



Administering Medication	
Related Documentation	Medication Form – Doctors Authorisation for long Term Medication (12 months) Medication Form – Short Term Parent Authorisation for Self-Administering Medication (School aged children) - Short Term Permission for Unprescribed Products Medical Conditions Medical Conditions Plans
Relevant Legislation	Education and Care Services National Regulations
Responsible Officer	Manager Education and Care Services

Uncontrolled when printed.

Definitions

Nil

Objectives

To ensure the correct procedure is followed when administering medication.

Training and Competence

Council is committed to staff receiving training relevant to the tasks/activities undertaken in this procedure. Training requirements will be reviewed at least annually as part of the performance appraisal program, and recorded in Pulse. All training will be evaluated to ensure continuous improvement.

Competence of employees, including any contractors, labour hire employees or volunteers, will be assessed prior to their being expected to carry out the tasks associated with this procedure.

Records Management

All records related to this procedure are to be stored in IRIS (Intelligent Record Information System) in accordance with Council's Records Management Policy.

Review and Evaluation

To maintain relevance and currency, this procedure will be reviewed on a two-yearly basis or as required due to changes in relevant legislation and codes of practice or changes to systems and processes.

The procedure will also be evaluated in consultation with employees at appropriately identified intervals to evaluate its effectiveness.

Regular review and evaluation is an opportunity to determine whether the procedure is fit for purpose and reflective of operational practice, and provide an opportunity to implement corrective measures or amend the procedure if required.

DATA AND DOCUMENT CONTROL

Procedure

Medication can only be given to children in accordance with the Education and Care Services National Regulations.

Authorisation

A parent or guardian must provide authorisation for educators to administer medication to their child using one of the following medication forms supplied by the service;

1. Medication Form – Short Term

This form is used for either;

- Prescribed medication to be administered at a specific time/s for a maximum of 10 days (such as antibiotics and creams/lotions).
- Unprescribed medication to be administered at a specific time/s for a maximum of 3 consecutive care days (such as Panadol, cough mixture, teething gels).

Please note: these medications cannot be used as a preventative measure (for example; to prevent the child from developing a fever).

2. Medication Form – Doctors Authorisation for Long Term Medication (12 months)

- This form is used for ongoing medication, authorised by a doctor, for educators to administer at a specific time/s each day the child attends the service for a maximum of 12 months (such as Ritalin or regular asthma medication).

Please note: a new form must be completed every 12 months if the medication is to be administered beyond the original 12 month authorisation.

3. Medical Condition Plan

This form must be used if a child has a medical condition such as;

- Asthma
- Diabetes
- A diagnosis that a child is at risk of anaphylaxis
- An allergy, or
- Other specific health care need.

Please refer to the Medical Conditions procedure for specific information regarding the requirements of this form.

4. Permission Form for Unprescribed Products

- This form is used for un-prescribed products for educators to administer that may not have a specific time each day the child attends the service, for example, after each nappy change or before sleep/rest (such as nappy rash cream, powders, teething gels, sun block and nappy wipes).

Please note: Parents/guardians and educators are to review the form every 6 months, or when a product is added to, or deleted from, the form and sign to acknowledge the authorisation is current.

A parent/guardian may only authorise a dosage that is the same or less than when is written on the chemist/medication label unless otherwise provided in writing by a Doctor. The medication must be administered in accordance with any instructions attached to the medicine or written instructions provided by a medical practitioner.

Amendments to authorisations will not be accepted on the original medication form. A new medication form must be completed if the dosage, times or other details of administration change.

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Administration

The following requirements are to support educators to ensure medication is administered correctly and safely while maintaining the dignity and rights of every child in accordance with the Interactions with Children procedure.

- 1. Medication should only be given by a permanent educator who has a current first aid certificate whenever possible.** Casual and temporary educators may only administer medication when there are no permanent educators available on the premises. School age children may self-administer medication only if written permission has been given by the parent/guardian and in accordance with the other requirements of this procedure.
- 2. Medication must be in the original chemist prescription container (or the original packaging/container if not prescribed medication).** Medication which is dispensed in a "blister pack" must be sealed in the pack when provided to the service. If the medication is no longer contained within the blister pack it cannot be administered.
- 3. The medication must be given while children are awake.** No child is to be force fed medication. Educators must give the medication at the exact time stated by parent/guardian, unless the parent/guardian has indicated on their medication form that the timing can be delayed, for example if the child is asleep.
- 4. Educators must not put medicine into a child's bottle or food/lunch.** In exceptional circumstances, a Doctor may authorise in writing to administer a tablet on a teaspoon with jam/honey etc. or crushed with a cup of juice. In these circumstances both the educator administering and witnessing the medication must stay with the child and verify it has been consumed (or remove the medication if it hasn't) to ensure other children cannot access the medication.
- 5. Educators must only give a child medication in the presence of another educator. (Not applicable to Family Day Care Educators)**
 - Administration of medication should only be witnessed by a permanent educator with a current first aid certificate, whenever possible. Casual and temporary educators, or educators without a current first aid certificate, may only witness the administration of medication when there are no other permanent educators available on the premises.
 - Trainees with a first aid certificate may only act as the witness to the administration of medication in the presence of a second witness wherever possible. Trainees are permitted as the only witness where there are no other educators available on the premises with a current first aid certificate.
- 6. If there are any concerns regarding medication that has been administered to a child, call NSW Poisons Information Centre on 131 126 and follow the advice they provide.**
- 7. The educator giving the medication must:**
 - a. Get the Medication Form and medication.
 - b. Check the Medication Form and compare with the medication to check:
 - Child's name
 - Medication name
 - Dosage
 - The required timeframe between each dosage
 - Time the medication was last administered
 - Expiry or use by date (whichever is sooner)

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- Time and date to be administered
- The manner in which the medication is to be administered
- The current photo ID of the child (School Holiday Care only).
- c. Check medication is stored in the original chemist prescription container (or original container if not prescribed medication).
- d. Check medication which is dispensed in a “blister pack”. If the medication is no longer contained within the blister pack it cannot be administered.
- e. Prepare medication.
- f. If a full tablet is not required and the tablet needs to be cut, educators must use a pill cutter to cut the tablet into the required dosage e.g. ¼ of a tablet. The unused portions of the tablet are to be resealed into the blister pack or placed back in the bottle and may be used next time this medication is to be administered.
- g. Get another educator to witness (Not applicable to Family Day Care) in accordance with point 4 above.
- h. Complete and sign the relevant section of the medication form.

8. The educator witnessing the administration of medication must:

(Not applicable to Family Day Care)

- a. Recheck the medication form and compare with the medication for the:
 - Child’s name
 - Medication name
 - Dosage
 - The required timeframe between each dosage
 - Expiry or use by date (whichever is sooner)
 - Time and date to be administered
 - Time the medication was last administered
 - The manner in which the medication is to be administered
 - The current photo ID of the child (School Holiday Care only).
- b. Check the medication is stored in the original chemist prescription container (or original container if not prescribed medication).
- c. Check medication which is dispensed in a “blister pack”. If the medication is no longer contained within the blister pack it cannot be administered.
- d. Check that the correct child is receiving the medication.
- e. Sign the completed medication form in the witness section.

9. Emergency medication can be administered by an educator if:

- a. In the case of an emergency the parent verbally authorises consent to administer the medication. A Child Illness Record will be completed in this instance.
- b. The parent or guardian cannot reasonably be contacted. In these circumstances a registered medical practitioner or a paramedic can give authorisation. A Child Illness Record will be completed in this instance.

10. Exception to authorisation requirement

Medication may be administered to a child by an educator without an authorisation in case of an anaphylaxis or asthma emergency. If medication is administered the Nominated Supervisor must ensure the child’s parent or guardian and emergency services be contacted as soon as practical. A Child Illness Record will be completed in this instance.