

MEDICATION POLICY

POLICY:

Educators will facilitate effective care and health management of children who are taking medications for health problems, prevention and management of acute episodes of illness or medical emergencies, by the safe administration of medication, and compliance with the applicable regulation.

RATIONALE:

Studies of children in child care have found that on any one day, 5% are on medication for an illness, mostly for asthma, respiratory or ear infections, or allergies, and in a month, half will have been on over-the-counter medication for colds or allergies. Some children have chronic health problems such as asthma, diabetes, epilepsy and allergies and may be at risk of a medical emergency while in care and require emergency treatment or medication.

PRACTICES:

To facilitate effective care and health management of children who are taking medication for a health problem, prevention and management of acute episodes of illness or medical emergencies requiring administration of medication, educators will:

Regularly ask parents to inform them if their child has a chronic health problem such as asthma, epilepsy, diabetes, severe allergy, food allergy or anaphylaxis, requires ongoing medication, or might require emergency medication, treatment or first aid. Where a child suffers from asthma, an **Asthma Action Plan**, or similar, is to be completed by the parent, and signed by the child's doctor, indicating the steps for the educator to take in the event of an asthma emergency. Where a child is at risk of severe food allergy/anaphylaxis, an **Action Plan for Allergic Reactions/anaphylaxis** should be completed by the parent and signed by the child's doctor.

If a child has recently experienced a potentially life threatening health / medical incident or emergency, the child may be excluded from care until a clearance from the child's doctor and, if necessary, an Emergency Action Plan signed by the child's doctor, has been supplied by the parent, to the educator & the coordination unit.

Regularly ask families to provide a summary of their child's health, medications, allergies to medication or other substances, the doctor's name, address and phone number, and a First Aid Management Plan approved by their doctor if relevant, following enrolment and prior to the child starting with the service.

The scheme will remind parents to inform the service of the above, via newsletters and Contracts for Care.

Medication may be administered to a child, when written permission from the child's parent is obtained. Written parental permission will be given in the **Medication Record Book**.

The permission **MUST** specify-

- (1) which medication the parent is providing, including the expiry date of the medication and the name of the prescribing doctor.
- (2) when parents want medication to be given eg: the actual time or "as required when child becomes wheezy".
- (3) details of the most recent dose of the medication and the date and time it was administered.
- (4) the form must be signed and dated by the parent.

In the case of medication being required in an emergency without prior consent, make every attempt to secure verbal consent, **or consent via text message**, from the child's parent or legal guardian, or from a registered medical practitioner. **In any emergency, if there is no immediate access to a parent, nominated responsible person, doctor, dentist or hospital**, call the ambulance service on **000** (*even from a mobile phone*).

Despite the regulatory requirement to obtain authorisation to administer medication, medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency.

If medication is administered under this regulation, the nominated supervisor of the service or the educator must ensure that the following are notified as soon as practicable—

- (a) a parent of the child;**
- (b) emergency services.**

Before administering medication, check the expiry date and that the instructions on the Medication Permission Form are consistent with both the doctor's instructions and the name and instructions on the label. If there is any doubt or inconsistency, the educator should check with the doctor or pharmacist, and advise the parent if it is considered the medication should not be administered.

Advise parents who provide medication to be administered to their child, that they must meet the conditions of the relevant legislation and these guidelines, otherwise the medications will not be administered.

After administering any medication to a child, the educator will complete a “Notice of Administration of Medication” (*found in the back of the Medication Permission Booklet*). This notice will be supplied to the parent when the child is collected from care at the end of the session.

Educators should note the child's symptoms, if any, and time and dosage of medication administered on the back of the form (*in the Medication Record Book*) and keep this for their own records.

Ensure medication is administered to a child only from its original packaging. Prescribed medications must only be administered to the child for whom it has been prescribed, from a container bearing the practitioner's label showing the child's name, and a current use by date, in accordance with any written instructions relating to the medication.

Medication prescribed for one child will not be administered to a sibling or another child.

The administration of homeopathic, naturopathic, over-the-counter or non-prescribed medications (*including cold preparations and paracetamol*) also requires written parental permission, instructions and dosage. **Do not give any unidentifiable medicine to a child.**

Be aware that homeopathic, naturopathic, herbal and over-the-counter medications may also have adverse effects and health risks.

In relation to administering medications, educators will:

- ensure that they are adequately informed / trained by an appropriate person, eg. the child's doctor or child's parent,
- comply with all relevant legislation, regulations, policies and guidelines,
- ensure prior written parental consent is obtained wherever possible,
- act in the best interests of the safety and health of the child.

Keep the Medication Permission Book in a confidential file. Health records are required to be kept until the child reaches 25 years of age.

If any medical or first aid information, instructions or medication labels are written in a language other than English, ask the family to obtain an English version from their doctor or pharmacist to provide to the educator.

Ensure medication (*other than epipens – see below*) is securely stored (*ie. locked*) and is inaccessible to children. Medication requiring refrigeration (eg. eye drops, antibiotics, syrups) must be stored in a **secure/locked container in the fridge.**

Epipens (*used in response to an anaphylactic reaction*) should be stored at room temperature in a place that is inaccessible to children. eg. on a hook high on the wall of an area easily accessible by the educator. **It is essential that children do not gain access to the Epipen but as the educator will need immediate access to the Epipen if a child suffers an anaphylactic reaction it is recommended that they not be locked away.**

(If in doubt as to how to best store an Epipen, educators should seek guidance from their coordinator)

If any emergency arises where there is doubt or concerns about the child's wellbeing, the educator must act in the best interests of the child's safety and health, by calling **000** for an ambulance, a doctor, contacting the family, or the scheme co-ordination unit staff.

Educators must maintain confidentiality regarding children's health and medications. Therefore, when obtaining parental permission for administering medication, it is necessary to use a separate page of the booklet for each family.

Records concerning health matters

(1) The following written records are to be kept by the educator, in relation to the child's health:

- (a) the name, address and telephone number of the child's doctor (if any),
- (b) any written authorisation by a parent of the child for the administration of any medication by an educator, and any medical practitioner's instructions relating to its administration,
- (c) if any medication is administered to a child by an educator:
 - (i) the name of the medication, and
 - (ii) the date, time and dosage administered, and
 - (iii) the name and signature of the person who administered the medication,

(d) any written particulars provided by a parent of the child advising that the child suffers from allergies, epilepsy, asthma or any other specified medical condition and of the treatment to be given if the child appears to be severely physically affected by the condition while in care.

(e) any written authorisation by a parent of the child for emergency medical, hospital, dental and ambulance service,

(f) a copy of the child's healthcare card, the Medicare number by which the child is covered, and (if known) the name of any health fund that has issued a policy by which the child is covered,

(g) the nature and circumstances (*including the date and time*) of any injury to the child or illness of the child whilst in care,

(h) particulars of treatment given to the child if the child is injured or becomes ill whilst in care,

(i) if the child dies whilst in care, the details surrounding the child's death.

(2) The Family Day Care educator who provides care for the child must ensure that the records referred to above are made in relation to each child provided with the service and (*as appropriate*) kept up to date and confidential.

(3) When an educator leaves the scheme, all these records, along with others, should be lodged with the coordination unit for secure storage.

Relevant Legislation: *Education and Care Services National Regulation 2011*;
Work Health and Safety Act 2011;

Key Resources: *Staying Healthy in Child Care, NHMRC, 5th edition 2013*;
Health & Safety In Family Day Care, Model Policies & Practices, 2nd edition, 2003;
<http://www.health.gov.au/nhmrc/>