

Applies to	Intereach Family Day Care (FDC) and Intereach Out Of School Hours (OOSH)					
Policy	NQS Two: Children's Health and Safety Policy					
Version	3.0	Date approved	21/11/2023	Next review date	21/11/2026	

1. Objective

Intereach staff and educators will facilitate effective care and health management of children who are taking medications for health conditions, prevention, and management of acute episodes of illness or medical emergencies by the safe administration of medication, and compliance with the regulations.

This procedure refers to the administration of medication, including prescribed and non-prescribed, by staff and educators to children in their care. Where a child has been diagnosed with a medical condition, children are supported in accordance with the Dealing with Medical Conditions Procedure.

2. Definitions

- Prescribed medication for the purpose of this procedure, 'prescribed' medication is:
 - authorised by a health care professional; and,
 - dispensed by a pharmacist with a printed label, which includes the name of the child being prescribed the medication, the medication dosage and expiry date.
 (Medication issued from a hospital may not have this information. When such details are not on the medication the Nominated Supervisor or a Certified Supervisor from the relevant service may need to call the hospital to verify details. In the first instance it is the parent's responsibility to verify the details and have changes made to the instructions.)

Examples of prescribed medication are antibiotics, Asthma inhalers, Prednisone, and Ritalin.

- **Non-Prescribed Medication -** Medication that does not meet the criteria for prescribed medication, can be considered '**non-prescribed**'. This includes:
 - o over the counter medication;
 - o medication dispensed by a naturopath/homeopath; or,
 - medicine considered complementary or alternative such as vitamins and cultural herbs or remedies.

Examples of non-prescribed medication include topical or antifungal creams for nappy rash or eczema; paracetamol; ibuprofen; antihistamine for an allergy; or teething gel.

 Authorised person - A parent or person named in the child's enrolment record as authorised to consent to administration of medication.

3. Responsibilities

It is the responsibility of the Nominated Supervisor to:

- inform families of this procedure upon and throughout enrolment;
- ensure safe and appropriate administration of medication in accordance with legislative and regulatory requirements;

Version 3.0 Page 1 of 5

- ensure administration of medication to a child is not performed without proper authorisation from a parent/guardian or a person named in the child's enrolment record as an authorised person to consent to administration of medication; and,
- ensure medication records for each child who receives or will receive medication administered by the service are maintained and retained according to the *Intereach Data* Security and Retention Policy.

It is the responsibility of staff and educators to:

- ensure each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of or to authorise administration of medication to the child:
- ensure administration of medication to a child is not performed without proper authorisation from a parent/guardian or a person named in the child's enrolment record as an authorised person to consent to administration of medication;
- ensure that all details in the medication record have been completed by parents/ guardians or by the authorised persons prior to administering medication;
- administer medication only if qualified and have authorisation to do so in accordance with administration of medication procedure;
- ensure that prescribed medications to be administered are provided in their original container with the label intact, bearing the child's name, dosage, instructions and the expiry date;
- ensure that prescribed medications to be administered at the service are within their expiry date:
- complete a risk minimisation plan in collaboration with the family and communication plan;
 and,
- keep all health records of a child until the child turns 24 years old.

4. Procedures

This procedure should be read in conjunction with the Dealing with Medical Conditions Procedure.

4.1. Administration of medication – Authorisation

Authorisation for the administration of medication is required from the child's parent or a person authorized to consent to administration of mediation on the enrolment form.

4.1.1. Exception to the authorisation requirement – anaphylaxis or asthma emergency

Medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency. In this event, the staff member or educator will:

- respond to the child's immediate needs and if applicable, follow the current Management Plan for that child's condition;
- notify the child's parent/quardian and emergency services as soon as is practicable;
- complete an Incident, Injury, Trauma, and Illness Form in line with the *Incident, Trauma and Illness Procedure*. The incident report should clearly identify:
 - details of medication administered;
 - o details on how the medication was administered (e.g. How many puffs); and,
 - o the date and the time medication was administered.
- report to the Nominated Supervisor within 24 hours of the incident.

Version 3.0 Page 2 of 5

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as per the Children's Services *Dealing with Medical Condition Procedure* and the child's parent/guardian and emergency services will be contacted as soon as possible after first aid has commenced.

4.2. Storage of medication

- Medication must be stored securely in a locked cupboard or container inaccessible to children. Emergency Medication (ie Epi Pen, Ventolin) does not need to be stored in a locked cupboard, however needs to be easily accessible to staff and educators and not accessible to children.
- Medication that requires refrigeration is stored in a childproof container in a refrigerator or in a refrigerator inaccessible to children.

4.3. Administration of medication

- Prior to administering medication, the Educator must review the child's medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
- Educators must wash their hands immediately before and after administering medication.
- Any instructions attached to the medication or provided by a registered medical practitioner is followed while administering medication to a child.
- All non-prescribed medications are labelled with the child's full name and date of birth, this can be done by the chemist or parent.
- Cough and cold medication that is bought over the counter is not administered to children less than two years of age unless it has been prescribed by a doctor.
- If an educator or staff member is in doubt about the safety of administering any medication or treatment, the educator or staff member should not administer the medication or treatment and refer the matter to the Nominated Supervisor and seek advice from the parent/guardian, doctor, or the local Public Health Unit.

4.4. Self-administration of Medication

Children over preschool age (as defined in the Education and Care Services National Regulations 2017) are permitted to self-administer medication where written authorisation is provided via the Medication Form.

- Authorisation must be by the parent/guardian or person with the authority to consent to the administration of medication.
- The self-administration of medication must be supervised by staff or educators to ensure medication is administered as per the *Medication Form*.
- After the child has administered the medication, the staff/educator must document the administration of medication on the *Medication Form*.
- If the medication is self-administered on any emergency situation (eg. Administration of preventative medication for asthma) the staff/educator must complete an incident form.
- Medication must be stored in accordance with 4.2.
- For children who require regular asthma medication and are approved to administer their own medication, an *Asthma Form* must be completed.

4.5. Emergency Administration of medication

In the case of an emergency (including anaphylaxis or asthma) medication may be administered by a qualified staff or educator providing verbal consent is obtained from the

Version 3.0 Page 3 of 5

parent/guardian named in the child's enrolment record as authorised to consent to administration of medication.

- If this person cannot be contacted, a registered medical practitioner or medical emergency service can provide verbal consent.
- If medication is administered to a child based on verbal consent from a registered medical practitioner or medical emergency services, the Nominated Supervisor must ensure written notice is given to a parent or other family member as soon as practicable.

5. Monitoring, evaluation and review

This procedure will be reviewed every three years and incorporate feedback and suggestions from children, families, educators, coordinators, volunteers and students or when there is a legislative change.

6. National Quality Framework

Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

7. Context	
7.1. Standards or other external requirements	Australian Children's Education and Care Quality Authority (2017). National Quality Standards. Australian Children's Education and Care Quality Authority (2017). Guide to the National Quality Framework. Department of Education, Employment and Workplace Relations. Childcare Provider Handbook 2023. Early Childhood Australia (2016). Code of Ethics Australian Children's Education and Care Quality Authority (ACECQA) https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training National Health and Medical Research Council 2013 (5th Ed). Staying Healthy: Preventing infectious diseases in early childhood education and care services.
7.2. Legislation or other requirements	Education and Care Services National Regulations consolidated 2017 Education and Care Services National Law Act 2010

Version 3.0 Page 4 of 5

7.3. Internal	Dealing with Medical Conditions Procedure	
Documentation	Incident, Injury, Trauma and Illness Procedure	
	Administration of First Aid Procedure	
	Incident, Injury, Trauma and Illness Form (Hardcopy Book)	
	Medical Management and Risk Minimisation Plan	
	Medication Form – FDC	
	Medication Administration Form – OOSH Asthma Form	

8. Document control						
Version	Date approved	Approved by	Next review date			
1.0	2/12/2019	R. Phillips – Acting Senior Manager, Children and Family Services	2/12/2022			
2.0	1/9/2020	S. Hall – General Manager, Operations	1/9/2023			
2.1	25/05/2021	T. Mercer – Program Manager, Quality	1/9/2023			
3.0	21/11/2023	M. Piffero – General Manager, Operations	21/11/2026			

Version 3.0 Page 5 of 5