

INTRODUCTION

To supporting the health and wellbeing of children the use of medications may be required at BDCS. Any medication must be administered as prescribed by a medical practitioner and first aid guidelines to ensure continuing health for the children's safety and wellbeing.

OVERALL GOALS – What are we going to do?

Families requesting the administration of medication to their child/ren will always be required to follow the guidelines developed by BDCS to ensure the safety of children and educators. To ensure the interests of staff, children and carers are not compromised, medication will only be administered with the explicit permission of the parents/carers or in the case of an emergency with the permission of a medical practitioner.

OVERALL STRATEGIES – How will it be done?

- The service will ensure that the Medication Record is completed for each child using the service who requires medication. Relevant separate details must be completed for each medication if more than one is required.
- Medication may only be administered by the service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parent / guardian to make decisions about the administration of medication.
- No medication will be administered to a child unless prescribed by a Registered Medical Practitioner. If the medication is an over the counter drug (see below for examples of non-prescribed medications), it must be accompanied with a chemist label stating the child's name, the dose required and the period for which this dose will be required.
- Medication must be provided by the child's parent / guardian including the following –
 - Original container. Medication will only be administered from the original container.
 - Original label that is clearly readable.
 - Child's name clearly on the label.
 - Any instructions attached to the medication or related to the use of the medication.
 - Any written instructions provided by the child's registered medical practitioner.
- Any person delivering a child to the service must not leave medications in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.

Prescribed Medications

- These may include:
 - Antibiotics
 - Creams for external body surfaces for example for eczema
 - Nebulizers, inhalants, turbuhaler for asthma
 - Ear drops, nose drops, and eye drops.

Non-Prescribed Medications

- These may include:
 - Paracetamol products
 - Creams or lotions for external body surfaces such as nappy rash/ dry skin or sunscreen.
 - Lotions for internal body surfaces i.e. teething treatments.
 - Herbal/ Naturopathic remedies
- Non-prescribed medications must be accompanied by a chemist label detailing the child's name, dosage and the expiry date for the medication AND a completed Administration of Non-prescription Medication form.

Acceptance of Medication by an Educator

- The Parent/Guardian(s) are to inform an educator if their child requires medication whilst at the service. A Medication Record is to be completed by the Parent/Guardian and given to an educator.
- A child may not attend the service if they have started antibiotics (including antibiotic cream) in the last 24 hours.
- The educators will ensure that the Parent/Guardian has filled in the Medication Record correctly
- The educator must check the currency of the use by date of the medication. They must also check that the medication is in the original container.
- Educators must ensure that the child's name for whom the medication has been prescribed, appears on the chemist label and matches the child's name on the Medication Record completed by the Parent/Guardian.
- Educators are to check that the details on the medication correspond with the information on the Medication Record.
- The educator must store the medication safely in a cupboard secured with a childproof lock or in a medication locked box, out of reach of children. If the medication needs to be refrigerated, use a lockable container.
- The educator that receives the medication must follow the proper procedure and communication to ensure that the appropriate child's educator administers the medication or oversees the administration of the medication.

Administering Medication

- When the medication is to be administered to the child, two educators are required to be present - one to be responsible for administering the medication, and the other to check the procedure and to act as a witness both visually and in writing.
- The educator administering the medication must wash his/her hands immediately before and after administering the medication
- Re-check the dosage and details of the medication immediately before the medication is administered to the child. Complete the details of the medication administered to the child on the Medication Record after the medication has been administered.
- If the child suffers from a reaction to the medication, an ambulance must be called. When calling an ambulance, it must be specified that the child is suffering a reaction to a substance. This is to ensure that the appropriate ambulance officer may be dispatched to treat the child.

- Once the form is completed, it is to be retained for 3 years after the child's last attendance, or in accordance with the current regulations.
- When it is necessary for the medication to be taken home, it is the educator's responsibility to ensure the Parent/Guardian receives the correct medication.

Medical Procedures (Trained Staff Only)

- Medical Procedures encompass procedures or administration of medication outside of oral administration of medication. These would include procedures which a Parent/Guardian or educator can perform, having received appropriate training.
- Due to the more serious nature and possible legal implications of this type of medical procedure, BDCS requires that educators seek all permission and directions from the child's Parent/Guardian as opposed to any other caregiver who is responsible for a child on a daily basis.
- For BDCS educators, appropriate training means the educator will:
 - Be the holder of a current Apply First Aid Certificate and
 - Have received training from a qualified health professional that is relevant to the child's individual condition.
- Self-administration of medical procedures is not permitted regardless of the age of the child. An educator with appropriate training is required to administer medical procedures.

Procedure for the Enrolment/ Continued Enrolment of a Child Requiring Medical Procedures

- When enrolling a child who requires a Medical Procedure, or when a medical condition requiring a medical procedure for an enrolled child becomes known to the service, the Nominated Supervisor must meet with the Parent/Guardian, to take part in a case conference to ascertain the extent of the child's needs. Eg Diabetes, tube feeding, other injections.
- The Nominated Supervisor will need to seek written authorisation from the Parent/ Guardian to obtain explicit medical information from the child's Medical Practitioner.
- Once the medical information has been returned, the Nominated Supervisor will arrange a meeting with the educators to discuss the information provided and decide on the ability of the educators to respond to the child's needs.
- Consideration will be given to the availability and willingness of educators to be trained in the correct implementation of the necessary procedures.
- If it appears that the service cannot meet the child's needs, the Nominated Supervisor with support from management, will inform the Parent /Guardians of the outcome of the decision. In these circumstances, we will endeavor to find an alternative placement in another service or refer the family to other possible support agencies or organisations.
- If the decision is made to enrol the child or to continue the child's enrolment, the Nominated Supervisor will inform the Parents/Guardians of the decision, ensuring that the following forms are completed and signed.
 - Enrolment form
 - Medical Condition Plans (see Medical Condition Policy)
- BDCS will arrange for educators to undertake the required training. The child's enrolment cannot be undertaken until educators have completed the necessary training.

- An Individual Management Plan should be developed to discuss possible changes required in the service routine to best meet the needs of the children and to minimise the child's risk.

Procedure for the Administration of Medical Procedures

- Parents/Guardians are to inform an educator if their child requires medication or a medical procedure whilst at the service. The Medication Record is to be completed by the Parents/ Guardians.
- The Parents/Guardians are to give the medication and/or medical equipment and the above form to an educator who will:
 - Check that the medication is in the original container, bearing the child's name, dosage and frequency.
 - Check the currency of the use by date of the medication.
 - Ensure that the name of the child for whom the medication has been prescribed, appears on the chemist label and matches the child's name on the form.
 - Check that the details on the medication correspond with the information on the Medication Record. If it is long term medication, then this is to be reviewed annually or as advised by the child's Medical Practitioner.
 - Ensure that the administration instructions are written by the child's Medical Practitioner or Specialist.
- The educator responsible will store the medication and medical equipment safely in a cupboard or box with a childproof lock. If the medication needs to be refrigerated, in a lockable container.
- The medical procedure must only be administered by an educator who is suitably trained as outlined above.
- When the medication or medical procedure is administered to the child, two educators are required to be present - one to be responsible for the administering of the medication or medical procedures and the other educator to act as a witness.
- If the child suffers from a reaction to the medication, an ambulance must be called. When calling an ambulance, it must be specified that the child is suffering a reaction to a substance. This is to ensure that the appropriate ambulance officer may be dispatched to treat the child.

Emergency Administration of Medication – When a child requires medication and no plan is in place and the child's condition is not known to the service.

- In the event of an emergency, the service must follow the Incident, Injury, Trauma and Illness Policy and complete the Incident, Injury, Trauma and Illness Record.
- In the event of an emergency and where the administration of medication must occur, the service must attempt to receive verbal authorisation by a parent of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.
- If a parent of a child cannot be contacted, the service must attempt to receive verbal authorisation from an emergency contact of the child named in the child's enrolment form who is authorised to consent for the administration of medication.
- If none of the child's nominated contacts can be reasonably reached, the service must contact Health Direct on 1800 022 222 or an emergency service on 000.

- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form. This will be done using the Incident, Injury, Trauma and Illness Form.

Emergency Involving Anaphylaxis or Asthma - When a child requires medication, no plan is in place and the child's condition is not known to the service.

- For anaphylaxis or asthma emergencies, medication may be administered to a child without an authorisation following the information listed above under Emergency Administration of Medication.
- The service must contact the following as soon as practicably possible
 - Emergency services.
 - A parent, guardian or emergency contact for the child.
- The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form. This will be done using the Incident, Injury, Trauma and Illness Form.

Guidelines for Administration of Paracetamol

In the case where Children's Colourfree Panadol 1-5 years is administered for the control of a high fever, the following guidelines are to be followed.

- At the time of the enrolment, parents are asked to sign a form authorising staff to administer the prescribed dose of Panadol to their child should they have a temperature of 38 degrees or above (attachment three).
- The temperature will be taken under the arm, using a digital thermometer.
- Steps to Reduce a High Temperature
 - Contact the Parent/Guardian/Emergency Contact and advise them that their child has a high temperature and ask them to make arrangements to collect the child.
 - Remove the child's excess clothing, for example jumpers and jackets, whilst considering the temperature in the room.
 - Sponge the child with lukewarm water.
 - Gently fan the child with a paper fan.
 - Encourage the child to drink water to help prevent dehydration.
 - Constantly observe and monitor the child for any changes. Never leave the child unattended.
 - If, after 10 minutes the child's temperature is still over 38°C or if the child's temperature is rapidly rising, then check the Enrolment form or Summary of Authorisation form for permission to administer paracetamol. If the temperature is 38.5 or higher, do not wait for 10 minutes, immediately begin the process of seeking permission for paracetamol administration and ring Health Direct on 1800 022 222.
 - If written permission has been given on the Enrolment Form, inform the Parent/Guardian/Emergency Contact, that educators will administer a single dose of Paracetamol whilst awaiting collection and complete details of this using the Incident, Injury, Trauma and Illness Form.

- If written permission has not been given on the Enrolment Form, request verbal permission from the Parent/Guardian/Emergency Contact. If permission granted, educators will administer a single dose of Paracetamol whilst awaiting collection. If this is the case, then a second educator needs to be present in witnessing the verbal permission given by the Parent/Guardian/Emergency Contact.
 - If written or verbal permission has not been given to administer Paracetamol from the Parent/Guardian/Emergency Contact, and if the temperature continues to rise to 39.5°C degrees or higher whilst waiting for collection, then an ambulance will be called and advice from paramedics followed.
 - If Parent/Guardian/ Emergency Contact cannot be located to give verbal permission and/or collect their child and if the temperature reaches 39.5°C, then the service will call an ambulance and continue trying to locate Parent/Guardian/Emergency Contacts.
 - Where permission has been given to administer Paracetamol, educators are to follow the procedure for Emergency Administration of Medication.
 - Complete an Incident Injury, Trauma and Illness Record and get the Parent/Guardian/Emergency Contact on arrival to sign the form.
- All paracetamol authorisation forms must be retained for 3 years after the child's last attendance or in accordance with current regulations.

MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 18 months. Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

RELATED LEGISLATION

- Education and Care Services National Regulations: Regulations 99, 102, 160, 161, 168(2)(m)
- Family Law Act 1975 (Cth), as amended 2011
- Children and Young Persons (Care and Protection) Act 1998

LINKS TO:

- National Quality Standard, Quality Area 2: Children's Health and Safety
- Education and Care Services National Regulations: Regulations 90, 91, 92, 93, 95, 96
- Early Years Learning Framework: Outcome 3

SOURCES

- Australian Children's Education and Care Quality Authority (ACECQA) – www.acecqa.gov.au
- Staying Healthy in Child Care 5TH Edition, Preventing infectious diseases in childcare

VERSION CONTROL

A leader in the delivery of sustainable, creative and culturally appropriate early childhood services in North Western NSW.

Policy Revision History

<i>Date</i>	<i>Authorised By</i>	<i>Description of Amendments</i>	<i>Sections affected</i>
Jan 2021	P. Ritchie – GM		

Review Date: Jan 2022