

Medication Policy

Purpose

This policy will clearly define the:

- Responsibilities of Educators, parents/guardians, and the approved provider to ensure the safe administration of medication at ECMS services
Procedures to be followed when a child requires medication while attending any ECMS service.

Principles

ECMS 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.

Scope

This applies to all ECMS staff (including relief) and also applies to incursions and excursions.

Background

Medication (including prescription, non-prescription, and over-the-counter medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

In the case of an emergency, medication may be administered to a child without authorisation following the specific directions of the child's medical management plan.

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In this circumstance, the child's parent/guardian, authorised nominee, and/or emergency services must be contacted as soon as possible (Regulation 94).

When Educators are required to administer medication, they must abide by specific regulatory requirements, such as written consent, and must follow the guidelines of this policy and the procedure. The administration of medication is considered a high-risk practice and as such carries obligations for both staff and parents/guardians.

All medications, regardless of whether they can be obtained over-the-counter or at supermarkets are dangerous substances and need to be treated, handled, and stored accordingly.

The role of the Medical Practitioner

The Medical Practitioner is responsible for the diagnosis, commencement, and review of the treatment. This includes the prescription of new medications and cessations of current medications.

The role of the Pharmacist

The pharmacist is responsible for the supply and dispensing of medications in accordance with a Medical Practitioner's prescription. The pharmacist can provide advice regarding drug information.

The role of Educators

Educators are responsible for ensuring children who are receiving medication are receiving medication/s as prescribed by their Medical Practitioner. In addition, Educators must ensure:

- To follow the procedures when administering prescribed medication to a child as outlined in the ECMS Medication Procedure
- Ensure that there are two staff witnessing the preparation of the medication and that both confirm the identity of the child to who the medication is to be administered
- To record the administration of the prescribed medication/s
- To ensure safe storage of medication
- To observe the effects and possible side effects of medications
- They notify the parent/guardian of medications nearing expiry dates to ensure availability if required
- Where side effects occur, the staff must report these immediately to the family and the Nominated Supervisor.

Prescribed medications

Children may only be given prescribed medication at the service if:

- They are prescribed by a Medical Practitioner and are in the original container labelled by the pharmacy with the child's name
- The medication provided is before the expiry or use-by date

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- Parents/guardians complete and sign the Medication Book each day, specifying the dose to be given, the time, method of administration, and when the last dose of the medication was administered.
- The above information is consistent with the pharmacy label on the medication
- The prescribed medication has been administered to the child previously

Educators will not administer the first dose of any medication.

Over-the-counter medications

- Children may be given a medication that is not prescribed by a medical practitioner, i.e., any over-the-counter medication or cream/lotion that has directions and a dosage limit listed on the container
- The medication must be written in the medication record
- Over-the-counter medications that are not age-appropriate or the dosage inconsistent with labelling, must be accompanied by a medical practitioner's letter, which details the length of time the medication is to be given and the specific dosage
- Over-the-counter medications will only be given for TWO DAYS consecutively in any one week unless supplied with a medical practitioner's written authorisation stating the child's name, medication, dose and time to be given
- This limit to the administering of over-the-counter medications has been designed to avoid the responsibility of the inappropriate use of medication with young children
- Educators will inform the Nominated Supervisors of all over-the-counter medications brought into the centre.

Educators will not administer the first dose of any medication.

Homeopathic Medications

ECMS respects parents/guardian's rights to make choices on the types of healthcare that they access for their families. Some families may choose alternative medicine options to assist in the care and prevention of disease. Homeopathic medications are to be administered with the same procedures as is required for any medication.

Some homeopathic medications prescribed are not regulated by the Australian Therapeutic Goods Administration (TGA) which has strict criteria for approving the use of medications and therefore the ingredients of these cannot be assured.

As a result, further requirements are required for the administration of homeopathic medications within the services.

The staff will request:

1. The Medication needs to be provided in the original packaging with an ingredients list which can be assessed for potential allergens within the service
2. The medication needs to be commercially produced and under the regulations of the TGA
3. A supporting letter needs to be provided by a registered Homeopath or registered Medical Practitioner **in Australia**

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- The ongoing medication form needs to be completed and medication procedures followed as usual.

Educators will not administer the first dose of any homeopathic medication.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the Education and Care Services National Regulations 2011) may allow a child over preschool age to self-administer medication. The approved provider must consider their duty of care when determining under what circumstances such permission would be granted.

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child’s parent/guardian
- Parents/guardians will provide written details of the medical information and administration protocols from the child’s medical/specialist medical practitioner(s)
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

Roles & Responsibilities

Director ECE	<p>Accountable for:</p> <ul style="list-style-type: none"> Ensuring implementation and compliance with this policy and procedure.
Area Managers	<p>Responsible for:</p> <ul style="list-style-type: none"> Ensuring implementation and compliance with this policy and procedure Ensuring that medication is not administered to a child being educated and cared for by the service unless it is authorised, and the medication is administered in accordance with the ECMS Medication Policy and Procedure and consistent with Regulation 95 Ensuring that if a child over preschool age at the service is permitted to self-administer medication (Regulation 96), an authorisation for the child to self-administer medication is recorded in the medication record for the child Ensuring that a medication record that meets the requirements set out in Regulation 92(3) is available at all times for recording the administration of medication to children at the service (Regulation 92). Ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (Regulation 93(2))

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	<ul style="list-style-type: none"> • 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 (Regulation 94(2)) • Ensuring that at least one Educator on duty has a current approved first aid qualification (Regulation 136). • Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions • Ensuring that all Educators are familiar with the procedures for the administration of medication • Ensuring that medication records are kept and stored securely for the period of time determined by the DET after the last date on which the child was educated and cared for by the service (Regulation 183(2)(d)).
Nominated Supervisors/ Centre Directors	<p>Responsible for:</p> <ul style="list-style-type: none"> • Ensuring that medication is only given to a child where authorisation has been provided, and medication is administered in accordance with legislation and this policy (Regulation 93(3)) • 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, asthma, or other medical emergencies (Regulation 94(2)) • Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration) • Being aware of children who require medication for ongoing conditions or in emergencies, and ensure that the medical management plans are completed and attached to the child's enrolment form, and displayed for use by those caring for children (being sensitive to privacy requirements) • Documenting 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 record) • 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. • Ensuring that any medication that is accidentally dropped is not administered to a child or returned to the original

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	<p>container and that parents/guardians are informed if an incident of this nature occurs</p> <ul style="list-style-type: none"> • Informing parents/guardians that non-prescribed medication (except for 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 ECMS services for general use and that the administration of paracetamol will be in line with the administration of all other medications.
<p>Educators (in conjunction with parents/guardians and their Nominated Supervisor/Centre Director)</p>	<p>Responsible for:</p> <ul style="list-style-type: none"> • 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 (Regulation 160(3)(iv)) • Document/journal information for peers regarding recent health of the child and if any medication has been recently administered by the parents • Ensuring that all medication provided is stored appropriately as per the manufacturer’s instructions and that this is stored in a location that cannot be accessed by children • Administering medication in accordance with Regulation 95 and the guidelines set out in the ECMS Medication procedure • Document administration of medication as per ECMS Medication Record • Communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours • Ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with Regulation 92(3) prior to administering medication • Monitor children to whom medication has been administered for any potential side effects • Obtaining verbal authorisation for the administration of medication from the child’s parents/guardians/authorised person (as recorded in the child’s enrolment record), or a registered medical practitioner or medical emergency

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	<p>services when an authorised person cannot reasonably be contacted in an emergency (Regulation (93)(5)(b))</p> <ul style="list-style-type: none"> • Ensuring that two staff members, one of whom must be an Educator, are present when verbal permission to administer medication is received, and that details of this verbal authorisation are completed in the medication record and signed by both educators • Ensuring that verbal permission is followed up with written authorisation as soon as is practicable • Ensuring that parents/guardians take all medication home at the end of each session/day (except emergency medication which is required to remain on-site at all times e.g. EpiPen). • Establish and maintain a positive and collaborative relationship with the children’s family to facilitate effective communication • Participate in accredited training in emergency management as required by regulations • Informing the Nominated Supervisor of any issues that impact the implementation of this policy
Parents/guardians	<p>Responsible for:</p> <ul style="list-style-type: none"> • Actively communicating to educators on arrival if their child has been recently unwell and informing the service if any medication has been administered to the child in the last 24 hours, 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 • Ensuring that any medication to be administered is recorded in the medication record kept at the service premises • Providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency • 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, administration instructions, and the expiry date (Regulation 95(a)(i)) • Ensuring that prescribed medications to be administered

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	<p>at the service are within their expiry date</p> <ul style="list-style-type: none"> • Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided • Clearly labelling non-prescription medications and over-the-counter products (for example sunscreen and nappy cream) with the child's name. The instructions and use-by dates must remain 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 (except emergency medication which is required to remain on-site at all times e.g. EpiPen).
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Sources

Related Policy and Procedure	<ul style="list-style-type: none"> • Anaphylaxis Procedure • Asthma procedure • Dental Care Procedure • Diabetes Procedure • Enrolment Policy • Epilepsy/Seizure Procedure • First Aid Procedure • Fever Procedure • Infectious Diseases Policy and Procedure • Medical Conditions Policy • Excursions • Incident, Injury, Trauma, and Illness • Privacy and Confidentiality
Relevant Legislation	<ul style="list-style-type: none"> • Education and Care Services National Law Act 2010 • Education and Care Services National Regulations 2011 Specific Regulations: 92, 93, 94, 95, 96 Related Regulations: 90, 91, 160, 161, 162, 168, 177, 178, 181-184 • Health Records Act 2001 (VIC) • National Quality Standard, Quality Area 2: Children's Health and Safety • Occupational Health and Safety Act 2004 (VIC) • Public Health and Wellbeing Act 2008 (VIC) • Public Health and Wellbeing Regulations 2009 (VIC) • Therapeutic Goods Act 1989 (Cth)
Sources and Further Reading	<ul style="list-style-type: none"> • Education and Care Services National Law and the Education and Care Services National Regulations 2011 (ACECQA, July 2018) • Guide to the National Quality Framework (ACECQA, Oct 2018) • Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013)

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- National Health and Medical Research Council: nhmrc.gov.au
- Anaphylaxis Australia: allergyfacts.org.au/allergy-anaphylaxis/food-allergy
- Asthma Australia: www.asthmaaustralia.org.au or phone (03) 9326 7088 or 1800 645 130 (toll free)
- Health Direct: www.healthdirect.gov.au
- NPS Medicine Wise: www.nps.org.au

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