

Policy Statement

Little Adventures Early Learning acknowledges that to support the health and wellbeing of children, the administration of medication may be required. The Service will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

Strategies and Practices

- The *Administration of Medication Policy* is available to families upon enrolment and staff upon induction.
- Medication is only administered if it has been prescribed by a registered medical practitioner, is in the original container, bearing the original label and instructions and has not exceeded its used by date.
- Non-prescription/over the counter nappy creams, moisturisers, barrier creams or eczema creams must be clearly labelled with the child's name; however, do not require a prescription/chemist label.
- Before any medication (other than those listed in Medical Management Plans) is administered, the parent or Authorised Nominee listed in the enrolment record as authorised to consent to administration of medication must complete the Service's Medication Form – Authority to Administer. The details on the form must be the same as those on the label on the medication, and the person completing the form must print and sign their name on the form.
- Staff must ensure that the authorisation form is completed in accordance with legislative requirements and service policies before any medication is administered.
- Any long-term medications stored at the service are monitored for upcoming expiry dates and to ensure sufficient quantities of the medication are available, and families are reminded they need replenishing as soon as possible. Likewise, the service EpiPens, asthma reliever medication and paracetamol are also monitored.
- Before medication is given to a child, the educator administering the medication and the educator witnessing the administration of the medication, must verify the accuracy of each of the following:
 - child's name
 - child's date of birth
 - name of the medication
 - dosage of the medication
 - manner of administration; and
 - expiry date of medication
- The educator who administered the medication completes all of the relevant details on the Authorisation to Administer Medication Form. The form is then signed by both educators.
- Whenever medication is administered, educators continuously monitor the well-being of the child concerned.
- Educators wash their hands immediately before and after administering medication, and wear gloves when applying nappy creams. When applying other creams such as moisturisers and barrier creams under sunscreen, gloves can be worn at the educators own discretion.
- Parents are to hand medications and creams directly to an educator. Medication of any kind is never to be left in a child's lunchbox or bag.
- All medication is stored securely away from children, and according to the instructions on the label.
- Long-term medication (medications belonging to children who have asthma and anaphylaxis) are stored in an individuallylabelled, secured pouch of the 'Allergy Buddy' that are centrally located on the wall in the service's laundry. Short-term medication that doesn't need to be refrigerated is stored in a locked container inaccessible

to children on top of the fridge in the child's playroom. Short-term medication that needs refrigeration is stored in the refrigerator in the child's playroom in a locked container.

- Medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. When medication has been administered, the Nominated Supervisor ensures that the child's parent(s) and emergency services are notified as soon as practicable.
- If a child develops a temperature of 38 degrees Celsius or above while at the Service, the parent/guardian or Authorised Nominee is contacted for collection and for permission to administer the age appropriate dosage of paracetamol to their child. Before paracetamol is given to a child, the educator administering the medication and the educator witnessing the administration of the medication, must verify the accuracy of each of the following:
 - child's date of birth
 - name of the medication
 - dosage of the medication
 - method of administration; and
 - expiry date of medication

The educator administering the paracetamol must complete the details of the administration of the medication on the Incident, Injury, Trauma and Illness Record and both educators must sign the record.

- The child must be collected within the hour if paracetamol has been administered. Upon collection of the child, the parent/authorised nominee must sign the Incident, Injury, Trauma and Illness Record.
- Children should not attend childcare until 24 hours after they have last been administered any type of pain relief.
- The Service at this time has no children who administer their own medication. However, should a specific need arise, the Service is prepared to review its practices to meet that need.

References

- *Education and Care Services National Law*
- *Education and Care Services National Regulations*
- *Guide to the National Quality Framework*
- National Health and Medical Research Council. (2012). *Staying Healthy: Preventing infectious diseases in early childhood education and care services*. 5th edition. http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf accessed January 2020
- Community Early Learning Australia – *Sample policies* <https://www.cela.org.au/>
- Australian Child Care Alliance NSW - <https://nsw.childcarealliance.org.au/members/policies-required-under-regulation-168>
- Dr Brenda Abbey (Childcare by Design)

Policy review

The Service encourages staff and parents to be actively involved in the review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities, where necessary, as part of the review to ensure the policy contents are consistent with current research and contemporary views on best practice.