



Administration of Authorised Medication Policy

Aim

Our Service and our educators will only administer medication to a child if it is authorised or the child is experiencing an asthma or anaphylaxis emergency. We recognise it is essential to follow strict procedures for the administration of medication to ensure the health, safety and wellbeing of each child using the service.

Implementation

Our service and educators will only administer medication to children if it is authorised by a medical professional (e.g. GP, Pharmacist, specialist). It must be accompanied by a medical authority form completed by a medical professional. If there is a medical emergency, we will also administer medication when authorised verbally by medical practitioner or an emergency service.

Medication under the Regulations includes medication covered by the Therapeutic Goods Act 1989. Therapeutic goods include those for therapeutic use to:

- prevent, diagnose, cure or alleviate a disease, ailment, defect or injury
- influence, inhibit or modify a physiological process.

Parents will need to give written permission for educators to apply sunscreen and nappy cream.

Administration of Medication (non-emergency)

Educators will administer medication to a child:

1. If the medication is authorised in writing by a parent or another authorised person and
 - is the original container
 - has not expired
 - has an original label and instructions that can be clearly read and, if prescribed by a doctor has the child's name
 - is administered in accordance with any instructions on the label and on the medical authority form from the medical professional.
2. After the child's identity and the dosage of the medication is checked by an educator who is not administering the medication. This educator will witness the administration of the medication.

Anyone delivering a child to the service must not leave medication in the child's bag or locker. Medication must be given directly to an educator on arrival for appropriate storage. Auto injection devices (e.g. Epipens) and asthma puffers will be stored up high in the appropriate rooms, so they are inaccessible to children. All other medication will be stored in accordance with the storage

instructions on the medication in a labelled container in a cabinet or fridge. Non-refrigerated medication will be kept away from direct sources of heat.

Administration of Medication in emergencies other than anaphylaxis or asthma emergencies

1. Educators will administer medication to a child in an emergency:
 - if a parent or another authorised person verbally authorises the administration of the medication or
 - they receive verbal authorisation from a registered medical practitioner or emergency service if the parent or authorised person cannot be contacted.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Nominated Supervisor will contact the child's parent, and provide written notice to the parent, as soon as possible.
4. The Nominated Supervisor will ensure the service completes an Incident/Illness record.

Educators will not administer medication if parents provide verbal authorisation in circumstances that are not emergencies. If educators are unsure whether they should be administering a medication in an emergency, after receiving verbal authorisation from a parent or responsible person, educators will obtain authorisation from a registered medical practitioner or emergency service.

Administration of Medication during Anaphylaxis or Asthma Emergencies

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and left where they are under the direct supervision of a suitably experienced and trained educator. (Children should not be moved).
3. The Nominated Supervisor will contact the child's parent and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child's parent in writing as soon as possible.
5. The Nominated Supervisor will ensure the service completes an Incident/Illness Record.

Medication Record

Educators will complete a Medication Record with the name of the child which:

- contains the authorisation to administer medication form, the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next.
- if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child's identity and dosage before it was administered and witnessed the administration.

Chronic/Long term illness/conditions

- where medication for treatment of long term or chronic conditions such as asthma, diabetes epilepsy or known severe allergic reaction (anaphylaxis) is required, the service will require

an action plan written by a relevant health care professional documenting recommended emergency, routine health and personal care for the child. This information should be updated at least 6-monthly.

- When medication may be required at any time these need to be recorded on a long-term medication sheet. This should be reviewed regularly and at least six-monthly
- Parents are to provide appropriate medication while the child is at the centre and should ensure that the medication is within its use by date
- Staff will be supported by providing them with information and training about the condition and its management and treatment

No child, educator, parent or other visitor to the service will be denied First Aid at any time.

Sources

Education and Care Services National Regulations 2011
National Quality Standard
Early Years Learning Framework

Review

The policy will be reviewed annually by:

Last reviewed: April 2019

Date for next review: April 2020