

Lady Gowrie Community Kindergartens

ADMINISTRATION OF MEDICATION POLICY

CONSIDERATIONS:

NATIONAL QUALITY STANDARD	2.1, 2.2
NATIONAL LAW ACT & NATIONAL REGULATIONS	Law: Section 167 Regulations 92- 96, 136, 177, 181

POLICY STATEMENT:

It is important to strictly monitor the administration of prescribed and non-prescribed medication to ensure children's safety and wellbeing. Administering medication is a responsibility that must be taken seriously due to potential health risks that may arise as a result of incorrect administration.

RELEVANT FORMS/MATERIAL:

- The Kindergarten Handbook.
- Lady Gowrie Community Kindergartens First Aid Administration Policy.
- Lady Gowrie Community Kindergartens Exclusion and Recording of Illness and Infectious Diseases Policy.
- Lady Gowrie Community Kindergartens Medication Permission Form.
- Lady Gowrie Community Kindergartens Ongoing Medication Permission Form.
- Lady Gowrie Community Kindergartens Medical Conditions Policy.
- Lady Gowrie Community Kindergartens Medical Conditions - Asthma Management Policy.
- Lady Gowrie Community Kindergartens Medical Conditions- Allergy/Anaphylaxis Management Policy.
- Lady Gowrie Community Kindergartens Medical Conditions - Diabetes Management Policy.
- Lady Gowrie Qld Incident, Injury, Trauma and Illness Record.
- Notification of Serious Incident/ Notification of Incident (ACECQA).

SOURCES:

- National Health & Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.) Commonwealth of Australia: Canberra.
- Education and Care Services National Law Act (Queensland) Education and Care Services National Regulations

(Accessed 2021)

Reviewed: March 2021

Date to Be Reviewed: September 2022

INFORMATION FOR FAMILIES

BACKGROUND

- Medication is given to treat a condition. One cannot be sure what reaction a child may have to a medication that they have not previously taken. Parents are asked not to bring their child to the Service until **at least 3 doses** of any **new** medication (they have not taken previously – excluding epi pens/adrenaline auto injectors) have been administered.
- Whenever possible medication will be administered by parents/guardians at home.
- Parents/guardians will consider whether children requiring medication are well enough to be at the Service.
- Where a child is receiving medication at home but not at the Service, parents/guardians will provide to staff (in writing), details of the medication, its purpose and of any possible side effects. The Service is to ensure that there is a process by which all staff and relief staff are made aware of this information, whilst retaining confidentiality regarding where the information is stored.
- Where medication for long term conditions is required, parents/guardians will provide the Service with a letter / Action Plan / Management Plan, from the child's medical practitioner or specialist providing details of the medical condition, correct dosage (as prescribed) and how the condition is to be managed. **(See *Medical Conditions Policies*)**.
- The above includes prescription, over the counter and homeopathic medications.
- When appropriate in the program, teachers/educators will discuss medication with children. These discussions will focus on safety procedures and safe choices in regards to children's behaviour i.e. informing an adult if they find medication.

PRESCRIBED MEDICATIONS

WHAT YOU NEED TO KNOW & DO

- In the interest of children's safety and wellbeing, medication will only be administered if it is prescribed by a registered medical practitioner, in 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.
- Medication will only be administered if the parent/guardian has completed and signed a ***Medication Permission Form*** noting the following information:
 - The name of the child;
 - The authorisation is provided by a parent/guardian or person named in the child's enrolment record as authorised to consent to administration of medication;

	<ul style="list-style-type: none"> ○ 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 next be administered; ○ The dosage of the medication to be administered; ○ The manner in which the medication is to be administered. <ul style="list-style-type: none"> ● If the medication is administered to the child while at the Service, the Medication Permission Form will show: <ul style="list-style-type: none"> ○ 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; ○ The name and signature of the person who checked the dosage and administration. ● Medication Permission Forms when completed, should be stored in such a way that they are easily accessible to staff but maintain the confidentiality of the child's illness and reason for requiring medication. ● Medication is required to be handed to a staff member so that it can be stored securely (out of children's access) and at the recommended temperature (Medication is not be left in children's bags). ● Stored securely means inaccessible to children i.e.: in a locked cupboard, locked fridge box, designated shelf which is readily visible to staff, of at least 1.2m in height and located in such a way access is not possible by children. ● Staff members are to note the time required for administration of medication and ensure it is administered promptly at the prescribed intervals (unless parent/guardian request contradicts medication label (see below). ● In the case of the label stating "three times a day" staff are to take this as a 6 to 8 hour interval and are to inform the Nominated Supervisor/Responsible Person, if the request for medication contradicts this information e.g. if Medication was administered at 7.30 am before attending the Service, the earliest this can be administered again is 1.30 pm. Parents/guardians are to be contacted to seek clarification. Conversations relating to why medication was not administered or adjustments in time of administration, are to be documented on the Medication Permission Form. The President or an Executive Member of the Committee is to be contacted in the instance a parent/guardian does not provide verbal consent for the administration time to be adjusted, to reflect the 6-8 hour interval ● Medication must be administered by a staff member holding a minimum two year qualification in early childhood. There are no minimum qualification requirements for the staff member witnessing the administration of medication. The administering staff member and witnessing staff member must both check all details are correct, including identity of the child, child's name on the label, expiry or use-by date,
--	--

	<p>name of the medication to be administered, the manner in which the medication is to be administered and also the dosage and frequency of medication (referring to the time and date the medication was last administered on the Medication Permission Form).</p> <ul style="list-style-type: none"> • All medication must be checked by two staff members before being administered to children. If more than one child is requiring medication in a group at one time, the administration process and checking of information on the Medication Permission Form and medication, is to be undertaken for each individual child separately and medication returned to storage, before the process for the next child is undertaken. This will alleviate any confusion. • Immediately after the administration of medication, staff members are to complete the details on the Medication Permission Form and sign the Form. • In the instance a child is asleep at the time which the medication was to be administered, staff are to inform the Responsible Person. The parent/guardian is to be contacted to advise that the child is asleep and that the medication will be administered on waking, including offering the child food if the medication is to be administered with food. Staff will note on the Medication Permission Form that the child was asleep when the medication was due to be administered and the time that the medication was actually administered. • In the instance a child is collected from the Service prior to the time the medication was to be administered, staff will record this on the Medication Permission Form. • Parents/guardians are to be informed on their arrival to pick up their child that the medication has been administered. The Form is then to be given to the Nominated Supervisor/Responsible Person for sighting and filing. • If staff have any questions relative to the administration of medication, they are to seek the advice of the Responsible Person, who will make decisions in consideration of the policy and contact families to gain clarification regarding any information. • Any medication that is unused or has reached its expiry or use-by date, is to be returned to the family for disposal. If the family has left the Service, this medication is to be handed to the Nominated Supervisor who will dispose of it appropriately. Medication is not to be disposed of in rubbish bins that are in rooms where children are cared for. Medication is able to be taken to a pharmacy for disposal. <p>The Service will have a system in place to check the expiry or use-by date of medication (quarterly check as a minimum) and advise families of replacement requirements.</p>
--	---

INCORRECT ADMINISTRATION	
WHAT YOU SHOULD DO	<ul style="list-style-type: none"> • In the case of medication being administered incorrectly, the Responsible Person is to be advised immediately. • The Poisons Information Service (Phone # 13 11 26) is to be called and advice sought. Record the advice on the Incident, Injury, Trauma and Illness Record and action the advice. • If at any time the child deteriorates quickly or becomes unresponsive, the first aid action plan (DRSABCD) and calling 000 for an ambulance, must be undertaken. <ul style="list-style-type: none"> • D Danger • R Response • S Send for Help • A Airway • B Breathing • C CPR • D Defibrillation (where device is available) • The parents/guardians are to be informed and the President is to be contacted. • An Incident, Injury, Trauma and Illness Record is to be completed and the Regulatory Authority to be notified (within 24 hours of the Serious Incident, if urgent medical treatment is required) or (where urgent medical treatment is not required within 24 hours through Notification of Incident, as the incident posed a significant risk to the child's health, safety or wellbeing). • In both of the above instances Lady Gowrie (QLD) as the Service's Central Governing Body is also to be informed.
EXCEPTIONS TO PRESCRIBED MEDICATIONS	
BACKGROUND	Un-prescribed medications include herbal and homeopathic mixtures, nappy creams, teething gel etc.
WHAT YOU NEED TO DO	<ul style="list-style-type: none"> • In the interest of children's safety and wellbeing, medication will only be administered if it is in its original container with the original pharmacist's/naturopath's dispensing label which includes the name of the child for whom it is prescribed, any instructions for administration, and within the expiry or use-by date. • Medication will only be administered if the parent/guardian has completed and signed a Medication Permission Form.

- Medication is required to be handed to a staff member, so that it can be stored securely (out of children's access) and at the recommended temperature **(Medication is not be left in children's bags)**.
- Administration of this medication is to follow the same guidelines as listed in Prescribed Medications.

Continued administration of the medication will only be permitted if the parent/guardian obtains a letter from the child's Health Practitioner, confirming that the un-prescribed medication can continue to be administered for a specified length of time.