

## POLICY

### POLICY 25: MEDICATION

#### OVERARCHING PERSPECTIVE:

**Perspective:** Quality Services  
**Policy:** Services and Programs

#### POLICY:

Our Village Family Childcare Service has a responsibility to families to ensure that when a child requires medication, the medication will be administered safely and reliably.

The Educator must have clear direction from a medical practitioner and/or the child's parent in relation to administration of medication. This policy applies for prescribed and over the counter (OTC) medications as well as natural or traditional remedies and treatments.

#### SCOPE:

This document applies to all Educators, Families, Coordination Unit Staff, Volunteers and Students of Our Village Family Childcare Service.

#### RATIONALE:

Family Childcare is for education and care. Children who cannot participate in the program for the day should be at home or obtaining medical assistance elsewhere. However, when children are generally well but are in need of medication for a health condition, the utmost care must be taken to avoid the dangers of faulty administration of medication and therefore possible injury to a child as the result of confusion by the Educator or parent.

#### PROCESS:

1. The parent/guardian must complete the written authorisation (see Appendices) if they require medication to be administered to their child.
2. **The exception for authorisation requirement is for an anaphylaxis or asthma emergency in line with the Education and Care Services National Regulations 2011, Part 4.2, regulation 94 –**
  - (1) *Medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency.*
  - (2) *If medication is administered under this regulation, the family day care Educator must ensure that the following are notified as soon as possible:*
    - (a) *parent of the child*
    - (b) *emergency services*
    - (c) *FDC coordination unit.*

**A record of the illness needs to be documented and submitted to the coordination unit within 18 hours, refer to policy 14: Incident, Injury, Trauma and Illness.**

3. The Educator must ensure that prescribed medication is for that child and is not out of date.
4. The first dose of newly-prescribed medication **must not be given by the Educator (except in the circumstances outlined in point 2).** When the first dose is given by the parent/guardian (to ensure the child has no adverse reaction) the child can attend care only after a suitable period of time has elapsed, at least one hour.

5. Medication must be administered to children promptly and strictly in accordance with the instructions given by the doctor or the parent/guardian. In the instance of the parent/guardian giving instructions, these must not vary from the instructions on the label on the container. The Educator must complete and sign the administration of medication form (see attached).
6. Providing the parent/guardian has given authorisation on a medication form in line with regulation 92 (see below), a child of school age can self-administer medication. The Educator must supervise the child and sign the medication form.
7. All medication handled by the Educator must be stored out of reach of children and in the recommended environment, as per the container i.e. fridge, out of sunlight. Medication must not be left in a child's bag.
8. When a parent/guardian provides over the counter medication, this should be for a period of no longer than five (5) days or less if indicated in the instructions on the container. If after this time, the child is not responding to the medication, medical advice should be sought and continuance of medication is with the doctor's instructions only.
9. Completed medication forms must be submitted to the Coordination Unit for archiving.

## ADMINISTERING PAIN RELIEF MEDICATION

The following steps must be followed:

- Educators will seek permission from parents in writing on the *Medication Record form*. Parents must advise that the child has had the treatment previously and that no adverse symptoms were noted
- Educators will immediately notify the parent or contact person when the Educator believes that paracetamol is required and written permission has not been provided, however consent must have been provided on the child's enrolment record.
- Educators will contact the parent if the child has not improved after paracetamol has been administered
- Educators must closely monitor any child to whom paracetamol is given for any side effects
- A record of the use of the medications listed above must be maintained
- When a child commences in care for the day, parents must be asked to declare whether any paracetamol, or similar medication, had been given to the child in the last 12-24 hours, prior to placement. Parents must also state when the next dose is due, and the amount to be administered by the Educator

Recommended, age and weight appropriate doses (from product label) should be followed.

## MEDICATION FORM

The Educator must keep a medication record for each child being educated and cared for to whom medication is administered that includes the following information:

- Child's full name and age
- Parent/Guardian's name
- Treating Doctor's name
- Name of medication
- Reason for medication
- Storage of medication
- Time and dosage administered in the previous 24 hours
- Date/s and time/s or circumstances under which the medication is to be administered
- Manner of administering medication
- Authorisation to administer medication (including if applicable, self-medication), signed by a parent/guardian or person named in the child's enrolment record as authorised to consent to administration of medication
- Date/s, times and dosages administered by the Educator
- Manner of administration
- Signature of the Educator who administered the medication
- Parent signature after the last dose administered by the Educator each day.

**(Education and care services national regulations 2011, part 4.2 Children's Health and Safety, regulations 92 (2) (3) & 93 (4)).**

### Self-Administration of Medication

Education and Care National Regulations 2011 Regulation No 96 outlines the following:

#### **Self-administration by a child over preschool age**

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 their duty of care when determining under what circumstances such permission would be granted.

- 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 self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of an Educator.

In the case where children over pre-school age may self-administer medication the written permission must state (using the *Self Administration Medication Record form for School Age Children* (see Appendices) :

- Date
- Child's Name
- Name of medication to be administered by the child, which can be found on the label
- Time and date when medication was last administered by parent/child
- Time/s medication is to be administered and dose to be administered by the child which must be in accordance with the label or:
- circumstances to be administered
- Dosage to be administered by the child
- Method in which the medication is to be administered by the child
- Signature of parent/guardian

The Educator must fill in the *Self Administration Medication Record form for School Age Children* including:

- Time medication was administered by the child
- Date medication was administered by the child
- Dosage administered by the child
- Method in which medication was administered by the child
- Name of the Educator
- Signature of the Educator

If the child self-administers medication, they must be supervised during the time they self-administer the medication.

The child's medication record must be completed and signed by the Educator.

If the Educator has a concern about a request to administer any medication, they must consult with the Coordination Unit beforehand.

Educators must keep the *Medication Record forms* in a secure and confidential file until it needs to be submitted to the coordination unit when the child ceases care. The coordination unit will keep these forms for 25 years after the child's last contact with the service.

### **Asthma Plans**

The Coordination Unit and Educators must have a recent copy of the *Asthma Action Plan*. These plans must be reviewed in collaboration with the child's medical practitioner and updated at least annually or when the circumstances of the child's condition change. All medication given for Asthma is to be documented on a *Medication Record form*.

### **MEDICATION REQUIRED ON AN ON-GOING BASIS (long term or regular medication)**

A *Medication Record form* needs to be signed at the initial parent/Educator interview or at the time of on-going medication being prescribed.

The Coordination Unit is to be notified where a child requires medication on an on-going basis.

The Coordination Unit will request confirmation that the medication prescribed is still current for the child and has been reviewed by the medical practitioner regularly.

### INVASIVE, COMPLEX OR INJECTED MEDICATIONS

A plan for the administration of such medications must be organised in conjunction with Coordination Unit and will only occur if the Educator is fully informed of the requirements and has been fully trained to administer such medications. Where the giving of injections (e.g. insulin for diabetes) or the use of any medication in response to an expected life threatening situation is required, Educators are to be fully trained to administer such medications. A suitably qualified person (doctors, nurses, paramedics) or the parent/guardian should be the first preference in administering these medications if possible.

### APPENDICES:

Our Village Family Childcare . Medication Form  
Our Village Family Childcare . Self Administration Medication Record (For School Age Children)

### DEFINITIONS:

**Medication:** means medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth.


### REFERENCES:

- Education and Care Services National Regulations, 2011
- Royal Children's Hospital Safety Centre <http://www.rch.org.au/safetycentre>
- Australian Drug Information Network <http://www.adin.com.au>
- Victorian Poisons Information Centre <http://www.rch.org.au/poisons>
- Department of Education and Training
- <http://www.education.vic.gov.au>

### RELATED DOCUMENTS:

Health and Safety - Administration of First Aid - 48  
Excursions - 16  
Emergency, Evacuation & Bush Fire Management - 46  
Dealing with Medical Conditions - 45  
Asthma Management - 4  
Anaphylaxis Management - 1  
Refusal and Acceptance of Authorisations - 22  
(SCH) Duty of Care Policy

*This box to be completed after final draft has been approved.*

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