

4.6 Medication Administration

Policy Statement

In support of children and their health and medical needs, medication administration can be necessary for providing care. The service is committed to upholding a high standard of safety in managing the medical needs of children. In the interests of the health and well-being of the children and compliance with legislation, the service will only permit medication to be given to a child if it is in its original packaging with a pharmacy label attached.

Self-administration of medication will be facilitated in working collaboratively with parents/caregivers. Self-administration of medication is only authorised with written authorisation from the parent/caregiver.

Children’s medical needs may be broadly categorised into two types:

- Short-term - which may affect their participation in activities while they are on a course of medication. Short-term medical needs are typically an illness that the child will recover from in a short period (e.g. tonsillitis, chest infection, etc.)
- Long-term - potentially limiting their participation and requiring extra care and support. Long-term medical needs are typically ongoing (e.g. asthma, diabetes, anaphylaxis, epilepsy, coeliac disease).

A copy of this policy is to be provided to the parent/caregiver where there is the awareness that the child has a specific health care need, allergy or other relevant medical condition.

The Approved Provider also recognises their duty to comply with *Education and Care Services National Regulations 168 (2)(d), 90-96, 158, 162.*

Related Policies

- 4.2 – Infectious Diseases
- 4.3 - Hygiene, Health & Wellbeing Practices
- 4.17 - Children with Medical Conditions
- 4.18 - Administration of First Aid
- 4.20 - Sleep and Rest
- 5.1 – Food Handling & Storage
- 5.2 – Food and Nutrition
- 5.4 – Food Safety Program
- 5.5 – Cleaning & Sanitising
- 9.2 – Enrolment
- 9.3 – Interactions and Communication with Families
- 10.8 – Information Handling (Privacy and Confidentiality)
- 10.9 Risk Management and Minimisation

Auxiliary Documents

4.6.1 – Medication Authority and Administering Form

Roles and Responsibilities

Approved Provider	<ul style="list-style-type: none"> • Ensure the service has suitable facilities for the storage of the medication.
Nominated Supervisor	<ul style="list-style-type: none"> • Establish practices that support the needs of children and uphold safety in medication administration. • Ensure established practices are maintained, report issues to the Approved Provider, and Support the OSHC Management Team in addressing concerns with families.
OSHC Management (Coordinator / Assistant Coordinator)	<ul style="list-style-type: none"> • To collaborate with families to ensure children’s health and medical needs are supported, including establishing practices to ensure safe transportation. • Ensure educators are aware of their role and duties in supporting medication administration for children. • Maintain a medication register to ensure that emergency medication doesn’t go out of date. • Ensure established practices are maintained, report issues to the Nominated Supervisor, and address family concerns.
All Staff	<ul style="list-style-type: none"> • Support the safe administration of medication for children, including checking that medication is labelled, transported and stored correctly.

Procedures

Permission/Authority

Parents/guardians will be requested through the enrolment procedures (see Policy 9.2) for any long-term medical conditions that require medicine to be administered. Alternatively, families may communicate the need for children to be administered a course of medication for a fixed time. Parents/caregivers must complete a Medication Authority and Administering Form for any medication that is provided without an action plan (see 4.6.1). This includes the administering of paracetamol as requested by parents. Parents/caregivers will be required to advise in writing whether their child will be responsible for administering their own medication and provide full details of how, when (i.e. at what intervals) all such treatment is to be administered.

The management of children with a medical condition is further outlined in *4.17 Children with Medical Conditions*.

Educators will only be permitted to administer medication to a child if it is:

- In its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and is within the expiry date period.
- In accordance with the details outlined in the Medication Authority and Administering Form (see 4.6.1) completed by the parent/guardian.
- Medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency by a Responsible Person following such an event, they will notify the parents/ Caregiver as soon as is practicable.

Storage

All medication will be stored in a locked cupboard or lockable refrigerated container. Storage should prevent unsupervised access and damage to medicines.

Transporting Medication

The OSHC Management Team will discuss and agree to the safe transportation of medication with the parents/caregivers. Transportation must uphold the service's commitment to the safety and protection of children.

Middle Park OSHC doesn't have the capacity to facilitate sharing medication with Middle Park State School for anaphylaxis or asthma medication.

Administration of Medication

All medication will be administered by an educator and witnessed by another educator, This duty will be assigned to an educator by the Responsible Person on shift. Medication administration will be recorded in a Medication Administration Record (see 4.6.1). The administering educator and the witnessing educator must fill out and sign the register with the parent signing acknowledgement on the collection of the child.

All unused medication will be returned to the parent upon ceased enrolment or medication expiring.

Children self-administering medication

The service can permit children over preschool age to self-administer medication. However, the relevant authority form must be completed by the parent/guardian before the child administers the medication with Educator supervision present and witnesses with medication stored in the appropriate location.

This information will be detailed in the child's medical conditions and medical risk minimisation management plan. The medical conditions risk minimisation plan, if appropriate, and the location of the child's medication for self-administration must be noted and made available to educators.

Educators will supervise children who are self-administering medications to promote consistency and ensure the welfare of all children using the service. Educators will ensure each child follows all administration of medication, health and hygiene procedures.

The service will record all instances of supervised self-administration of medication as per the procedures articulated within this policy.

Relevant Laws and Provisions

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Health (Drugs and Poisons) Regulation 1996*
- *National Quality Standard, Quality Areas: 2 – Children’s health and safety; 4 - Staffing arrangements; 6 - Collaborative partnerships with families and communities; and 7 – Governance and leadership.*

E&CS Legislative Compliance

- *Education and Care Services National Regulations 90-91, 92 -96, 160-162 and 168 (2)(d)*

Policy Controls			
Endorsed by:	Approved Provider	Date Endorsed:	15/11/2022
Date implemented:	2/12/2022	Date families notified	2/12/2022
Version:	4.6-V2	Date of review	5/12/2023