious or unable to fully participate in the program.
- Fully complete all forms requesting the administration of medication and ensure those you consent to do the same are aware of their responsibility.
- Acknowledge that in the event of an anaphylaxis or asthma emergency, medication may be administered to your child without written consent.
- Only provide medication which is within the expiry date and has a clear pharmacist label with the child's name.
- Always provide the medication directly to an educator and never leave in the child's bag or on a counter or bench.
- Always complete the "last dose administered" section each day on the medication form.
- Approach educators at the end of the day to collect medication and sign acknowledgement of administration.
- Understand that a child cannot attend the service with emergency medication such as an EpiPen or Ventolin without a current action plan provided by a medical practitioner and after meeting all requirements of the Medical Conditions Policy.

- Not provide children with medication such as paracetamol or ibuprofen to mask symptoms prior to attending care.\
- Understand that medication will not be provided to a child where the label does not have their name on it, regardless if the name on the medication is a sibling of family member.

COMMUNICATION AND CONSULTATION

- Educators and families will have access to this policy at all times.
- Information will be included in induction for new educator and be included in service handbooks
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Educators and families will be provided with information from this policy at the time of employment and orientation.
- Changes to this policy and procedure document will be shared with families and educators.

RELATED FORMS AND DOCUMENTS

- First Aid Policy
- Managing Medical Conditions Policy
- Medication Permission and Administration Form
- Emergency Medication Administration Form
- Medical Risk Minimisation and Communication Plan
- Creams, lotions and powder form
- Emergency Long-Term Medication Form
- Emergency Long-term Medication Summary Record
- Infectious Disease Policy
- *“5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services”*
- Family Orientation Form
- Educator Induction Form
- Annual Educator Induction Refresher Form
- Enrolment Form
- Illness Record

SCOPE AND ENFORCEMENT

The failure of any person to comply with this policy in its entirety may lead to:

- Termination or modification of child enrolment
- Restriction of access to the service
- Performance management of an employee which may lead to termination

RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY

- “5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2013
- Australian Government Department of Health and Ageing – Therapeutic Goods Administrator website (accessed on-line March 2021)
<http://www.tga.gov.au/industry/otc-notice-cough-cold-review-outcomes.htm>
- “Pain Relief for Children – Paracetamol and Ibuprofen” The Royal Children’s Hospital Melbourne Feb 2018 (accessed on-line March 2021)
https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children_-_Paracetamol_and_Ibuprofen/
- “Therapeutic Goods Regulations 1990”, Jan 2020 prepared by the Office of Parliamentary Counsel, Canberra (accessed on-line March 2021)
<https://www.legislation.gov.au/Details/F2020C00084/Download>
- Email from Nerida Packham, Manager Consumer Medicine Information Services Strategy, Program and Delivery NPS Medicinewise, dated 23rd April 2020
- “The approved provider, nominated supervisors, co-ordinators and educators have responsibility for supporting the health, protection, safety and wellbeing of all children. In exercising their responsibilities, they must take reasonable care to protect children from foreseeable risk of harm, injury and infection.” ACECQA Guide to the National Quality Framework
- “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority September 2020
- Education and Care Services National Law Act 2010 (version February 2021)
- Education and Care Services National Regulations (version Oct 2020)
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- National Quality Standards
 - 2.1.2 Health practice and procedures
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REVIEW DETAILS:

Review Date	Details of Changes
March 2019	Policy developed reflecting previous culminated Dart Briggs investments pty ltd and ACA policy.
June 2021	<p>Changes in this revision:</p> <ul style="list-style-type: none"> ● Updated to new format including defined responsibilities ● Updated sources and references ● Removed procedures for dealing with a fever as these are covered in the Infectious Disease Policy and Procedure ● Added new form and guidelines for use with long-term medication which is not for emergency use such as for the ongoing treatment of a condition such as ADHD.