

Policy title	2.8 Administration of Medication
Policy type	Management
Group	Family and Children

Rationale

The purpose of this Policy is to provide direction in the administration of medication in a manner consistent with other adopted children's services' Policies and Procedures, section 167 of the *Education and Care Services National Law Act 2010*, *Education and Care Services National Regulations 2011*, *National Quality Standards 2011* and *Victorian Children's Services Regulations 2009*.

This Policy equally applies to prescribed medications, non-prescribed medications (including over-the-counter medications, such as paracetamol, cough suppressants), and complementary medications such as naturopathic, herbal and homeopathic.

Policy statement

Moonee Valley City Council's Family and Children's Services is committed to:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, and *Education and Care Services National Regulations 2011*, to ensure that those involved in Council's Family and Children's Services are protected from harm
- administering medication to a child as prescribed by a registered medical practitioner
- administering non-prescribed and complementary medicine, if directed to do so by a child's parents/guardians, up to a maximum period of 48 hours
- not administering analgesics such as paracetamol, ibuprofen or codeine as a first aid strategy as they can mask signs and symptoms of serious illness or injury
- providing a copy of the Administration of Medication Policy and Procedures to parents/guardians during enrolment and as soon as families advise the service that their child experiences a medical condition

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- establishing clear Procedures to support the enrolment and participation of children and families with specific healthcare requirements
- managing all medical details held by Council's Family and Children's Services in accordance with the Health Records Act 2001

Council recognises that some children may be required to take medication during the day according to a prescribed schedule or during the administration of first aid in a medical emergency. The following procedures comply with requirements under the *Education and Care Services National Law Act 2010* and *Education and Care Services National Regulations 2011* for the safe administration of medicine to children enrolled.

The Victorian Department of Health advises that paracetamol or ibuprofen should not be used to reduce fever: fever actually helps the body get better naturally, and reducing the fever may prolong the illness.¹ In addition, the Royal Children's Hospital Melbourne advises that treatment of a fever with paracetamol or ibuprofen does not prevent a febrile convulsion, and administration of analgesic medications could delay diagnosis of a child's medical condition.² Paracetamol will only be administered when directed by a paramedic.

¹ *Viral Illness in Children*, Victorian Department of Health, December 2010, www.health.vic.gov.au/edfactsheets

² The Royal Children's Hospital Melbourne, [/www.rch.org.au/kidsinfo/fact_sheets/Febrile_Convulsions](http://www.rch.org.au/kidsinfo/fact_sheets/Febrile_Convulsions)

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Procedure	2.8 Administration of Medication Procedure
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Action	Approved Provider	Responsible Person or Primary Nominee	Educator/contractor	Families	Education and Care Services National Regulations 2011	Education and Care Services National Law Act 2010	Children's Services Regulations 2009 & Children's Services Act 1996
Ensure compliance with the Dealing with Medical Conditions Policy and Procedures for the authorisation and administration of medication required for the treatment or management of chronic illness and long-term medical conditions; and the self-administration of medicine by children over preschool age attending Council's family day care service.	✓	✓	✓		r.171	s.167	s.26 s.175 r.31-34
Service staff are notified on enrolment or on diagnosis that the child requires prescribed, non-prescribed or complementary medicine for a medical condition. Prescribed, non-prescribed or complementary medication is written on the child's medical management plan and the parent/guardian has consented to its administration by signature.	✓	✓	✓	✓	r.160-162 r.90 r.92-96	s.167	s.26 r.31-34 s.29B
Be aware of children who require medication for ongoing conditions or in emergencies, and ensure that their medical management plans are completed and attached to the child's Enrolment Form and displayed accordingly.		✓	✓	✓	r.160-162	s.167 s.165	s.26 r.31-34 s.27 s.29A s.29B

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Provide a current medical management plan when the child requires the long-term treatment of a condition that requires medication, or the child has been prescribed medication to be used for a diagnosed condition in an emergency.				✓	r.160-162 r.90	s.167	s.26 r.31-34 r.87 s.29B
Any changes to the child's medication requirements, as listed by a registered medical practitioner on an updated medical management plan, are to be communicated to the Responsible Person of the service as soon as practicable.		✓	✓	✓	r.160-162 r.90	s.167	s.26 r.87 s.29B
Ensure that each service maintains a medication book which contains the medication record (see Schedule 1 for medication record template) for each child who is to be or has been administered medication at the service.	✓	✓			r.90 r.92-96	s.167	s.26 r.36
Ensure medication records are stored in a medication book that is available at all times for recording the administration of medication to children.		✓	✓		r.90 r.92-96	s.167	s.26 r.36
Ensure that all staff, educators/contractors, students and volunteers are familiar with the procedures for the administration of medication.	✓	✓	✓		r.90 r.92-96	s.167	s.26 r.36 s.29B
Monitor each child's Enrolment Form and ensure it provides details of the name, address and telephone number of any person who has lawful authority to request and permit the administration of medication to the child.	✓	✓	✓		r.160-162	s.167	s.26 r.31 s.29B
Ensure that the details of authorised				✓	r.160-	s.167	s.26

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persons are kept up to date in the child's Enrolment Form.					162		r.31 s.29B
Ensure that any medication to be administered is recorded in the medication book provided at the service.	✓	✓	✓	✓	r.90 r.92-96	s.167	s.26 r.36
Ensure that medications to be administered at the service are within their expiry date.		✓	✓	✓	r.90 r.92-96	s.167	s.26 s.36
Inform staff/educators of any medication their child has taken, and the time it was taken, prior to arrival at the service.				✓	r.90 r.92-96	s.167	s.26 s.36
Where medicine(s) have been prescribed by a registered medical practitioner for treatment of a child's medical condition, it must be provided in its original container with the child's name and instructions printed on the original pharmacy label, and within its expiry date, before the child is able to attend the service and the prescribed medicine can be administered.	✓	✓	✓	✓	r.95	s.167	s.26 s.36 s.29B
A child is not administered their first dose of a new medication in an education and care service in case of an allergic reaction. With this in mind, parents/guardians are requested to wait 24 hours after the first dose before returning their child to a service.		✓	✓	✓	r.90 r.92-96	s.167	s.26
Parents/guardians are to supply a labelled medicine cup/plastic medicine dispenser with clear and legible measurements.				✓		s.167	s.26
Physically hand the medication to a staff member and inform them of the appropriate storage and administration instructions for the medication provided.				✓		s.167	s.26

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Ensure that no medication or over-the-counter products are left in the child's bag or locker.				✓		s.167	s.26
Take home all medication at the end of each session/day (excluding medications identified in the child's medical action plan).				✓		s.167	s.26
Parents/guardians must ensure that they or the authorised emergency contact listed on their child's enrolment record are contactable by telephone or mobile phone at all times their child is in attendance at a service or family day care service.				✓	r.160-162	s.167	s.26 r.31 s.29B
Non-prescribed and complementary medicine will only be administered when it is provided in its original container, bearing the original label and the child's name, is within its expiry or use-by date; and according to directions on the original label or as instructed by a registered medical practitioner/health professional.		✓	✓	✓	r.90 r.92-96	s.167	s.26 s.36
Inform parents/guardians that non-prescribed medication (with the exception of sunscreen), and complimentary medicines provided by parents/guardians for administration to their children will only be administered by staff/educators for a maximum period of 48 hours. If parents/guardians want these medications administered to their children after the 48 hour period, they will need to provide a medical management plan signed by a registered medical practitioner.		✓	✓	✓	r.90 r.92-96	s.167	s.26 s.29B
For the administration of nappy rash creams, refer to the Hygiene and		✓	✓	✓	r.160-	s.167	s.26

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Infection Control Policy (2.5), and nappy change procedures.					162		r.33 r.83 s.29B
Label sun block and non-medicated nappy creams/powders clearly with the child's name. The instructions and use-by dates must be visible.				✓		s.167 s.165 s.169	s.26 s.29B
No non-prescribed or complementary medication is placed in food, bottled milk or drinks brought to an education and care service.		✓	✓	✓	r.93	s.167	s.26
Ensure that medication is only given to a child where authorisation has been provided and that medication is administered in this Policy and Procedures.	✓	✓	✓		r.93	s.167	s.26 r.33 r.83 s.29B
Ensure that medication is inaccessible to children and in a childproof container (including in the refrigerator for medications requiring refrigeration).		✓	✓		r.93	s.167 s.165 s.167	s.26 s.27 s.29A
Before the administration of medication, staff/educators are to wash and dry hands before preparing and administering any medication.		✓	✓		r.77	s.167	s.26
Staff/educators are to collect medication from the labelled container in the fridge/shelf and check the following information against the completed medication record (see Schedule 1 for template), and label on the medication: <ul style="list-style-type: none"> • child's full name • date • name of medication • date/s, time/s, dosage or the circumstances under which the medication should be 		✓	✓		r.90 r.92-96	s.167 s.165 s.169s s.175	s.26 r.83 r.36 s.27 s.29A s.29B

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<p>next administered. Dosage times need to be in line with labelled instructions (medication stating to be administered three times a day is three times in a 24 hour period being 8 hourly, four times a day is 6 hourly</p> <ul style="list-style-type: none"> time and date the medication was last administered before the child attended a service centre or was placed in care any registered medical practitioner/pharmacist's instructions for administration and/or storage. Medication out of date will not be administered medication expiry date parents'/guardians' name and signature that is authorising the medication to be administered to the child. 		✓	✓				
<p>If the medication is administered to a child, the administrator and witness must document the following:</p> <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 	✓	✓	✓	✓	r.90 r.92-96	s.167 s.167 s.169 s.175	s.26 r.33 r.36 r.83 s.27 s.29A s.29B

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<ul style="list-style-type: none"> if another person is required under Regulation 95 to witness the dosage and administration, the name and signature of that person (applicable to all services other than family day care). 							
Ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that the parents/guardians are informed of the incident.		✓	✓		r.93	s.167 s.167	s.26 s.27 s.29A
Any medicine cups or plastic medicine dispenser syringes used are to be washed in boiled soapy water or the service dishwasher after use.		✓	✓		r.77	s.167	s.26
<p>A child over preschool age may self-administer medication under the following circumstances:</p> <ul style="list-style-type: none"> written authorisation is provided by a person with the authority to consent to the administration of medication in accordance with the practices for self-administration of medication described in the Dealing with Medical Conditions Policy and Procedures 		✓	✓		r.92-96	s.167 s.165 s.169 s.175	s.26 r.33 r.36 r.83 s.27 s.29A s.29B
At the end of the session/day ensure that parents/guardians view and initial their child's medication record on arrival to the service; collect the medication from the medicine box, fridge or other designated area; and take home all medication.		✓	✓	✓		s.167	s.26
If an educator/contractor has reported					r.90	s.167	s.26

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record).							
Inform parents/guardians as soon as practicable if an incident occurs in which the child is administered the incorrect medication; administered the incorrect dose as prescribed in the medication book; a scheduled medication dosage was missed; or the medication was administered at the wrong time. The service's nominated first aider is to assess the present risk to a child if one or more of these circumstances take place and administer first aid. The approved provider and Victorian Department of Education and Training are to be advised as soon as practicable.		✓ ✓	✓ ✓	✓ ✓	r.95 r.176	s.167 s.175 s.174	s.26 r.90-91 s.27 s.29A
Record details of the incident on the Incident, Injury, Illness and Trauma Record; who gave the verbal permission and the time it was given as well as medication administered in the medication book.		✓	✓		r.92	s.167 s.175	s.26 r.35
In an anaphylaxis or asthma emergency, ensure that medication is administered immediately by one staff /educator while another staff/educator contacts emergency services and the child's parents/guardians as soon as practicable.		✓	✓		r.95	s.167	s.26 r.87 r.50 r.53 s.29B
Ensure the child's parents'/guardians' emergency contact signs an Incident, Injury, Trauma and Illness Record and Medication Record upon arrival at the service.		✓	✓	✓	r.92	s.167 s.175	s.26 r.36-37 s.29B
If a child is having an anaphylaxis or asthma attack, a staff/educator can administer the required medication		✓	✓		r.90 r.92	s.167	s.26 r.36-37

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(namely, asthma puffer/spacer or adrenaline auto-injector such as an EpiPen®) without authorisation.					r.93 r.95		r.86-88 r.75 r.77 s.29B
The educator/contractor is to use a permanent marker to record the date and time the EpiPen® was administered. The used EpiPen® is then to be placed in a plastic zip-lock bag and given to paramedics attending to the child.		✓	✓		r.93-95	s.167 s.175 s.165 s.169	s.26 r.86-88
In the case of an emergency, Emergency Services are contacted immediately and the parents/guardians as soon as practicable thereafter.		✓	✓	✓	r.90	s.167	s.26 r.86-88
Where treatment has been administered from a service's first aid kit for a child who has had an asthma attack, the parent/guardian will need to purchase a replacement spacer for the service.				✓	r.90 r.92-95	s.167	s.26 r.84
When medication has been given according to a child's individual medical management plan, the child's parent/guardian is notified.		✓	✓	✓	r.90	s.167	s.26 r.86 s.29B
Ensure that at least one educator/contractor on duty has a current first-aid certificate.	✓	✓	✓		r.136	s.167	s.26 r.63
Ensure that medication books are kept and securely stored until the end of three years after a child's last attendance.	✓	✓	✓		r.181 r.183 r.184	s.167 s.175	r.35
Check expiry dates of asthma puffers, adrenaline auto-injectors (EpiPen®) and any other medication every three months. Notify families within one month of the expiration. Check expiry date and clarity of the liquid.	✓	✓	✓	✓	r.103	s.167	s.26 r.87

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Definitions

Complementary medicines: (Also known as ‘traditional’ or ‘alternative’ medicines) include vitamin, mineral, herbal, aromatherapy and homeopathic products. They may either be registered or listed, depending on their ingredients and the claims made.

Medication: Means medicine, or a substance used to treat disease, injury or pain within the meaning of the Commonwealth *Therapeutic Goods Act 1989*. Medication includes, but is not limited to: eye/ear drops; nasal sprays; cough mixture; Panadol, paracetamol, aspirin, ibuprofen, codeine, naproxen; sunscreen; pseudoephedrine for sinus-related preparations, or antihistamine drugs for allergy sufferers; asthma pumps with/without a spacer; adrenaline auto-injectors; insulin (and administration devices such as an insulin syringe, an insulin pen with a fine needle, and an insulin pump); antiepileptic drugs; teething gel; prescribed antibiotics, antivirals and cortisone.

Non-prescribed medication: Low-risk registered products are non-prescription medicines. Products in this category are considered to be a lower risk than prescription medicines and are available over the counter at pharmacies or in some supermarkets. However, they still require a high level of scrutiny; for example, ensuring adequate labelling for appropriate use, and expiry or use-by date.

Prescribed medication: Prescription medicines fit into the sub-category of ‘high-risk registered’ products. Medicines assessed as having a higher level of risk must be registered (not listed). The degree of assessment and regulation they undergo is rigorous and detailed, with manufacturers required to provide comprehensive safety, quality and efficacy data.

Link to Council policies

This Policy and Procedures is linked to Council's Risk Management Policy, Incident and Hazard Reporting, Analysis and Management, Issue and Resolution, Isolated Workers Policy and Employee Assistance Program.

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Resources and useful websites

This Policy and Procedures are aligned to the following National Quality Standard

www.acecqa.gov.au/national-quality-framework/the-national-quality-standard

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