Medication Administration Policy

Policy Number 2.5

Links to Education & Care Services National Regulations: 90, 91, 92, 93, 94, 95, 96, 177 and 183

Rationale: Medications in a childcare setting should only be given when absolutely necessary to ensure the child’s continued health. The administration of paracetamol to reduce fever carries the risk of masking symptoms of serious illness or delay the seeking of medical attention. Childcare staff are not qualified to diagnose or treat a medical condition.

Policy

The centre 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 regulation. Authority must be obtained from a parent or legal guardian before medication is administered by staff. Medication is only to be administered by senior staff who have a current First Aid Certificate in accordance with written instructions of the authorized medical personnel. The administration of oral homeopathic, naturopathic, over the counter or non-prescribed oral medication (including cold preparations and paracetamol) will not be administered to any child while in care, with the exception of children with a chronic health problem or life threatening illness.

Practices:

- If at all possible all medication should be administered at home.

- Medication will only be administered when accompanied by a medical consent form completed by parent or legal guardian. Permission must be given for each day medicine is to be taken. To avoid signing new consent form every day, the parent can write “until course complete” and specify concurrent dates.

- Medication will only be administered to a child from its original packaging. The medication will only be administered to the child for whom it has been prescribed for, from a container with the child’s name and a current use by date and in accordance with the authorized medical personnel’s instructions relating to the administration of the medication.

- Medication is not to be administered if
  1. it is out of date
  2. incorrect name appears on the bottle
  3. the bottle has no label
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- Medication must be given directly to a staff member and not left in bags or lockers.

- Medication must be stored out of reach of children but accessible to staff. Medication requiring refrigeration must be stored at the back of the top shelf of the fridge in a separate compartment or childproof container or in fridge with a child lock.

- Narcotic substances must be stored apart from other medications in an enclosure (e.g. cupboard) that is securely locked and the key retained by an authorized person who is entitled to administer this substance.

- Adrenaline auto-injecting devices, e.g. epipens/anapens should be stored in an unlocked, easily accessible place away from direct heat and not in a freezer or refrigerator. These devices must be signed in and out when taken from the usual place of storage. eg. excursions.

- School aged children that are able to self administer for life threatening conditions are able to access their own medication.

- Medication that is required to alleviate life-threatening conditions including anti-histamines and anapens/epipens will only be administered if a written guideline is provided by the authorized medical personnel and an Action Plan completed.

- For children with chronic medical conditions such as asthma, diabetes, epilepsy and allergies a Medical Action Plan must be completed detailing the child’s medical condition, emergency details, photo of the child, medication requirements and must be signed by the authorized medical personnel. These Action Plans must be reviewed annually or as conditions change.

- Staff are to undertake regular and specific training on the administration of anapens/epipens and asthma medication.

- Medical Consent forms must be kept in child’s confidential profile and kept for a period of 3 years from the date the child last attended the service.

- If a staff member feels doubt about the safety of administering medication or treatment they are to seek advice from the parent/guardian, Director or CEO of Service and or the Local Public Health Unit.

- Before administering medication, check the instructions on the Medication Consent Form are consistent with both the authorized medical personnel’s instructions and the name and instructions on the label. Check the expiry date and recommended time frame for usage of the medication. If there is any doubt or inconsistency,

- staff are to seek confirmation from parent/guardian, seek advice from CEO/Director or the authorized medical personnel direct.

- All administration of medication must be witnessed and checked by second senior staff member. Both staff members must sign Medication Consent Form when medication is administrated and parents must sign form when the child is collected.

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Medication Administration Policy cont.

- Where a child may leave care and the child’s medication (a narcotic substance) is left at the centre advice must be sought from a pharmacist regarding the correct disposal of this medication.

- If a child is administered the wrong medication, the wrong dosage or takes medication via the wrong route, the following steps should be taken

  1. ring the POISONS INFORMATION LINE 131126
  2. give details of the incident and client
  3. act immediately upon their advice
  4. Notify Director or CEO who will contact the child’s parent/guardian.
  5. document actions in a full report
  6. Review medication procedures at the worksite in light of incident.

Definition of Authorised Medical Personnel
Doctors/pharmacists, dentists, authorized optometrists, optometrists and authorized nurse practitioners.

Links to other Policies
- Management of unwell child
- Exclusion Policy
- Notifiable Disease Policy
- Hygiene and infection control
- Occupational Health and Safety
- Safe Buildings Environment and Equipment
- Confidentiality

Developed in consultation with Staff, families and Board of Directors

References:
- National Health and Medical Research Council (2005) Staying Healthy in Childcare 4th edition, Canberra
- Childcare and Children’s Health, Vol 8, No2, April 2005

Reviewed: July, 2011
Next Review: July, 2014  Policy reviewed June 2012 due to changes in regulations
Next Review: June 2015

Review:
This policy will be updated when:
- Changes are made to regulations or legislation
- We become aware of information indicating that best practice requires us to make alterations to our existing policy
- As part of the services normal policy review cycle of three years