

	<h1 style="text-align: center;">Administration of Medication Procedure</h1>
<b>Linked Policy Document</b>	This procedure details actions and processes pursuant to the <i>Administration of Medication Policy</i> .
<b>Version No.</b>	Version 3.0 November 2021 (approved)
<b>Authorisation</b>	General Manager Community Services
<b>Expiry Date</b>	Policy to be reviewed by 1 December 2023
<b>Responsible Officer</b>	Manager Families and Children
<b>Policy Owner</b>	Early Childhood Coordinator

## 1. Purpose

This procedure provides a process for responsibilities of educators, parents/guardians and the Approved Provider to ensure the safe administration of Medication.

## 2. Scope

This procedure applies to services responsible for the direct education and care of children covering the administration of both Prescribed and Non-Prescribed Medication at Melton City Council programs including offsite excursions and activities. This procedure applies to the Approved Provider, Nominated Supervisor, Primary Nominee, Nominees, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending Melton City Council programs and activities.

2.1. This procedure does not apply to Maternal and Child Health Nurses and Immunisation Nurses

## 3. Definitions

For terms that relate specifically to this procedure refer to the *Administration of Medications Policy*. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*.

## 4. Procedure

### 4.1. In terms of administering Medication

To ensure that Medications are administered and recorded as per the *National Regulations 2011*, the Medication Record is to be completed.

### 4.2. In terms of authorising the administration of Medication

Medication, including over the counter Medication and self administration, can only be given if written permission has been entered into the Medication Record by an authorised person. An authorised person includes:

- parent/guardian with legal authority
- a person named in the child's enrolment form as authorised to consent to administration of Medication.

### 4.3. In the case of an emergency

Authorisation can be given verbally by:

- parent/guardian with legal authority

- a person named in the child's enrolment form as authorised to consent to administration of Medication
- or, if the above people cannot reasonably be contacted, a registered medical practitioner or emergency services.

In the case of an Anaphylaxis or Asthma emergency, Medication may be administered as described in the child's Medical Management Plan.

If Medication is administered the educator must ensure that the parent of the child and emergency services are notified as soon as practicable.

#### 4.4. In terms of prior to Medication being administered

Before any Medication can be administered, including over the counter Medication and self administration, the following information must be entered into the Medication Record by the parent/guardian or other authorised person responsible for the child (National Regulations 92 and 93):

- child's full name
- name of Medication
- expiry date on label
- reason for use
- date, time and dose of last dosage given
- time or circumstance and dosage under which Medication is to be re-administered
- parent/guardian or other authorised person's signature.

Educators will:

- check the Medication Record document
- check the label on the Medication
- Manner in which Medication is to be administered
- ensure the details both in the record and on the container are the same with regard to dose, name of child, time to be administered and expiry date.

Prescribed Medication can only be administered to the child for whom the Medication has been prescribed (National Regulations 92).

#### 4.5. In terms of administering Medication

Educators will:

- administer Medication in accordance with the Medication Record, the Action Plan (as necessary), any instructions attached to the medicine, or provided by a registered medical practitioner
- in relation to a child who is authorised to self-administer their medication, the educators will ensure the child is willing and able, will check the Medication Record, the Action Plan (as necessary), instructions attached to the medicine, or provided by a registered medical practitioner, witness the administration
- another educator except in the case of Family Day Care, as per National Regulations 95, must check the dosage of the Medication to be administered and identify the child to whom the Medication is to be administered.

#### 4.6. In terms of after Medication has been administered

Educator must:

- complete the Medication Record with date, time Medication is given, dose given, and as per Regulations the name and signature of the person checking the dosage given if applicable complete the Medication Record with details if Medication is not given, educator name and signature and note the reason why the medication was not given

- if verbal authorisation has been given in an emergency, record all information and time of the phone call
- notify the parent if the Medication was not administered, for any reason, as soon as practicable.

Parent/guardian or other authorised person:

- after the child has been given Medication during care, acknowledge that Medication has been administered and sign off the Medication Record when collecting the medication and the child from care
- if verbal authorisation was given, parent/guardian or authorised person must sign the Medication Record on collection of the medication and the child from care.

#### 4.7. In terms of self-administration of Medication

In the case where a child over preschool age is able to administer their own Medication e.g. Ventolin, Asmol the above procedure is still to be followed.

If the parent/guardian has specified that the child is to administer the Medication the educator would still witness and sign where appropriate when Medication was administered.

#### 4.8. Medication

All Medication to be administered needs to be authorised by the parent/guardian.

This includes but is not limited to:

- eye drops
- cough mixture
- Panadol/Paracetamol
- Asthma pumps
- antihistamines
- teething gel
- nappy rash creams.

All Medications must be:

- kept in a suitable childsafe location either in a locked cupboard or in keeping with the environmental requirements of the Medication (e.g. childsafe refrigeration). Not in the child's bag.
- in the original container and have the original label and be within the expiry date

#### 4.9. Exception to authorisation requirement - Anaphylaxis and Asthma

Medication may be administered without permission in an Anaphylaxis and Asthma emergency. If Medication is administered under these conditions the educator must advise the parent/guardian of the child and emergency services as soon as practicable (National Regulations 92 and 94).

#### 4.10. Melton City Council is committed to:

- providing a safe and healthy environment for all children, educators, staff and other persons attending the service
  - responding immediately to the needs of a child who is ill or becomes ill while attending the service
  - ensuring safe and appropriate administration of Medication in accordance with legislative and regulatory requirements.
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## 5. Responsibility/Accountability

5.1. The Approved Provider, according to Regulations is responsible for the implementation of the *Administration of Medications Policy*.

5.2. The Nominated Supervisor/ Person in day to day charge / Responsible Person's is responsible for:

- ensuring that Medication is only given, or been self-administered by a child where authorisation has been provided, and Medication is administered in accordance with legislation and the *Administration of Medication Policy* (National Regulations 93)
- ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when Medication has been administered in an Anaphylaxis or Asthma emergency (National Regulations 94)
- ensuring that Medication is not accessible to children and is stored in a individually labeled container with the child's name (including in the refrigerator for Medications requiring refrigeration)
- being aware of children who require Medication for ongoing conditions or in emergencies,
- ensuring that the Medical Management Plans are completed and attached to the child's enrolment form or stored on the software system e.g. QikKids, Harmony.
- A copy of the child's Medical Management Plan must be displayed and easily accessible while ensuring privacy.
- Documenting emergency situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment form or stored on the software system)
- informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect Medication or incorrect dose as prescribed in the Medication Record, staff forgot to administer the Medication or the Medication was administered at the wrong time.

5.3. Responsible Person's, educators, staff, are responsible for:

- ensuring that each child's enrolment form 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 (National Regulations 160)
  - administering Medication in accordance with Regulations (National Regulations 95) and the guidelines set out in this procedure.
  - communicating with parents/guardians about the procedures outlined in the *Administration of Medication Policy* and the parent/guardian responsibilities when requesting Medication to be administered to their child, and making the Medication Record available for parents/guardians to record information
  - ensuring that all details in the Medication Record have been completed by parents/guardians/authorised persons in accordance with National Regulations 92 prior to administering Medication
  - obtaining verbal authorisation for the administration of Medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment form), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (National Regulations 93)
  - ensuring that verbal permission is followed up with a written authorisation as soon as is practicable
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- Staff must also ensure that any Medication that is accidentally dropped causing damage to the container, impacted the effectiveness/hygiene of medication in any way or spilt, is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs
- informing parents/guardians that non-prescribed Medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a Medical Management Plan from a doctor will be required for its continued use
- informing parents/guardians that Paracetamol is not supplied by Melton City Council and that the administration of Paracetamol will be in line with the administration of all other Medication.
- ensuring that parents/guardians take all Medication home at the end of each session/day and sign the medication out as 'collected' on the Medication Record.

#### 5.4. Parents/Guardians are responsible for:

- ensuring that any Medication to be administered is recorded in the Medication Record kept at the service premises
  - ensuring the Medication Record is completed fully and each time the medication is handed over to staff
  - providing a current Medical Management Plan when their child requires long-term treatment of a condition (more than 48 hrs) that includes Medication, or their child has been prescribed Medication to be used for a diagnosed condition in an emergency
  - ensuring that the details of authorised persons are kept up to date in the child's enrolment form
  - ensuring that their child's enrolment details are up to date, including providing current details of persons who have Lawful Authority to request or permit the administration of Medication.
  - ensuring that prescribed Medications to be administered at the service are provided in their original container with the label intact, bearing the child's name, dosage, instructions and the expiry date (National Regulations 95)
  - ensuring that prescribed Medications to be administered at the service are within their expiry date
  - physically handing the Medication to a staff member and informing them of the appropriate storage and administration instructions for the Medication provided
  - clearly explaining to staff in the circumstance where a child is to self-administer medication, the authorised child is over preschool age, capable and willing to do so and will follow all instructions authorised in the medical record and any verbal support from staff in relation to self-administration
  - clearly labelling non-prescription Medications and over-the-counter products (for example sun block and nappy cream) with the child's name, instructions and ensuring expiry dates are visible
  - ensuring that no Medication or over-the-counter products are left in their child's bag or locker
  - taking all Medication home at the end of each session/day
  - informing the service if any Medication has been administered to the child before bringing them to the service, and if the administration of that Medication is relevant to or may affect the care provided to the child at the service
  - ensuring that their child's enrolment details are up to date, and providing current details of persons who have Lawful Authority to request or permit the administration of Medication.
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5.5. Volunteers and students, while at the service, are responsible for following the *Administration of Medication Policy* and its procedures.

## **6. References, Sources, Links to Legislation and Other Documents**

6.1. Related service policies:

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *MCC Child Safe Policy, Procedure and Code of Conduct*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy.*

## **7. Attachment**

7.1 Medical Conditions Risk Minimisation and Communication Plan (Below)

7.2 Medication Record (below)

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## 7.1 Melton City Council Children's Services Medical Conditions Risk Minimisation and Communication Plan

A Medical Conditions, Risk Minimisation and Communication Plan specifies practical strategies to minimise risks, and who is responsible for implementing the strategies at a service. This Plan is developed in consultation with families of children who have an identified medical condition and should align with the child's Medical Management Plan that has been prepared and signed by the child's medical practitioner. This Plan is reviewed at least annually, on enrolment or diagnosis of a medical condition, or when an update is needed/provided.

Service Name:	Photo of child provided by parent attached: yes / no
Child's Full Name:	Date of Birth:
Medical condition/s:	
Medical Management Plan provided by parent from Medical practitioner is attached: Yes / No	
Action plan location:	Medication Location:

### **In terms of this Risk Minimisation and Communication Plan, the service will, before the child attends the service:**

- at enrolment identify any child who has been diagnosed with a specific medical condition
- Communicate to Parent/Guardian where to access the Dealing with Medical Condition Policy and Procedure on website.
- obtain a Medical Management Action Plan from the parent/guardian that has been prepared and signed by the child's medical practitioner
- in consultation with the parent/guardian develop this Risk Minimisation and Communication Plan
- attach a current photograph of the child provided by the parent to the Medical Management Action Plan and upload the photo to the provider software to support all staff to identify the child
- the staff member enrolling the child will identify the child's specific medical condition to the appropriate leadership, staff and educators,
- staff member signed below who will lead and develop this plan, to provide this Plan and the Medical Management Action Plan via email to all team members and the parent
- educators will have a specific place to display as detailed above, all Medical Management Action, Risk minimisation and Communication Plans to ensure easy access for all staff to refer to quickly with a **sensitivity for confidentiality and privacy** e.g. in the classroom store cupboard or medical folder
- Discuss with Parent - Medical Management Plan, Risk Minimisation and Communication Plan and medication is taken on all excursions the child attends
- educators will communicate in writing to all other families in care the Allergen triggers and other requirements for ensuring the safety of all children at risk
- leadership will identify any training and development for team members to ensure compliance with child at risk safety

### **During the program, the staff and educators will:**

- educators will, in line with confidentiality and privacy, identify any child's specific medical condition, location and risks e.g. triggers, to any relevant relief or casual staff, students, volunteers or visiting early childhood professionals
  - Educator will check medication details, dosage, authorizations and expiry date before administering
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- Educator will follow duty of care, policy and procedure for medical management, incidents, illness etc. and document any reflections and feedback to leadership of practice issues or concerns
- Leadership will ensure external notifications are completed as per the policies and procedures, regulations etc.

**The parent will:**

- Parent/Guardian is aware of the policy that the child who has been prescribed with medication is NOT permitted to attend the service without providing the prescribed in date medication, signed in and medication authorization form completed each day of attendance.
- the parents/guardian and educators are required to communicate any changes with each other in writing e.g. email, SMS. The Medical Management Action Plan and Risk Minimisation and communication Plans need to be updated each time a change occurs, and a copy is to be provided to the person in charge at the service.

If applicable, please list below any other communication processes to be changed or added to this communication plan

<b>Strategies to avoid medical triggers</b>			
<b>Risk - possible triggers</b>	<b>Relevant Yes / NA</b>	<b>Strategy - how to prevent this occurring</b>	<b>Who is responsible</b>
Parent provided		Menus planned with parents instruction & food prepared	Educator, Parent
Parent provided		The parent provides all of the food for the at risk child.	Parent
Food cross contamination		Ensure separate storage of allergen foods or ingredients	Educator Parent
		Ensure food handling minimises cross contamination, including hygiene of surfaces, utensils and containers.	Educator
		Have liquid soap, running water and paper towels accessible for all children's use	Educator
Consumption of Food Allergen		System to ensure child is only served food prepared for child at risk e.g. self-serving, separated lunch boxes, separate utensils and crockery.	Educator Parents
		Child consumes food together with peers and allows social inclusion, seated in low risk space	Educator
		Children are regularly reminded of no food sharing	Educator
		Children are supervised during eating.	Educator
Cooking with children with Food Allergens		Endeavour for parents of child at risk to be included in the planning. Parents may prefer to provide the ingredients themselves, change recipe or supplement an ingredient.	Educator Parent
		Ensure cooking encouraged, active participation, inclusive	Educator
Party or celebration		Give plenty of notice to families about the event and limitations in writing.	Educator
		Ensure, if appropriate and requested, a safe treat is provided for child at risk if treats are provided for children	Parent Educator



		Specify foods that families or educators may bring for the party and note particular foods and ingredients	Educator
Protection from insect allergies		Decrease the number of plants that attract insect allergen.	Educator
		Ensure child wears clothes with long sleeves and shoes outdoors.	Educator Parent
		Manage any instance of insect infestation.	Educator
Latex allergies		Avoid the use of party balloons or contact with latex gloves.	Educator
<b>Additional strategies to avoid medical triggers</b>			
<b>Risk - possible triggers</b>	<b>Strategy - how to prevent this occurring</b>		<b>Who is Responsible</b>

Parent/Guardian Name	Signature	Date
Supervisor/Educator/Staff Name developing this Plan	Signature	Date

**This Risk Minimisation and Communication Plan emailed to all team members and parent when completed:**

Name of Educator/team/parent	Date Copy Sent	By Who

**Dates of Review:** *(upon enrolment/annually/when changes occur/new diagnosis/after significant events)*

Date	Parent/Guardian Name	Educator/Staff Name	Next Review Due

*Please retain a copy of this plan onto the child's file electronically, scan, email parent updated copy after each review.*

