

**POLICY NO 25: MEDICATION**

**Key Policy Contact Person:** Manager, Our Village Family Childcare

**POLICY STATEMENT:**

Our Village Family Childcare (OVFC) 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.

**CRITICAL INFORMATION:**

Medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency.

*The exception for authorisation requirement is for an anaphylaxis or asthma emergency in line with the Education and Care Services National Regulations, (updated version July 1, 2023), Part 4.2, Regulation 94*

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 if it relates to a notifiable incident, refer to policy 14: Incident, Injury, Trauma, and Illness or within 4 weeks for all other records.**

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**PURPOSE:**

OVFC 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 need 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.

**SCOPE/RESPONSIBILITIES:**

This document applies to all Educators, Families, Coordination Unit Staff, Volunteers and Students of OVFC.

**STATEMENT OF DIVERSITY**

Sunbury and Cobaw Community Health is committed to improving the health of our community and being accessible to all, including people from culturally and linguistically diverse (CALD) communities, those from Aboriginal and Torres Strait Islander background, people with a disability, Lesbian Gay Bisexual Transgender Intersex and Queer (LGBTIQA+) people and other socially vulnerable groups and supporting their communities across the lifespan from birth to older age.

**DEFINITIONS:**

<p><b>Medication</b></p>	<p>Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth.</p> <p>Medication can be defined either as prescribed or non-prescribed. For the purpose of this policy, ‘prescribed’ medication is:</p> <ul style="list-style-type: none"> <li>- Authorised by a health professional.</li> <li>- dispensed by a pharmacist with a printed label, which includes the name of the child being prescribed the medication, the medication dosage and expiry date.</li> <li>-</li> </ul> <p>Medication that does not meet the criteria for prescribed medication, can be considered non-prescribed. This includes over-the-counter medication; medication dispensed by a naturopath/homeopath; or considered complementary or alternative such as vitamins and cultural herbs or remedies.</p> <p>Examples of prescribed medication include antibiotics; Ventolin for asthma; or Ritalin for Attention-Deficit Hyperactivity Disorder.</p> <p>Examples of non-prescribed medication include topical or antifungal creams for nappy rash or eczema; paracetamol; ibuprofen; antihistamine for an allergy; or teething gel.</p>
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**PROCEDURES:**

The correct and safe way medication is administered in the service is a shared responsibility. This responsibility is between the service and the other stakeholders – Parents, Guardians, Specialist medical practitioners.

This Medication Policy and Procedure must be followed to ensure child safety.

### **MEDICATION**

- Medication can only be administered when the parent/guardian has completed the written authorisation (see Appendices)
- No new medication is be introduced due to possible side effects E.G Allergic reaction when a child is in care.
- 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.
- The first dose of newly prescribed medication **must not be given by the Educator (except in the circumstances of asthma or anaphylaxis)**

Medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency.

***The exception for authorisation requirement is for an anaphylaxis or asthma emergency in line with the Education and Care Services National Regulations, (updated version July 1, 2023), Part 4.2, Regulation 94***

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 if it relates to a notifiable incident, refer to policy 14: Incident, Injury, Trauma, and Illness or within 4 weeks for all other records.**

- Prescribed and non-prescribed medication must be in the original container with the original label. It must state the child's name, dosage, time to be given, date of prescription and date of expiry. It must also be accompanied by a pharmacist's label or doctor's written instruction.
- All medication managed 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 and must not be left in a child's bag.
- Medication must be administered to children promptly and strictly in accordance with the instructions given by the doctor or the parent/guardian.
- Non-prescription medication can only be administered if a parent/guardian has completed and signed the medication form and provided specific instructions for its dispensation. In the instance of the parent/guardian giving instructions, these must not vary from the instructions on the label on the container.
- 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.

- All naturopath medication needs to have a label from the naturopath with the child's name, date, dosage, name of medication, ingredients, date of issue and date of expiry.
- Medication is administered to a child by the Family Day Care Educator or in some cases, with parental or guardian consent in line with regulation 92, medication can be self-administered by a school age child. When medication is being self-administered, children are supervised by the Educator.
- Medication required on an on-going basis must have a action plan or detailed information that is reviewed regularly at a period of time set by the prescribing doctor.
- Medication authorisation at enrolment or at the time the medication is being prescribed.

### **ADMINISTERING PAIN RELIEF MEDICATION**

When administering Pain Relief Medication:

- Educators will seek permission from parents in writing on the *Medication 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 form 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, (updated version July 1, 2023), Part 4.2 Children's Health and Safety, Regulations 92 (2) (3) & 93 (4)).**

### **Self-Administration of Medication**

- Education and Care National Regulations, (updated version July 1, 2023) Regulation 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, updated version 31 December 2019*) 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 form 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 all *Medication forms* in a secure and confidential file until they need 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 form*.

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

- A *Medication 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.

### **SERVICE RESPONSIBILITIES**

- All children with specific health care need or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner.
- All enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- All Educators and the Coordination Unit partake in and maintain currency in First Aid, CPR, Asthma and Anaphylaxis training.
- All Medication records are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the service and are maintained for the specified period in accordance with the Education and Care Services National Regulations

### **EDUCATOR RESPONSIBILITIES**

- All completed medication forms must be submitted to the Coordination Unit for archiving.
- All medications are to be stored out of reach of children (in a cupboard or refrigerator if required)

- Ensure all parents/guardian have completed the Medication Form before administering the medication to the child.
- Ensure information provided on the Medication Form is followed and checked this against the details on the medication bottle/container. If there are discrepancies in the information provided between the two, the Educator must contact the parent and advise that they must follow the directions on the doctor/pharmacist label.
- Ensure the Medication Form is completed following administration of the medication.
- Ensure the family is followed up at the end of the day and get their signature on the form acknowledging that medication was administered as directed.
- Ensure all Medication Forms on the child's file and be available to the service on request.
- Ensure if required to administer medication without authorisation in the event of an asthma or anaphylaxis emergency, notify the parent of the child and the Co-ordination Unit as soon as practicable. The medication form is completed as soon as is practicable.

### **PARENT/GUARDIAN RESPONSIBILITIES**

- Ensure accurate information is provided to the service about their child's health needs, medical conditions and medication requirements on the enrolment form.
- Ensure the service is provided with a Medical Management Plan at the time of enrolment or when a medical condition is diagnosed.
- Ensure a Risk Minimisation Plan for their child is developed in collaboration with the service and the Educator for long-term medication plans give any medication to the Family Day Care Educator on arrival.
- Ensure the services Medication Form is complete with all required details.
- Ensure the medication provided to the Educator from the parent/guardian is as per the following guidelines:
  - Administration of any medication is authorised by a parent or guardian in writing (completion of the services Medication form)
  - The medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
  - The medication is in the original container.
  - The medication has the original label clearly showing the name of the child.
  - The medication is before the expiry/use by date.
  - The medication outlines the dose to be given.

### **APPENDICES:**

- [Our Village Family Childcare Medication Form](#)
- [Our Village Family Childcare Self Administration Medication Record](#)

### **REFERENCES:**

- [Education & Care Services National Regulations, \(updated version July 1, 2023\) 92, 93, 94, 96, 168](#)
- [Royal Children's Hospital Safety Centre](#)
- [Australian Drug Information Network](#)
- [Victorian Poisons Information Centre](#)
- [Department of Education](#)

### **RELATED POLICIES & PROCEDURES/ WORK INSTRUCTIONS:**

- Health and Safety - Administration of First Aid – 48
- Enrolment and Orientation - 31
- Excursions - 16
- Emergency, Evacuation & Bush Fire Management – 46
- Dealing with Medical Conditions – 45
- Asthma Management – 4
- Active Supervision – 52
- Anaphylaxis, Allergies and Food Intolerances Management – 1
- Refusal and Acceptance of Authorisations – 22
- SCCH Client Empowerment Policy and Procedure
- Monitoring, Support and Supervision of FDC Educators – 21
- Monitoring, Support and Supervision of FDC Educators Work Instruction
- Our Village Family Childcare Playgroups Work Instructions.

**VERSION CONTROL LEGISLATION:**

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